Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being, 2017

Forum on Child and Family Statistics

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The Federal Interagency Forum on Child and Family Statistics was founded in 1994. Executive Order No. 13045 formally established the Forum in April 1997 to foster coordination and collaboration in the collection and reporting of Federal data on children and families. Agencies that are members of the Forum as of Spring 2017 are listed below.

Department of Agriculture
Economic Research Service
https://www.ers.usda.gov

Department of Commerce
U.S. Census Bureau
https://www.census.gov

Department of Defense
Office of the Deputy Under Secretary of Defense
Military Community and Family Policy
http://www.people.mil/Inside-M-RA/Military-Community-Family-Policy/

Department of Education
National Center for Education Statistics
https://nces.ed.gov

Department of Health and Human Services
Administration for Children and Families
https://www.acf.hhs.gov

Agency for Healthcare Research and Quality
https://www.ahrq.gov

Eunice Kennedy Shriver National Institute of Child Health and Human Development
https://www.nichd.nih.gov/Pages/index.aspx

Maternal and Child Health Bureau
https://www.mchb.hrsa.gov

National Center for Health Statistics
https://www.cdc.gov/nchs

National Institute of Mental Health
https://www.nimh.nih.gov/index.shtml

Office of Adolescent Health
https://www.hhs.gov/ash/oah/

Office of the Assistant Secretary for Planning and Evaluation
https://aspe.hhs.gov

Substance Abuse and Mental Health Services Administration
https://www.samhsa.gov

Department of Housing and Urban Development
Office of Policy Development and Research
https://www.huduser.gov/portal/home.html

Department of Justice
Bureau of Justice Statistics
https://www.bjs.gov

National Institute of Justice
https://www.nij.gov/Pages/welcome.aspx

Office of Juvenile Justice and Delinquency Prevention
https://www.ojjdp.gov/

Department of Labor
Bureau of Labor Statistics
https://www.bls.gov

Women's Bureau
https://www.dol.gov/wb

Department of Transportation
National Highway Traffic Safety Administration
https://www.nhtsa.dot.gov

Environmental Protection Agency
Office of Children's Health Protection
https://www.epa.gov/children/

U.S. Office of Management and Budget
Statistical and Science Policy Office
https://www.whitehouse.gov/omb

U.S. Consumer Product Safety Commission
https://www.cpsc.gov

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Foreword

The Federal Interagency Forum on Child and Family Statistics is a wonderful example of how Federal agencies can increase the effectiveness, efficiency, and accessibility of government by working across agency boundaries to collaborate and innovate. The Forum was chartered in April 1997 through Executive Order No. 13045. It has since been successfully bringing together (from throughout a very decentralized system) high quality information that the public and policymakers can easily access and understand about our Nation's children and youth. Working together, Federal agencies are able to set priorities on what information to collect, develop new methods for collecting such information, improve the communication of information on the status of children to the policy community and the general public, and produce more complete data on children at the Federal, state, and local levels.

America's Children: Key National Indicators of Well-Being, 2017 is a compendium of indicators about our Nation's young people. The report, the 20th produced by the Forum, presents 41 key indicators on important aspects of children's lives. These indicators are drawn from our most reliable Federal statistics, are easily understood by broad audiences, are objectively based on substantial research, are balanced so that no single area of children's lives dominates the report, are measured often to show trends over time, and are representative of large segments of the population rather than one particular group.

The report continues to present key indicators in seven domains: family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. To assure that the information stays relevant, the Forum periodically revises indicators, data sources, and features to maintain the relevance of the report. Accordingly, updates have been made to improve the quality and breadth of this year's report, including changes to the following indicators: *Child Maltreatment, Illicit Drug Use, Diet Quality,* and *High School Academic Coursetaking.* In addition to updating data sources and expanding several indicators, this year's report presents a special feature on peer victimization among 3rd-graders in the United States.

Each volume of *America's Children* also spotlights critical data gaps identified by the Forum's Research and Innovation Committee and its Federal statistical agencies. For the first time, such data concerns related to understanding the condition and progress of our Nation's children have been consolidated into a stand-alone report section, rather than included at the end of each report domain.

The value of the *America's Children* series and the extraordinary cooperation that these reports represent reflect the Forum's determination to work together effectively to help our Nation better understand the well-being of our children today and what may bring them a better future. The Forum agencies should be congratulated once again for developing such a comprehensive set of indicators and ensuring that they are readily accessible in both content and format. The report is an excellent reflection of the dedication of the Forum agency staff members who assess data needs, strive to present relevant statistics in an easy-to-use format, and work together to produce this substantial and important publication. And of course, suggestions of ways we can enhance this volume are always welcome.

No work of this magnitude and quality would be possible without the continued cooperation of the millions of Americans who provide the data that are summarized and analyzed by Federal statistical agencies. This report is, first and foremost, for you and all of the American public. We thank you for your support and important contributions, and we hope the volume will continue to be useful to you.

Nancy Potok
Chief Statistician
U.S. Office of Management and Budget

Acknowledgments

The success of the Forum is driven by the commitment of the members of the Federal Interagency Forum on Child and Family Statistics. In acknowledgment and gratitude for her unwavering support since the inception of the Forum in 1994, the Forum proudly dedicates this year's report to Katherine K. Wallman, former Chief Statistician of the United States, who retired from Federal service on January 3, 2017.

This report was written by the staff of the Forum, including Traci Cook, Forum Coordinator; Julia Beckhusen, U.S. Census Bureau; Sheila Franco and Ashley Woodall, National Center for Health Statistics; Grace Kena and Lauren Musu-Gillette, National Center for Education Statistics; Dan Axelrad, Environmental Protection Agency; Barry Steffen, Department of Housing and Urban Development; Shannon Catalano and Rachel Morgan, Bureau of Justice Statistics; Jessica Cotto, National Institute on Drug Abuse; Brett Brown, Administration for Children and Families; Matthew Rabbitt, Economic Research Service; Lisa Williamson, Bureau of Labor Statistics; Denise Pintello, National Institute of Mental Health; James Singleton and Cindi Knighton, Centers for Disease Control and Prevention; Beth Han, Substance Abuse and Mental Health Services Administration; and Hazel Hiza, Center for Nutrition Policy and Promotion.

In addition, active members of the Reporting Committee who guided development of the report included Laura Chadwick, Office of the Assistant Secretary for Planning and Evaluation; Jennifer Park, U.S. Office of Management and Budget; Dan Axelrad and Gregory Miller, Environmental Protection Agency; Carrie Mulford and Dara Blachman-Demner, National Institute of Justice; Julia Beckhusen and Rose Kreider, U.S. Census Bureau; Regina Bures, Eunice Kennedy Shriver National Institute of Child Health and Human Development; Brecht Donoghue, Erica Smith, and Kristen Kracke, Office of Juvenile Justice and Delinquency Prevention; Jessica Jones, Maternal and Child Health Bureau; and Chou-Lin Chen, National Highway Traffic Safety Administration.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include Yesenia Acosta, Jessica Davis, Liana Fox, Christine Gambino, Yerís Mayol-García, and Bernadette Proctor, U.S. Census Bureau; Hector Rodriquez and Shalom Williams, Bureau of Labor Statistics; Shilpa Bengeri, Debra Brody, Anne Driscoll, Cathy Duran, Cheryl Fryar, Brady E. Hamilton, Nancy Han, Holly Hedegaard, Xianfen Li, Joyce Martin, T.J. Mathews, Arialdi Miniño, Cynthia Ogden, Yahtyng Sheu, Maria Villarroel, and Emily Zammitti, National Center for Health Statistics; and Lance McCluney and Jade Lee-Freeman, Environmental Protection Agency.

In addition, Susan Armstrong, Mariesa Hawkins, Kathryn Low, Katie Mallory, Mitchell Morey, Tom Nachazel, and Ashley Roberts, with the American Institutes for Research, and Richard Devens, with First XV Communications, assisted Forum staff in producing the report.

About This Report

The Federal Interagency Forum on Child and Family Statistics' primary mission is to enhance data collection and reporting on children and families. *America's Children: Key National Indicators of Well-Being, 2017* (referred to as *America's Children*) provides the Nation with a summary of national indicators of our children's well-being and monitors changes in these indicators. The purposes of the report are to improve reporting of Federal data on children and families; make these data available in an easy-to-use, nontechnical format; stimulate discussions among policymakers and the public; and spur exchanges between the statistical and policy communities.

Conceptual Framework

There are many interrelated aspects of children's well-being. This report identifies seven major domains that characterize the well-being of a child and influence the likelihood that a child will grow to be a well-educated, economically secure, productive, and healthy adult. The seven domains are family and social environment, economic circumstances, health care, physical environment and safety, behavior, education, and health. These domains are interrelated and can have synergistic effects on well-being.

Each section of the report corresponds to one of the seven domains and includes a set of key indicators. These indicators either characterize an aspect of well-being or an influence on well-being.

- *Family and Social Environment* includes indicators that characterize children's family lives and social settings.
- *Economic Circumstances* includes indicators that are related to children's basic material needs.
- *Health Care* includes indicators that characterize access to and use of health services among children.
- *Physical Environment and Safety* includes indicators that characterize children's environmental conditions or are related to children's safety.
- *Behavior* includes indicators that characterize personal behaviors and their effects.
- *Education* includes indicators that characterize how children learn and progress in school.
- *Health* includes indicators that characterize physical, mental, and social aspects of children's health.

Structure of the Report

America's Children presents a set of key indicators that measure important aspects of children's lives and are collected regularly, reliably, and rigorously by Federal agencies. In determining this list of key indicators, the Forum carefully examined the available data and sought input from the Federal policymaking community, foundations, academic researchers, and state and local children's service providers. These indicators were chosen because they meet the following criteria:

- *Easy to understand* by broad audiences;
- *Objectively based* on reliable data with substantial research connecting them to child well-being;
- *Balanced,* so that no single area of children's lives dominates the report;
- *Measured regularly,* so that they can be updated and show trends over time; and
- *Representative* of large segments of the population, rather than one particular group.

America's Children is designed as a gateway to acquaint readers with the concepts found in other, more technical or more comprehensive reports produced by various Forum agencies. The report provides not only the selected indicators of child well-being but extensive supplementary information as well. Appendix A, Detailed Tables, presents additional data not discussed in the main body of the report. Appendix B, Data Source Descriptions, describes the sources and surveys used to generate the data.

In addition, this year's report contains a special feature, *Peer Victimization in the 3rd Grade.* This special feature uses teacher- and student-reported data from the Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011) 3rd-grade collection to describe student victimization of peers at school and is produced by the National Center for Education Statistics.

Changes to This Year's Report

Wherever possible, we have updated indicators with the latest available data. In addition, the Forum has worked to enhance the report by revising certain indicators to reflect improvements in the availability of data sources, substantive expansion of the indicator, or clarification of the concept being measured. This year's report features such modifications to the following indicators: *Child Maltreatment (FAM7), Illicit Drug Use (BEH3), High School Academic Coursetaking (ED3),* and *Diet Quality (HEALTH6).* The *Child Maltreatment* indicator reflects definition and data count changes; the *Illicit Drug Use* indicator highlights marijuana use as the main driver of illicit drug use among adolescents; the *High School Academic Coursetaking* indicator has been revised, due to a data source change, to show course enrollments, rather than course completions; and the *Diet Quality* indicator captures the Healthy Eating Index as absolute component scores, rather than as percentages of their maximum scores. Consequently, these indicator modifications yield data that are not comparable to data shown in previous reports.

Race and Ethnicity and Poverty Status

Most indicators in *America's Children* include data tabulated by race and ethnicity. In 1997, the U.S. Office of Management and Budget (OMB) issued revised standards for data on race and ethnicity (https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf). The revised standards included two changes that had a direct effect on many of the indicators in this report, particularly with respect to trend analyses. First, the number of racial categories expanded from four (White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander) to five (White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander). Second, respondents were given the opportunity to select multiple races. The standards continued to require data on ethnicity in two categories: Hispanic or Latino and Not Hispanic or Latino.

The data sources used in this report implemented these revised standards at different times, and some indicators have more detailed data on race and ethnicity than others. Nevertheless, wherever feasible, we use the 1997 OMB standards in this report. Detailed information on data collection methods for race and ethnicity is provided in footnotes, and additional information can be found in Appendix B, Data Source Descriptions. The Forum strives to consistently report racial and ethnic data across indicators for clarity and continuity.

Many indicators in this report also include data tabulated by family income and poverty status. All poverty calculations in this report are based on OMB's Statistical Policy Directive 14, the official poverty measurement standard for the United States. A family is considered to be living below the poverty level if its before-tax cash income is below a defined level of need, called a poverty threshold. Poverty thresholds are updated annually and vary based on family size and composition. Wherever feasible, indicators present data by poverty status, using the following categories: families with incomes less than 100 percent of the poverty threshold, families with incomes between 100 percent and 199 percent of the poverty threshold (low income), and families with incomes 200 percent or more of the poverty threshold (medium and high income). The Forum continues to work on reporting consistent data on family income and poverty status across indicators for clarity and continuity.

Statistical Significance

The Forum continues to strive to demonstrate greater consistency and standardization in the presentation of information in this report. Many estimates in this report are based on a sample of the population and are therefore subject to sampling error. Standard tests of statistical significance have been used to determine whether differences between estimates indicate that differences between populations exist at generally accepted levels of confidence or that they are likely to have occurred by chance. Differences between estimates are tested for statistical significance at either the 0.05 or 0.10 cutoff level, according to agency standards; all differences discussed in the report are statistically significant unless otherwise noted. Standard error tables for select indicators are available online at https://www.childstats.gov.

Data Topics

The Forum's Research and Innovation Committee works with the Federal statistical agencies to identify data topics of interest and child well-being data in need of development. In the past, these ongoing data concerns were displayed as "Indicators Needed" and included at the end of each report section. This year's report consolidates this list of data needs as a stand-alone section near the end of the report and renames it "Data Topics." This compilation covers many important aspects of children's lives for which regular indicators are lacking or are in development, such as homelessness, children of incarcerated parents, disability, and positive behaviors promoting health and development like social connections and engagement.

In some areas, Forum agencies have successfully fielded surveys incorporating new measures, but data are not yet available for monitoring purposes. In other areas, agencies are exploring ways to collect new measures and improve existing ones.

For Further Information

There are several places to obtain more information on the indicators found in this report, including the data tables, data source descriptions, and the Forum's Web site.

Tables

Appendix A, Detailed Tables, contains additional details not discussed in the main body of the report. When available, tables show data by the following categories: gender, age, race and Hispanic origin, poverty status, parental education, region of the country, and family structure.

Data Source Descriptions

Appendix B, Data Source Descriptions, contains information on the data used to generate the indicators and how to contact the agency responsible for the data.

It is also important to note that numerous publications of the Federal statistical agencies provide additional details about indicators in this report and on other areas of child well-being. Two such reports are *The Condition of Education* (https://nces.ed.gov/programs/coe), published annually by the National Center for Education Statistics and *Health, United States* (https://www.cdc.gov/nchs/hus.htm), published annually by the National Center for Health Statistics.

Web Site

The Forum's Web site, https://www.childstats.gov, contains data tables, links to previous reports, links for ordering reports, and additional information about the Forum.

Highlights

America's Children: Key National Indicators of Well-Being, 2017 continues a series of annual reports to the Nation on conditions affecting children in the United States. Highlights from each section follow.

Demographic Background

- There were 73.6 million children ages 0–17 in the United States in 2016, which was 1.2 million more than in 2000. The number of children is projected to increase to 76.3 million in 2030 (POP1).
- Racial and ethnic diversity have grown dramatically in the United States in the last three decades. This growth was first evident among children. This population is projected to become even more diverse in the decades to come. In 2020, less than half of all children are projected to be White, non-Hispanic. By 2050, 32 percent of U.S. children are projected to be Hispanic (up from 25 percent in 2016), and 39 percent are projected to be White, non-Hispanic (down from 51 percent in 2016) (POP3).

Family and Social Environment

- In 2016, 69 percent of children ages 0–17 lived with two parents (65 percent with two married parents and 4 percent with two unmarried cohabiting parents), 23 percent lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived without a parent in the household. (FAM1)
- In 2015, the birth rate among unmarried women ages 15–44 was 43 births for every 1,000 women, down from 52 per 1,000 in 2007, when rates had reached their peak. Between 1980 and 2015, the percentage of all births to unmarried women increased by 22 percentage points, from 18 percent to 40 percent. (FAM2)
- In 2016, 22 percent of children were native-born children with at least one foreign-born parent, and 3 percent were foreign-born children with at least one foreign-born parent. (FAM4)
- In 2015, about 22 percent of school-age children spoke a language other than English at home, and 4 percent of school-age children both spoke a language other than English at home and had difficulty speaking English. (FAM5)
- Between 1980 and 2015, the birth rate among adolescents ages 15–17 declined from 33 live births per 1,000 females to 10 per 1,000, a record low for the country. (FAM6)
- In 2015, children under age 1 were at much higher risk for being victims of child maltreatment than were older children. There were 24.2 maltreated children per 1,000 children under age 1, more than twice the rate of any other age group. (FAM7)

Economic Circumstances

- Twenty percent of all children ages 0–17 lived in poverty in 2015, down from 21 percent in 2014. In 2015, more children lived in families with medium income (28 percent) than in families in any other income group. (ECON1)
- The percentage of children who had at least one parent working year round, full time remained at 75 percent from 2014 to 2015. (ECON2)
- About 13.1 million children (18 percent of all children) lived in households that were classified as food insecure in 2015. (ECON3)

Health Care

- The percentage of children ages 0–17 without health insurance at the time of interview decreased from 14 percent in 1993 to 5 percent in 2015. (HC1)
- In 2015, about 4 percent of children ages 0–17 had no usual source of health care. Almost three in ten uninsured children (29 percent) had no usual source of care, compared with 2 percent of children with private insurance and 4 percent with public insurance. (HC2)
- In 2015, about 72 percent of children ages 19–35 months received the recommended combined seven-vaccine series. (HC3)

Physical Environment and Safety

- In 2015, about 59 percent of children lived in counties with measured pollutant concentrations above the levels of one or more National Ambient Air Quality Standards at least once during the year. Ozone is the pollutant that is most often measured above its current air pollution standard. (PHY1)
- In 2011–2014, the percentage of children with elevated blood lead levels (at or above 5 micrograms lead per deciliter of blood) was 1 percent, compared with 26 percent in 1988–1994. (PHY4)
- In 2015, 39 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing cost burden greater than 30 percent of household income. This was down from 40 percent in 2013. (PHY5)

- In 2012–2013, falls were the leading cause of injury-related emergency department visits among children ages 1–4 (48 visits per 1,000) and 5–14 (24 visits per 1,000). In 2015, motor-vehicle-related injury deaths were the leading injury-related cause of death among children ages 1–4 and 5–14. (PHY7)
- In 2012–2013, being struck by or against a person or object (23 visits per 1,000), falls (22 visits per 1,000), and motor vehicle traffic-related injuries (18 visits per 1,000) were the leading causes of injury-related emergency department visits among adolescents ages 15–19. In 2015, motor vehicle-related injury deaths were the leading injury-related cause of death among adolescents ages 15–19. (PHY8)

Behavior

- In 2016, the percentages of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days were the lowest in the history of the survey. (BEH1)
- From 2015 to 2016, reports of illicit drug use in the past 30 days decreased significantly for 8th-graders but remained steady for 10th- and 12th-grade students, at 7 percent, 16 percent, and 24 percent in 2016. (BEH3)
- After more than a decade of stability, the percentage of high school students who reported ever having had sexual intercourse dropped from 47 to 41 percent between 2013 and 2015. (BEH4)
- In 2015, the serious violent crime offending rate was 8 crimes per 1,000 youth ages 12–17, totaling 188,000 serious violent crimes involving youth. (BEH5)

Education

- The average 8th-grade mathematics score was lower in 2015 (282) than in 2013 (285). The average 8th-grade reading score in 2015 (265) was lower than the score in 2013 (268). (ED2)
- In 2015, some 93 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a GED certificate. The high school completion rate has increased since 1980, when it was 84 percent. (ED4)
- In 2015, some 69 percent of high school completers enrolled in a 2-year or 4-year college in the fall immediately following their graduation from high school. (ED6)

Health

- Between 2006 and 2015, the percentage of preterm infants declined from 12.8 percent to 9.6 percent. In 2015, 8 percent of infants were born with low birthweight, up from 7 percent in 1980. (HEALTH1)
- Between 1983 and 2014, the infant mortality rate declined from 10.9 deaths per 1,000 live births to 5.8 deaths per 1,000 live births. (HEALTH2)
- In 2015, parents reported a higher percentage of serious emotional or behavioral difficulties among males than females for those ages 4–7 (5 percent versus 2 percent), ages 8–10 (8 percent versus 5 percent), and ages 11–14 (9 percent versus 6 percent). The percentages were similar for adolescents ages 15–17 (6 percent of males versus 5 percent of females). (HEALTH3)
- In 2015, about 12 percent of the population ages 12–17 had a major depressive episode during the past year. (HEALTH4)
- In 2011–2014, about 18 percent of children ages 6–11 and 21 percent of adolescents ages 12–17 had obesity. (HEALTH7)
- In 2015, 13 percent of children ages 0–17 had been diagnosed with asthma at some time in their lives and 8 percent of children were reported to currently have asthma. The prevalence of children with current asthma increased from 2001 to 2010 then declined through 2015. (HEALTH8)

Special Feature: Peer Victimization

- In the spring of 2014, about 6 percent of 3rd-graders were identified as perpetrators of at least one of the four types of peer victimization incidents: Five percent frequently teased, made fun of, or called other students names; 3 percent frequently told lies or untrue stories about other students; 2 percent frequently pushed, shoved, slapped, hit, or kicked other students; and 2 percent frequently excluded other students from play on purpose.
- Higher percentages of 3rd-graders who were reported by teachers to frequently push, shove, slap, hit, or kick other students were living below the poverty threshold (5 percent) or between 100 percent and 199 percent of the poverty threshold (3 percent) compared with children who were living at 200 percent or more of the poverty threshold (1 percent).
- Higher percentages of 3rd-graders from city schools than from suburban schools were identified as frequent perpetrators of all four types of peer victimization covered in this special feature.

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Demographic Background			
Child population*			
Children ages 0–17 in the United States	73.6 million (2015)	73.6 million (2016)	NS
Children as a percentage of the population*			
Children ages 0–17 in the United States	22.9% (2015)	22.8% (2016)	↓
Racial and ethnic composition*			
Children ages 0–17 by race and Hispanic origin**			
White, non-Hispanic	51.5% (2015)	51.1% (2016)	↓
Black, non-Hispanic	13.8% (2015)	13.8% (2016)	NS
American Indian or Alaska Native, non-Hispanic	0.9% (2015)	0.9% (2016)	NS
Asian, non-Hispanic	4.8% (2015)	4.9% (2016)	↑
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.2% (2015)	0.2% (2016)	NS
Two or more races, non-Hispanic	4.1% (2015)	4.2% (2016)	↑
Hispanic	24.7% (2015)	24.9% (2016)	↑
Family and Social Environment			
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	65% (2015)	65% (2016)	NS
Births to unmarried women			
Births to unmarried women ages 15–44	44 per 1,000 (2014)	43 per 1,000 (2015)	↓
Births to unmarried women among all births	40.2% (2014)	40.3% (2015)	↑
Child care			
Children ages 0–4, with employed mothers, whose primary child care arrangement is with a relative	48% (2010)	49% (2011)	NS
Children ages 3–6, not yet in kindergarten, who were in center-based care arrangements	55% (2007)	61% (2012)	↑
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	25% (2015)	25% (2016)	NS
Language spoken at home and difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	21.9% (2014)	22.2% (2015)	↑
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	5% (2014)	4% (2015)	NS
Adolescent births			
Births to females ages 15–17	11 per 1,000 (2014)	10 per 1,000 (2015)	↓
Child maltreatment*			
Substantiated reports of maltreatment of children ages 0–17	9.1 per 1,000 (2014)	9.2 per 1,000 (2015)	↑

* Population estimates are not sample derived and thus not subject to statistical testing. Change between years identifies differences in the proportionate size of these estimates.

** Percentages may not sum to 100 due to rounding.

Legend: NS = No statistically significant change ⇑ = Statistically significant increase ⇓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Economic Circumstances			
Child poverty and family income			
Children ages 0–17 in poverty	21% (2014)	20% (2015)	⇓
Children living in families with medium income	28.4% (2014)	27.6% (2015)	⇓
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full time	75% (2014)	75% (2015)	NS
Food insecurity			
Children ages 0–17 in households classified by USDA as "food insecure"	21% (2014)	18% (2015)	⇓
Health Care			
Health insurance coverage			
Children ages 0–17 who were uninsured at the time of interview	5.4% (2014)	4.5% (2015)	⇓
Usual source of health care			
Children ages 0–17 with no usual source of health care	3.6% (2014)	4.4% (2015)	⇑
Immunization			
Children ages 19–35 months with the 4:3:1:3*:3:1:4 combined series	72% (2014)	72% (2015)	NS
Oral health			
Children ages 5–17 with a dental visit in the past year	88% (2014)	90% (2015)	⇑
Physical Environment and Safety			
Outdoor air quality			
Children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards	59% (2014)	59% (2015)	NS
Secondhand smoke			
Children ages 4–11 with any detectable blood cotinine level, a measure for recent exposure to secondhand smoke	42% (2009–2010)	40% (2011–2012)	NS
Drinking water quality			
Children served by community water systems that did not meet all applicable health-based drinking water standards	6% (2014)	7% (2015)	NS
Lead in the blood of children			
Children ages 1–5 with blood lead greater than or equal to 5 µg/dL	3% (2007–2010)	1% (2011–2014)	NS
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	40% (2013)	39% (2015)	⇓
Youth victims of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	7 per 1,000 (2014)	7 per 1,000 (2015)	NS
Child injury and mortality			
Injury deaths of children ages 1–4	10 per 100,000 (2014)	11 per 100,000 (2015)	NS
Injury deaths of children ages 5–14	5 per 100,000 (2014)	6 per 100,000 (2015)	NS

Legend: NS = No statistically significant change ⇑ = Statistically significant increase ⇓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Physical Environment and Safety—cont.			
Adolescent injury and mortality			
Injury deaths of adolescents ages 15–19	34 per 100,000 (2014)	37 per 100,000 (2015)	↑
Behavior			
Regular cigarette smoking			
Students who reported smoking daily in the past 30 days			
8th grade	1.3% (2015)	0.9% (2016)	↓
10th grade	3% (2015)	2% (2016)	↓
12th grade	6% (2015)	5% (2016)	NS
Alcohol use			
Students who reported having 5 or more alcoholic beverages in a row in the past 2 weeks			
8th grade	5% (2015)	3% (2016)	↓
10th grade	11% (2015)	10% (2016)	NS
12th grade	17% (2015)	16% (2016)	NS
Illicit drug use			
Students who reported using illicit drugs in the past 30 days			
8th grade	8% (2015)	7% (2016)	↓
10th grade	17% (2015)	16% (2016)	NS
12th grade	24% (2015)	24% (2016)	NS
Sexual activity			
High school students who reported ever having had sexual intercourse	47% (2013)	41% (2015)	↓
Youth perpetrators of serious violent crimes			
Youth offenders ages 12–17 involved in serious violent crimes	7 per 1,000 (2014)	8 per 1,000 (2015)	NS
Education			
Family reading to young children			
Children ages 3–5 who were read to 3 or more times in the last week	83% (2007)	83% (2012)	NS
Mathematics and reading achievement			
Average mathematics scale score of			
4th-graders (0–500 scale)	242 (2013)	240 (2015)	↓
8th-graders (0–500 scale)	285 (2013)	282 (2015)	↓
12th-graders (0–300 scale)	153 (2013)	152 (2015)	↓
Average reading scale score of			
4th-graders (0–500 scale)	222 (2013)	223 (2015)	NS
8th-graders (0–500 scale)	268 (2013)	265 (2015)	↓
12th-graders (0–500 scale)	288 (2013)	287 (2015)	NS

Legend: NS = No statistically significant change ⇑ = Statistically significant increase ⇓ = Statistically significant decrease

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Education—cont.			
High school completion			
Young adults ages 18–24 who have completed high school	92% (2014)	93% (2015)	NS
Youth neither enrolled in school* nor working			
Youth ages 16–19 who are neither enrolled in school nor working	9% (2015)	8% (2016)	NS
College enrollment			
Recent high school completers enrolled in college the October immediately after completing high school	68% (2014)	69% (2015)	NS
Health			
Preterm birth and low birthweight			
Infants less than 37 completed weeks of gestation at birth	10% (2014)	10% (2015)	NS
Infants weighing less than 5 lb. 8 oz. at birth	8.0% (2014)	8.1% (2015)	⇑
Infant mortality			
Deaths before first birthday	6.0 per 1,000 (2013)	5.8 per 1,000 (2014)	⇓
Emotional and behavioral difficulties			
Children ages 4–17 reported by a parent to have serious difficulties with emotions, concentration, behavior, or getting along with other people	5% (2014)	6% (2015)	NS
Adolescent depression			
Youth ages 12–17 with past-year Major Depressive Episode	11% (2014)	12% (2015)	⇑
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions	9% (2014)	10% (2015)	NS
Obesity			
Children ages 6–17 who had obesity	19% (2007–2010)	20% (2011–2014)	NS
Asthma			
Children ages 0–17 who currently have asthma	9% (2014)	8% (2015)	NS

* School refers to high school and college.

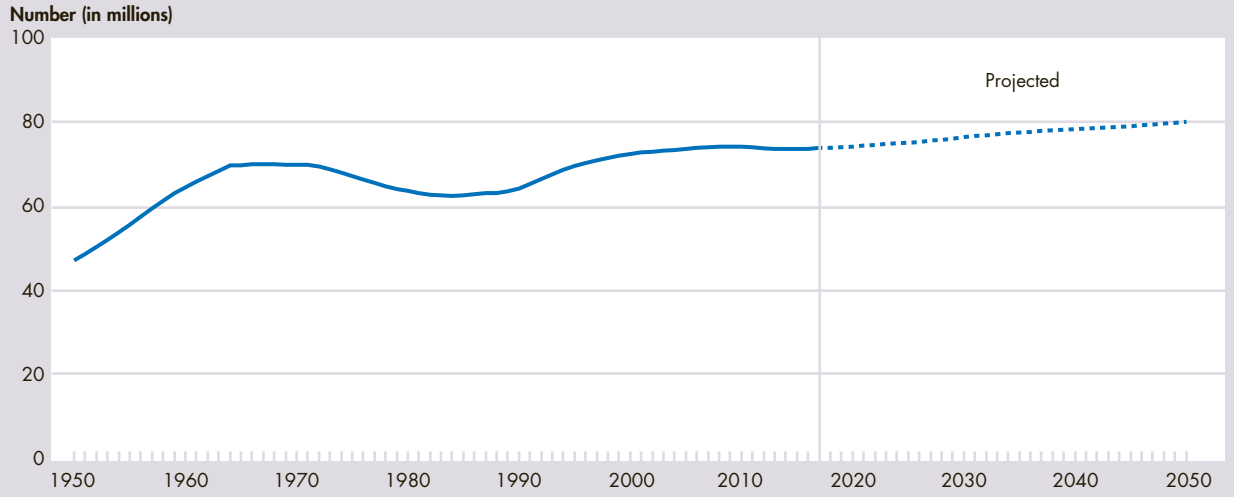
Legend: NS = No statistically significant change ⇑ = Statistically significant increase ⇓ = Statistically significant decrease

Demographic Background

Understanding the changing demographic characteristics of America's children is critical for shaping social programs and policies. The number of children determines the demand for schools, health care, and other social services that are essential for meeting the daily needs of families. While the number of children living in the United States has grown, the ratio of children to adults has decreased. At the same time, the racial and ethnic composition of the Nation's children continues to change. Demographic composition provides an important context for understanding the indicators presented in this report and provides a glimpse of future American families.

According to the U.S. Census Bureau, there were 73.6 million children in the United States in 2016, which was 1.2 million more than in 2000. This number is projected to increase to 76.3 million in 2030. In 2016 (the latest year of data available at the time of publication), there were fewer children in the 0–5 age group (24.0 million) than in the 6–11 age group (24.7 million) or the 12–17 age group (25.0 million).

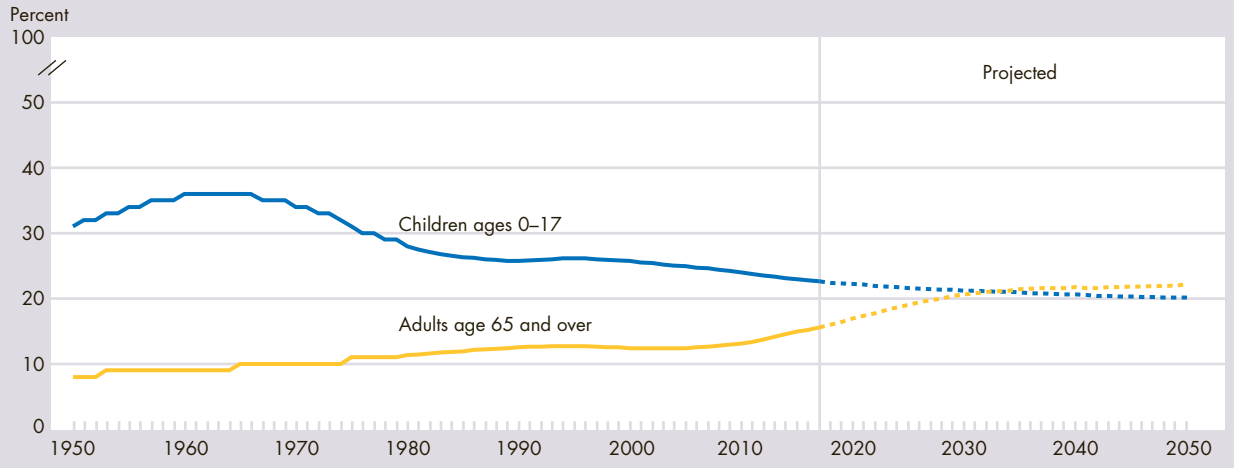
Indicator POP1 **Number of children ages 0–17 in the United States, 1950–2016 and projected 2017–2050**



SOURCE: U.S. Census Bureau, Population Division.

Since the mid-1960s, children have decreased as a proportion of the total U.S. population. In 2016, children made up 23 percent of the population, down from a peak of 36 percent at the end of the "baby boom," in 1964. Children's share of the population is projected to continue its slow decline through 2050, when children are projected to make up 20 percent of the population.

Indicator POP2 **Children ages 0–17 and adults ages 65 and older as a percentage of the U.S. population, 1950–2016 and projected 2017–2050**

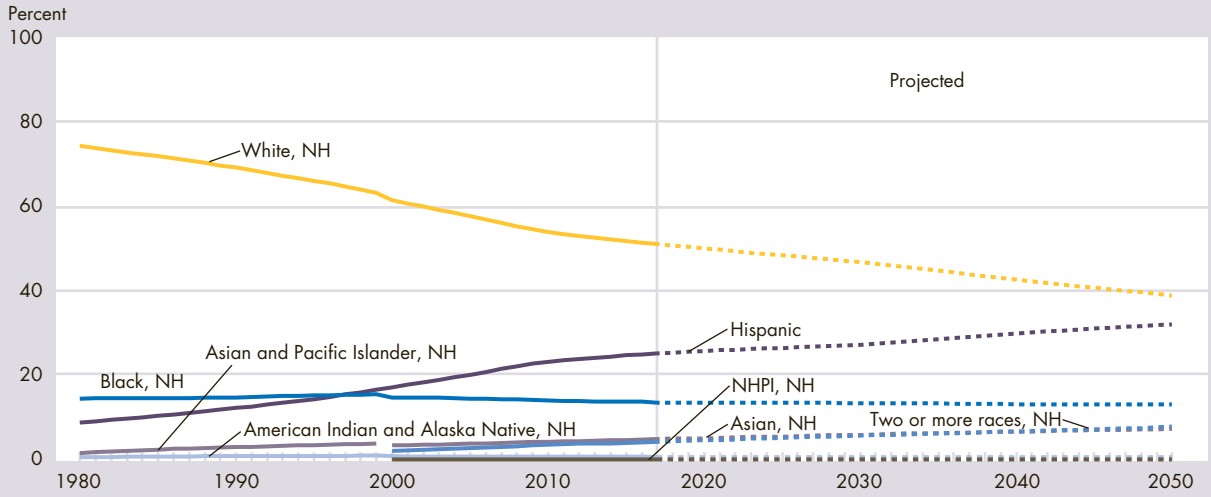


SOURCE: U.S. Census Bureau, Population Division.

Racial and ethnic diversity have grown dramatically in the United States in the last three decades. This growth was first evident among children. In 2016, 51 percent of U.S. children were White, non-Hispanic; 25 percent were Hispanic; 14 percent were Black, non-Hispanic; 5 percent were Asian, non-Hispanic; and 5 percent were non-Hispanic "All other races."

This population is projected to become even more diverse in the decades to come. Whereas the percentages of children in most of the other racial and ethnic origin groups have declined, the percentage of children who are Hispanic has experienced substantial growth, increasing from 9 percent of the child population in 1980 to 25 percent in 2016. In 2020, less than half of all children are projected to be White, non-Hispanic. By 2050, it is projected that 39 percent of all children will be White, non-Hispanic; 32 percent will be Hispanic; 13 percent will be Black, non-Hispanic; 7 percent will be Asian, non-Hispanic; and 9 percent will be non-Hispanic "all other races."

Indicator POP3 **Percentage of children ages 0–17 in the United States by race and Hispanic origin, 1980–2016 and projected 2017–2050**



NOTE: The abbreviation NH refers to non-Hispanic origin. The abbreviation NHPI refers to the Native Hawaiian and Other Pacific Islander population. Each group represents the non-Hispanic population, with the exception of the Hispanic category itself. Race data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Population Division.

Data can be found in Tables POP1–POP3 on pages 93–94.

Indicators of Children's Well-Being

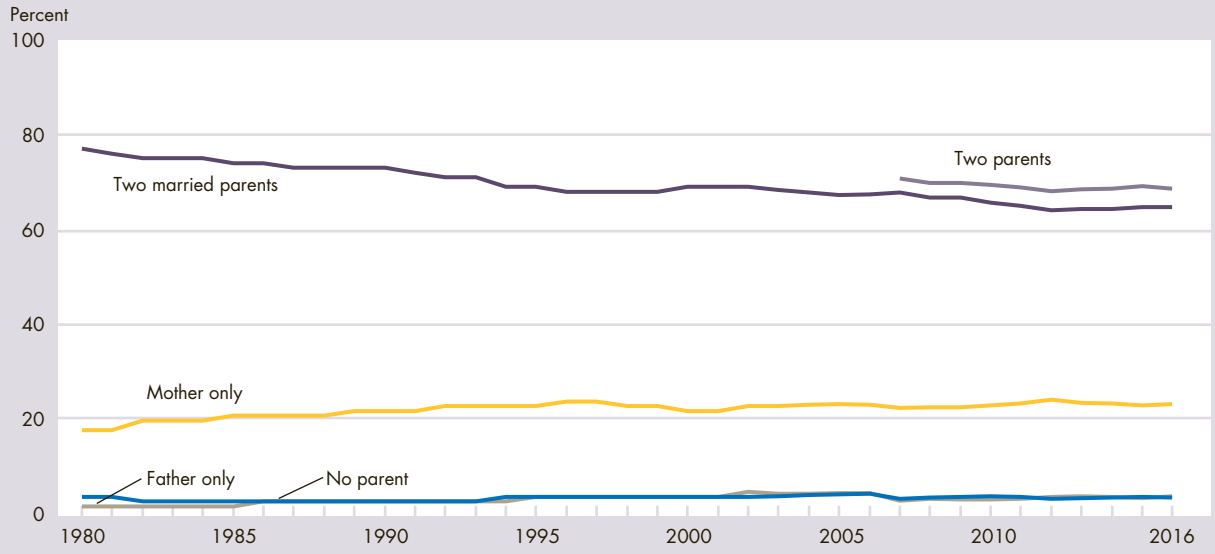
Family and Social Environment

The indicators in this section present data on the composition of children's families and the social environment in which they live. The seven indicators include family structure and children's living arrangements, births to unmarried women, child care, presence of a foreign-born parent, language spoken at home and difficulty speaking English, adolescent births, and child maltreatment.

Family Structure and Children's Living Arrangements

The composition of families is dynamic and has implications for critical parental and economic resources. A long-term shift in family composition has decreased the share of children living with two married parents, whereas single-parent households have become more common for children.

Indicator FAM1.A **Percentage of children ages 0–17 by presence of parents in household, 1980–2016**



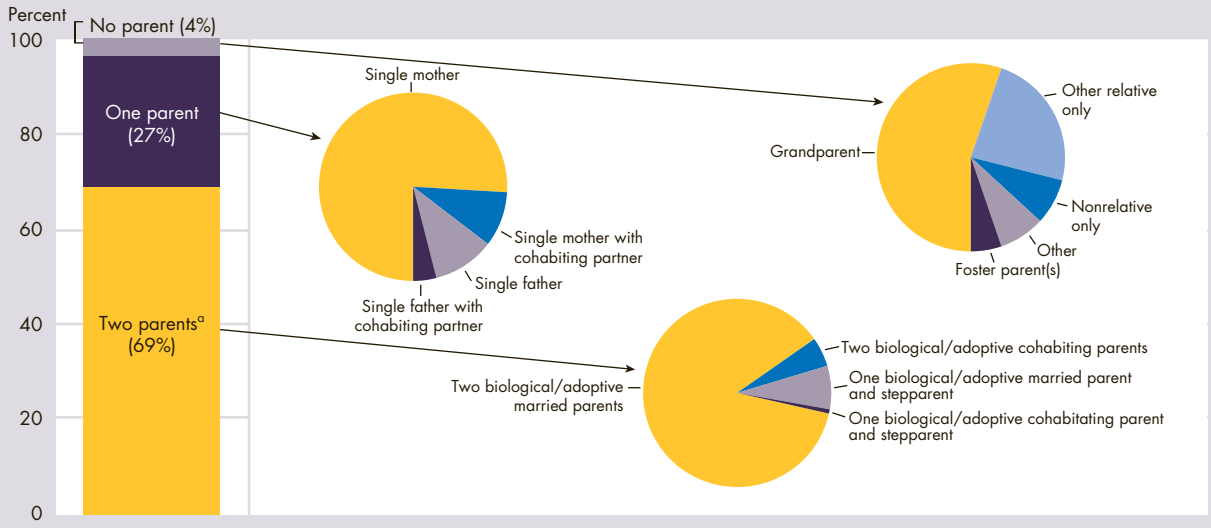
NOTE: Data for 2016 exclude about 291,000 household residents under age 18 who were listed as family reference persons or spouses. Prior to 2007, a second parent could only be identified if he or she were married to the first parent on the survey record. Prior to 2007, children with two unmarried parents in the household may be identified as "mother only" or "father only." Starting in 2007, a second parent identifier permits identification of two coresident parents, even if the parents are not married to each other.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- Sixty-five percent of children 0–17 lived with two married parents in 2016, down from 77 percent in 1980.
- In 2016, 23 percent of children lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with neither of their parents. The majority of children who lived with neither of their parents were living with grandparents or other relatives.
- Seventy-four percent of White-alone, non-Hispanic children lived with two married parents in 2016, compared with 60 percent of Hispanic and 34 percent of Black-alone children.[1]
- Due to improved measurement, it is now possible to identify children living with two parents who are not married to each other. Four percent of all children lived with two unmarried parents in 2016.[2]

Although most children spend the majority of their childhood living with two parents, some children have other living arrangements. Information about the presence of parents and other adults in the household, such as unmarried partners, grandparents, and other relatives, is important for understanding children's social, economic, and developmental well-being. This indicator provides more detail about children's living arrangements and uses information about coresident parents to show detailed parental relationships—biological, step, or adoptive.

Indicator FAM1.B **Percentage of children ages 0–17 by presence of parents in household, 2016**



[a] Children living with two stepparents are included here, in either of the categories where one parent is biological/adoptive and one is a stepparent.

NOTE: Data for 2016 exclude about 291,000 household residents under age 18 who were listed as family reference persons or spouses.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

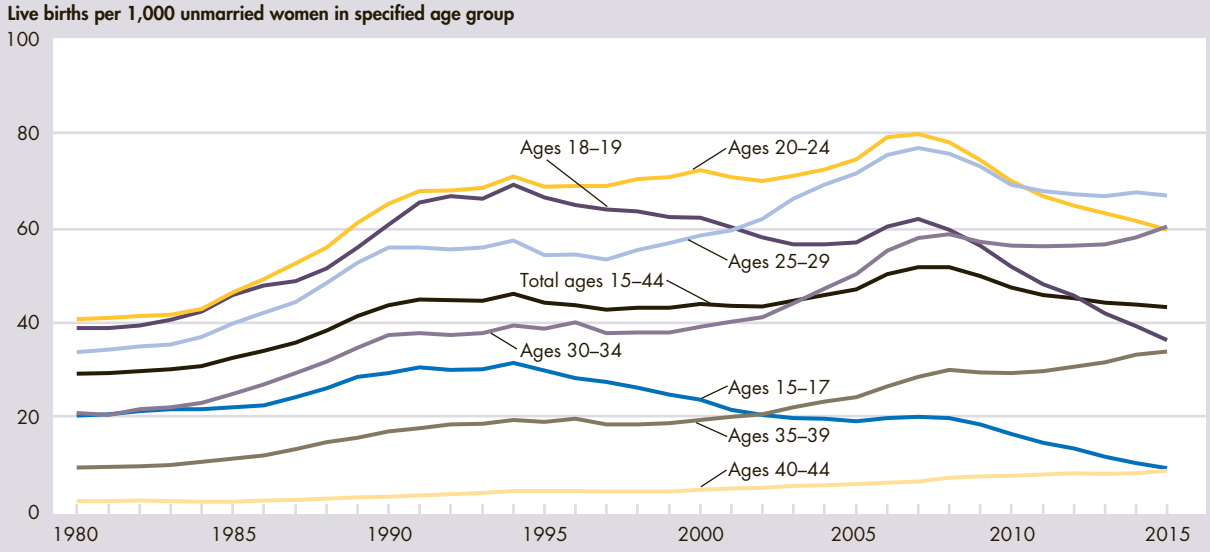
- In 2016, 69 percent of children ages 0–17 lived with two parents (65 percent with two married parents and 4 percent with two biological or adoptive cohabiting parents), 23 percent lived with only their mothers, 4 percent lived with only their fathers, and 4 percent lived with no parent.
- Among children living with two parents, 92 percent lived with both of their biological or adoptive parents, and 8 percent lived with a stepparent. Among children in stepparent families in 2014, about 76 percent lived with their biological mother and a stepfather.[3]
- About 5 percent of children who lived with two biological or adoptive parents had parents who were not married.
- The majority of children living with one parent lived with their single mother. Some single parents had cohabiting partners. Twenty-eight percent of children living with single fathers and 11 percent of children living with single mothers also lived with their parent's cohabiting partner. Out of all children ages 0–17, 5.7 million (8 percent) lived with a parent or parents who were cohabiting.
- Among the 2.8 million children (4 percent of all children) not living with a parent in 2016, 55 percent (1.6 million) lived with grandparents, 24 percent lived with other relatives only, and 21 percent lived with nonrelatives.[4] Of children in nonrelatives' homes, 37 percent (222,000) lived with foster parents.
- Older children were less likely to live with two parents: 64 percent of children ages 15–17 lived with two parents, compared with 68 percent of children ages 6–14 and 72 percent of those ages 0–5. Among children living with two parents in 2014, older children were more likely than younger children to live with a stepparent and less likely than younger children to live with cohabiting parents.[3]

Bullets contain references to data that can be found in Tables FAM1.A and FAM1.B on pages 95–98. Endnotes begin on page 75.

Births to Unmarried Women

Although birth rates have declined recently, the overall increases in births to unmarried women over the last several decades have affected family structure and the economic security of children.[5,6] Children of unmarried mothers are at higher risk of adverse birth outcomes, such as low birthweight and infant mortality, than are children of married mothers. They are also more likely to live in poverty than are children of married mothers.[6–11]

Indicator FAM2.A **Birth rates for unmarried women by age of mother, 1980–2015**

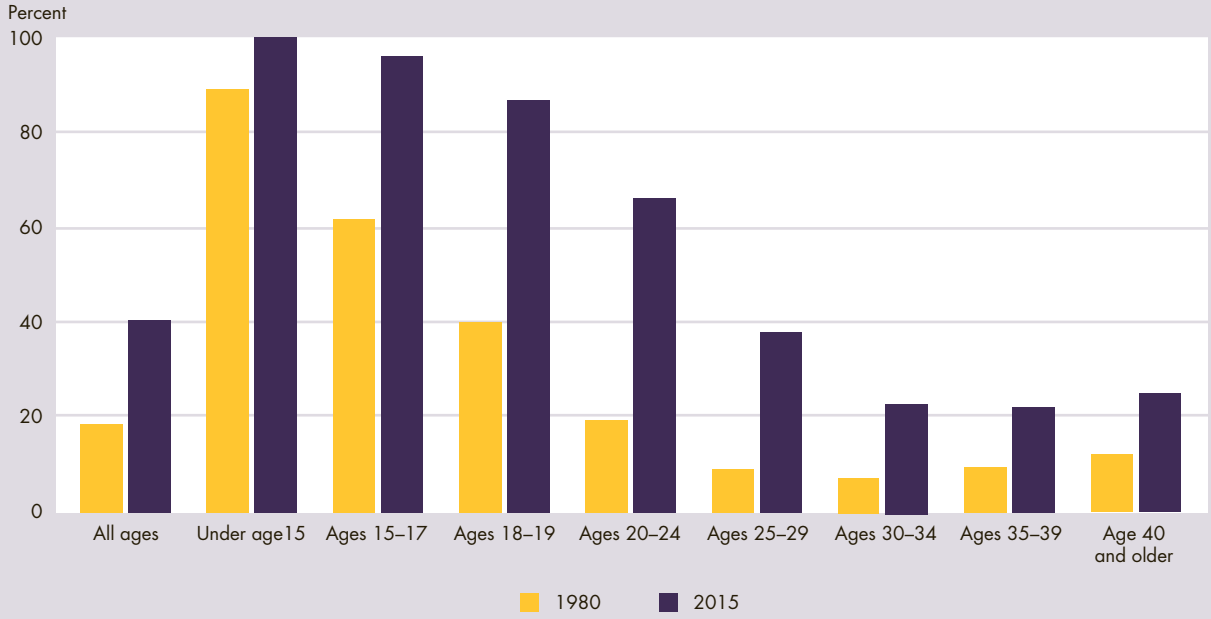


SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The birth rate among unmarried women ages 15–44 had both stable and increasing periods during 1980–2008, followed by a decline during 2009–2015. Between 1980 and 2008, the birth rate for unmarried women ages 15–44 increased 22 points, from 29 to 52 births for every 1,000 unmarried women, and then decreased 8 points, to 43 per 1,000 in 2015.
- Unmarried birth rates for all age groups generally increased between 1980 and the mid-1990s, but have shown varying patterns for different groups since then. The unmarried birth rate for adolescents ages 15–17 declined during 1994–2015 (10 per 1,000 in 2015), after a period of increasing birth rates since 1980. For adolescents ages 18–19, after varying periods of increases and declines during 1994–2007, the rate has declined since 2007, reaching 37 per 1,000 in 2015.
- Birth rates for unmarried women in their twenties changed relatively little during the mid- to late-1990s. In the 2000s, the rate for women ages 20–24 rose from 70 per 1,000 in 2002 to 80 per 1,000 in 2007, and then declined to 60 per 1,000 in 2015. For women ages 25–29, the rate rose from 59 per 1,000 in 2000 to 77 per 1,000 in 2007, and then declined to 67 per 1,000 in 2015.
- Birth rates for unmarried women ages 30–34 increased steadily from the late 1990s to 2008 and then declined to 57 per 1,000 in 2013, before increasing to 60 per 1,000 in 2015.
- During 1980–2015, rates for unmarried women ages 35–39 and 40–44 generally rose. The unmarried birth rates for both age groups in 2015 (34 per 1,000 and 9 per 1,000, respectively), were more than three times the rates in 1980.
- In 2015, the birth rate for unmarried women was highest for women ages 25–29 (67 per 1,000), followed by women ages 30–34 (60 per 1,000) and women ages 20–24 (60 per 1,000).

Children are at greater risk for adverse consequences when born to a single mother because the social, emotional, and financial resources available to the family may be limited.[6] The proportion of births to unmarried women is useful for understanding the extent to which children born in a given year may be affected by any disadvantage—social, financial, or health—associated with being born outside of marriage. The change in the percentage of births to unmarried women reflects both changes in the birth rate for unmarried women relative to the birth rate for married women and changes in the percentage of women of childbearing age who are unmarried.[11,12,13]

Indicator FAM2.B **Percentage of all births to unmarried women by age of mother, 1980 and 2015**



SOURCE: National Center for Health Statistics, National Vital Statistics System.

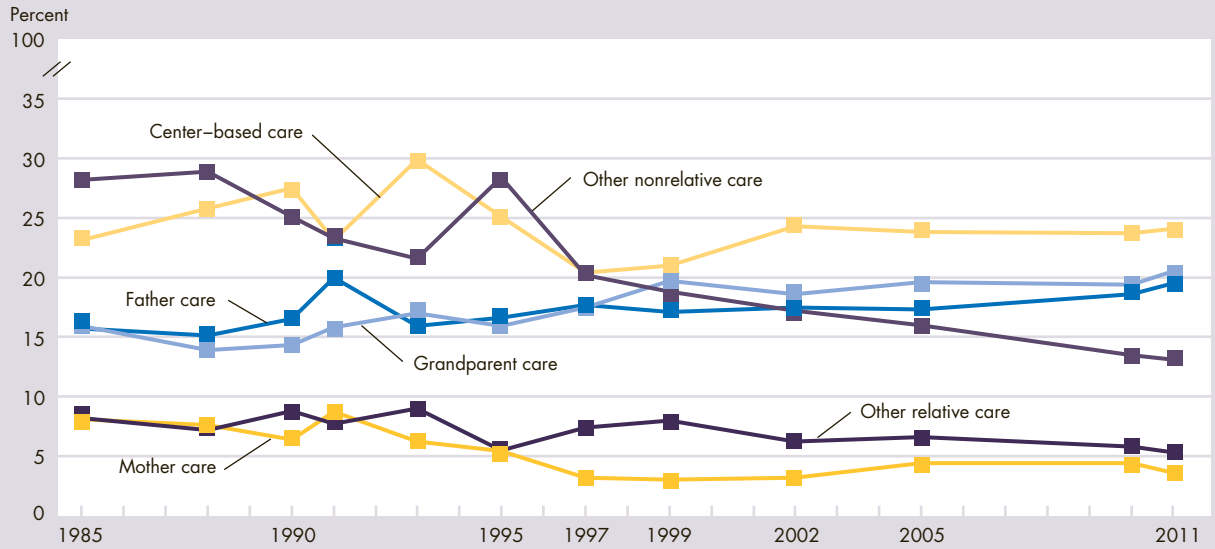
- The percentage of all births to unmarried women was 18 percent in 1980 and 40 percent in 2015.
- Between 1980 and 2015, the percentage of births to unmarried women among adolescents ages 15–17 increased from 62 percent in 1980 to 96 percent in 2015; among women ages 18–19, the percentage increased from 40 percent in 1980 to 86 percent in 2015.
- Among women in their 20s, the percentage of births to unmarried women increased from 19 percent in 1980 to 66 percent in 2015 among women ages 20–24 and from 9 percent in 1980 to 38 percent in 2015 among women ages 25–29.
- Among mothers age 30 and over, the percentage of births to unmarried women increased from 1980 to 2015. For mothers ages 30–34, the percentage of births increased from 7 percent to 23 percent. For mothers ages 35–39, the percentage of births increased from 9 percent to 22 percent. For mothers age 40 and over, the percentage of births increased from 12 percent to 25 percent.
- The percentage of births that were to unmarried women decreased as the age of the mother increased. In 2015, more than 95 percent of births to mothers age 17 and younger were to unmarried mothers. About two-thirds of births to women ages 20–24 were nonmarital. About one-quarter of births to mothers ages 30–34 (23 percent), ages 35–39 (22 percent), and age 40 and older (25 percent) were to mothers who were not married.

Bullets contain references to data that can be found in Tables FAM2.A and FAM2.B on page 99. Endnotes begin on page 75.

Child Care

Many children spend time with a child care provider other than their parents. Two important measures of early childhood child care usage are a historical trend of the primary child care provider used by employed mothers for their young children and, from a different data source, overall use of different providers regardless of parents' work status.[14]

Indicator FAM3.A **Primary child care arrangements for children ages 0–4 with employed mothers, selected years 1985–2011[15]**



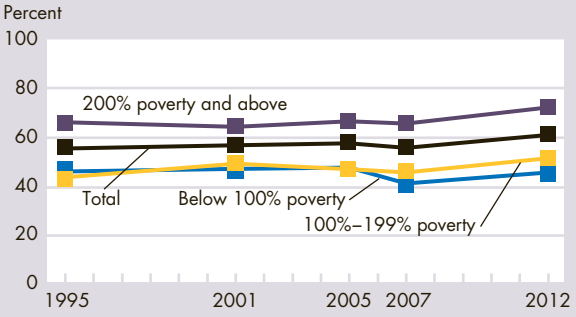
NOTE: The primary arrangement is the arrangement used for the most number of hours per week while the mother worked. Mother and father care each refer to care while the mother worked.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Indicator FAM3.A

- In 2011, 49 percent of children ages 0–4 with employed mothers were cared for primarily by a relative—their father, grandparent, sibling, other relative, or mother—while she worked. This was not statistically different from the percentages in 2010 and 2005. Twenty-four percent spent the most amount of time in a center-based arrangement (day care, nursery school, preschool, or Head Start). Thirteen percent were cared for primarily by a nonrelative in a home-based environment, such as from a family day care provider, nanny, babysitter, or au pair.
- The rate of care by fathers was between 15 and 16 percent in 1985 and 1988, increased to 20 percent in 1991, and settled between 16 and 18 percent from 1993 to 2005. By 2011, the father-care rate was 19 percent.
- Among children ages 0–4 in families in poverty in 2011, 18 percent were in center-based care as their primary arrangement, while 11 percent were with other relatives (relatives other than the mother, father, or grandparent). By comparison, a greater percentage of children in families at or above the poverty threshold were in center-based care (26 percent) and a smaller percentage were cared for by other relatives (4 percent).

Indicator FAM3.B **Percentage of children ages 3–6, not yet in kindergarten, in center-based care arrangements by poverty status, selected years 1995–2012**

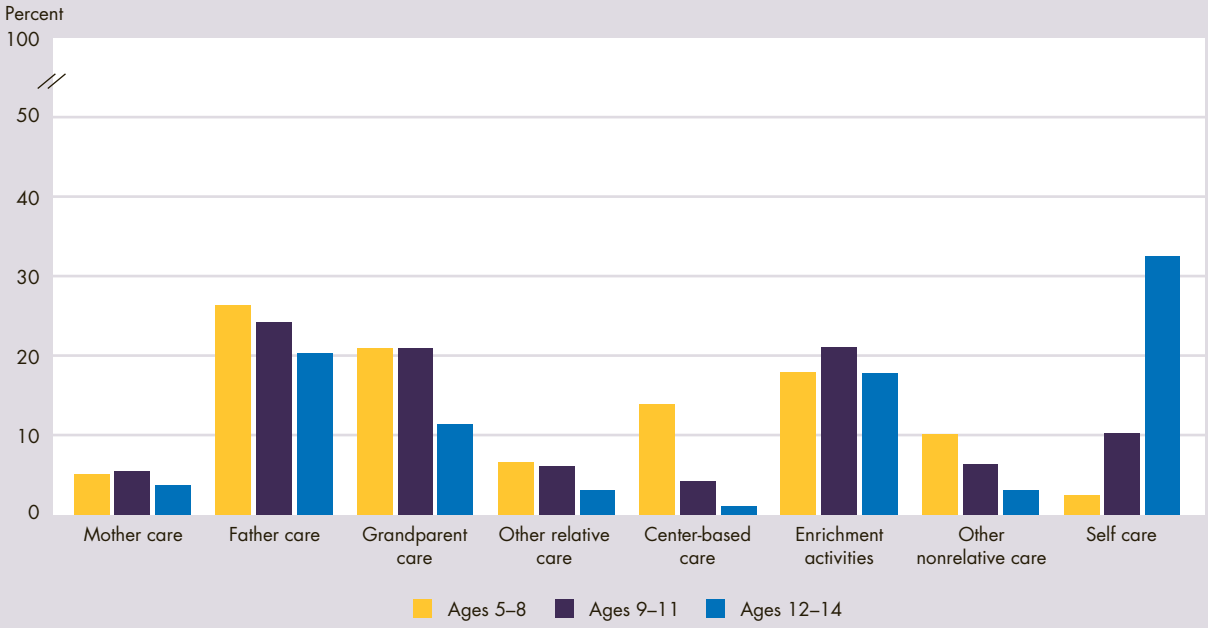


NOTE: Center-based programs included day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program.

School-age children may spend their weekday, nonschool time in child care arrangements and also may engage in a variety of enrichment activities such as sports, arts, clubs, academic activities, religious activities, and community service. In addition, some children care for themselves without adult supervision for some time during the week.

Indicator FAM3.C **Child care arrangements for grade school children ages 5–14 with employed mothers, 2011**



NOTE: The number of children in all arrangements may exceed the total number of children due to the use of multiple arrangements. Mother and father care each refer to care while the mother worked.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Indicator FAM3.B

- In 2012, about 61 percent of children ages 3–6 not yet in kindergarten were enrolled in center-based care. This percentage was higher than the corresponding percentages in 1995 and 2007 (55 percent each). The percentage of children ages 3–6 not yet in kindergarten who were enrolled in center-based care was higher for those whose families had incomes at least twice the poverty level (72 percent) than for those whose families had incomes 100 percent to 199 percent of the poverty level (51 percent) and those whose families had incomes below 100 percent of the poverty level (45 percent).
- The percentage of children ages 3–6 not yet in kindergarten who were enrolled in center-based care differed by race/ethnicity in 2012. A lower percentage of Hispanic children (52 percent) than of White, non-Hispanic (63 percent); Black, non-Hispanic (68 percent); and Asian or Pacific Islander, non-Hispanic (68 percent) children were enrolled in center-based care.
- In 2012, a higher percentage of children whose mothers had a bachelor's degree or higher were enrolled in center-based arrangements (79 percent), compared with children whose mothers had less than a high school diploma (42 percent), a high school diploma or its equivalent (49 percent), or some college (58 percent).

Indicator FAM3.C

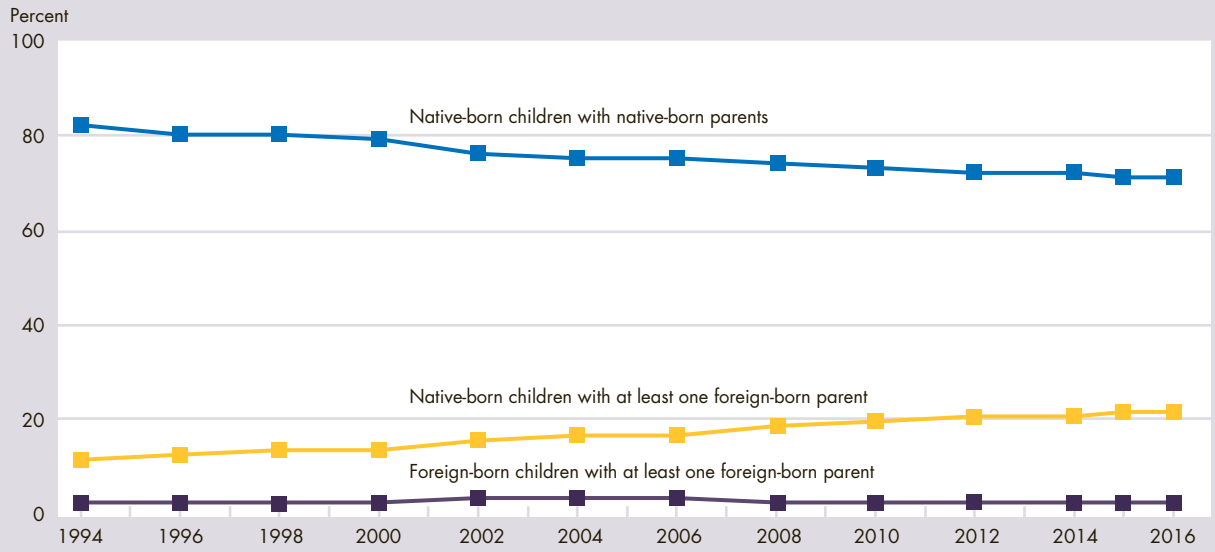
- In 2011, grade school children ages 5–14 with employed mothers were less likely to be in center-based or other nonrelative care and more likely to be cared for by relatives.
- As children grow and mature, many parents allow them to spend some time in unsupervised situations. In 2011, older children were more likely to care for themselves than were their younger counterparts: 2 percent of children ages 5–8, about 10 percent of children ages 9–11, and 33 percent of children ages 12–14 were regularly in self-care situations.

Bullets contain references to data that can be found in Tables FAM3.A–FAM3.C on pages 100–105. Endnotes begin on page 75.

Children of at Least One Foreign-Born Parent

The foreign-born population of the United States has grown since 1970.[16] This increase in the past generation has largely been due to immigration from Latin America and Asia, and has led to an expansion in the diversity of language and cultural backgrounds of children growing up in the United States.[16] Potential language and cultural barriers confronting children and their foreign-born parents may make additional language resources both at school and at home necessary for these children.[17]

Indicator FAM4 **Percentage of children ages 0–17 by nativity of child and parents, selected years 1994–2016**



NOTE: Data for 2016 exclude the nearly 291,000 household residents under age 18 who were listed as family reference persons or spouses. Children living in households with no parents present are not shown in this figure but are included in the bases for the percentages. Native-born parents means that all of the parents the child lives with are native born. Foreign-born means that one or both of the child's parents are foreign born. Anyone with U.S. citizenship at birth is considered native born, which includes people born in the United States or in U.S. outlying areas and people born abroad with at least one American parent. Foreign-born children with native-born parents are included in the native children with native parents category. Prior to 2007, Current Population Survey (CPS) data identified only one parent on the child's record. This meant that a second parent could only be identified if he or she was married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- From 1994 to 2016, the percentage of all children living in the United States with at least one foreign-born parent rose from 15 percent to 25 percent. Today, 22 percent of children are native born with at least one foreign-born parent, and 3 percent are foreign born with at least one foreign-born parent.
- Children of foreign-born parents tend to have parents with less education than children whose parents were born in the United States. In 2016, more than 20 percent of children with a foreign-born parent, regardless of their own nativity, had a parent with less than a high school diploma, compared with just 5 percent of children with native-born parents.[18]
- Regardless of their own nativity, children with a foreign-born parent more often live with two parents than children whose parents were born in the United States. In 2016, about 83 percent of native-born children with a foreign-born parent lived with two parents, compared with 68 percent of native-born children with two native-born parents.

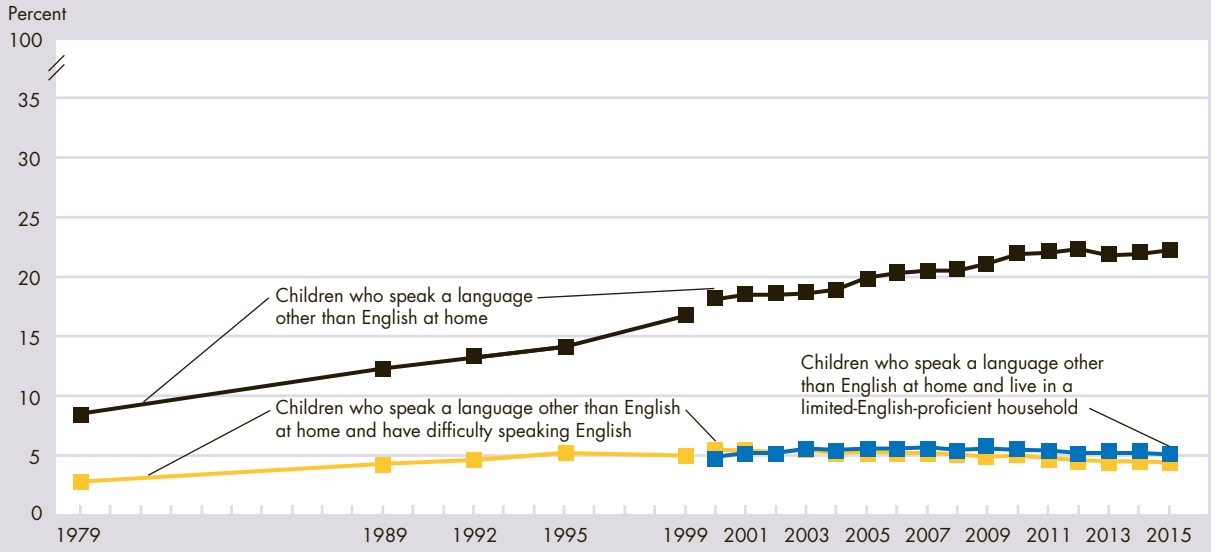
Bullets contain references to data that can be found in Table FAM4 on pages 106–108. Endnotes begin on page 75.

Language Spoken at Home and Difficulty Speaking English

Children who speak languages other than English at home and who also have difficulty speaking English[19] may face greater challenges progressing in school and in the labor market. Once it is determined that a student speaks another language, school officials must, by law, evaluate the child's facility with English and provide services such as special instruction to improve the child's English, if needed.

Indicator FAM5

Percentage of children ages 5–17 who speak a language other than English at home and who have difficulty speaking English or live in a limited-English-proficient household, selected years 1979–2015



NOTE: Numbers from the 1995 and 1999 Current Population Survey (CPS) may reflect changes in the survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments. A break is shown in the lines between 1999 and 2000 because data from 1979 to 1999 come from the CPS, while beginning in 2000 the data come from the American Community Survey (ACS). The questions were the same on the CPS and the ACS questionnaires.

SOURCE: U.S. Census Bureau, Current Population Survey and American Community Survey.

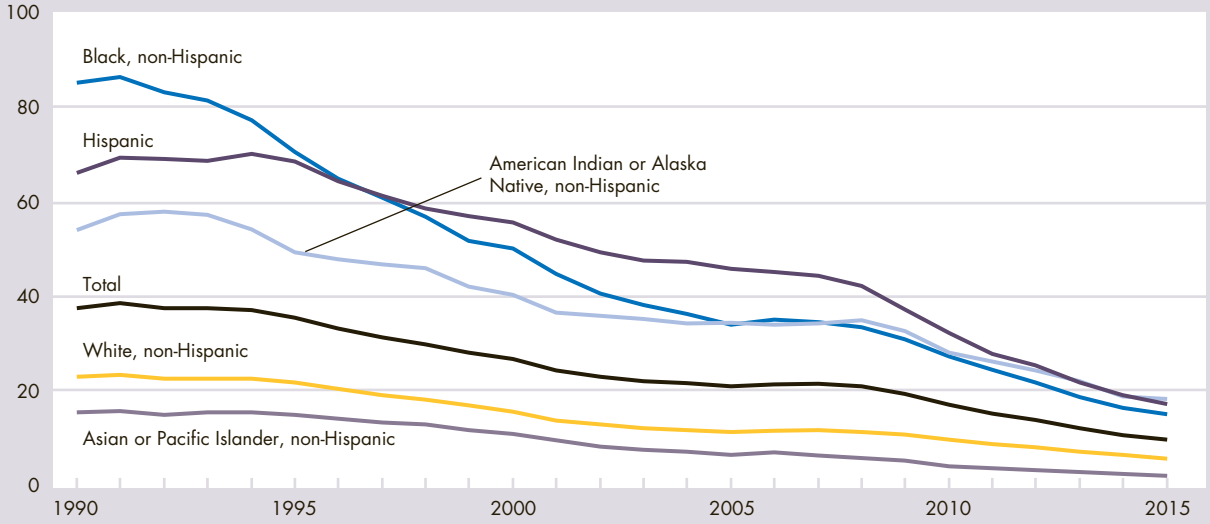
- In 2015, about 22 percent of school-age children spoke a language other than English at home, and 4 percent of school-age children both spoke a language other than English at home and had difficulty speaking English.
- The percentage of school-age children who spoke a language other than English at home varied by region of the country in 2015, from a low of 13 percent in the Midwest to a high of 33 percent in the West.
- In 2015, the percentage of school-age children who had difficulty speaking English also varied by region, from a low of 3 percent in the Midwest to a high of 6 percent in the West.
- Approximately 58 percent of school-age Asian-alone children and 62 percent of school-age Hispanic children spoke a language other than English at home in 2015, compared with 6 percent of White-alone, non-Hispanic and 6 percent of Black-alone, non-Hispanic school-age children.[1]
- In 2015, some 14 percent of school-age Asian-alone and 12 percent of school-age Hispanic children spoke another language at home and had difficulty speaking English, compared with about 1.1 percent of White-alone, non-Hispanic and 1.2 percent of Black-alone, non-Hispanic school-age children.[20]
- About 5 percent of school-age children spoke a language other than English at home and lived in a limited-English-proficient household in 2015. A limited-English-proficient household is a household in which no one age 14 or over speaks only English at home, or in which no one age 14 or over speaks a language other than English at home and speaks English "very well."

Bullets contain references to data that can be found in Table FAM5 on pages 109–111. Endnotes begin on page 75.

Adolescent Births

Childbirth during adolescence often is associated with long-term difficulties for the mother and her child. Compared with babies born to older mothers, babies born to adolescent mothers, particularly younger adolescent mothers, are at higher risk of low birthweight and infant mortality.[9,21,22,23] These babies are more likely to grow up in homes that offer lower levels of emotional support and cognitive stimulation, and they are less likely to earn high school diplomas.[24] For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce employment prospects and earnings potential.[24] Although adolescent birth rates for all racial and ethnic groups have been on a long-term decline since the late 1950s, birth rates have been historically higher for Hispanic and Black, non-Hispanic adolescents than for White, non-Hispanic adolescents.[25,26]

Indicator FAM6 **Birth rates for females ages 15–17 by race and Hispanic origin, 1990–2015**



NOTE: Race refers to mother's race. The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standards for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states and for trend analysis. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

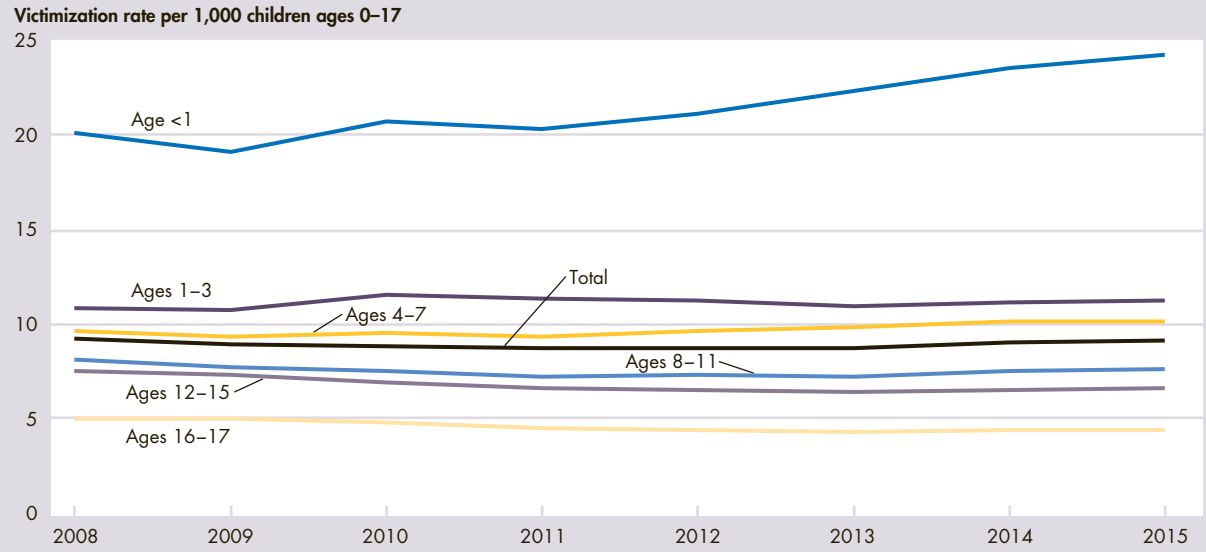
- From 1990 to 2015, the adolescent birth rate for females ages 15–17 declined from 38 per 1,000 to 10 per 1,000, a record low for the United States. Rates were stable in the early 1990s, then declined from 1994 through 2015. This long-term downward trend was found for each race and Hispanic origin group.
- Among White, non-Hispanic and Black, non-Hispanic adolescents, the birth rates for ages 15–17 fell from 1990 through 2003, then stabilized through 2008, and then the trend declined through 2015.
- Among American Indian or Alaska Native, non-Hispanic and Hispanic adolescents ages 15–17, birth rates were stable in the early 1990s, then declined through 2002. Both groups had a stable period in the 2000s before declining from 2007–2008 through 2015.
- The birth rates for Asian or Pacific Islander, non-Hispanic adolescents ages 15–17 were stable from 1990 to 1996 and then decreased from 1996 through 2015.
- Despite these long-term declines, substantial racial and ethnic disparities persisted throughout the period. In 2015, the birth rate ranged from 2 per 1,000 for Asian or Pacific Islander, non-Hispanic adolescents ages 15–17 to 6 for White, non-Hispanic; 15 for Black, non-Hispanic; 17 for Hispanic; and 19 for American Indian or Alaska Native, non-Hispanic adolescents in the same age group.

Bullets contain references to data that can be found in Table FAM6 on pages 112–113. Endnotes begin on page 75.

Child Maltreatment

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect). Maltreatment in general is associated with a number of negative outcomes for children including developmental delay, lower school achievement, juvenile delinquency, substance abuse, and mental health problems. Many of these problems can follow maltreated children into adulthood.[27] Certain types of maltreatment can result in long-term physical, social, and emotional problems, and even death. For example, abusive head trauma can result in mental retardation, cerebral palsy, or paralysis.[28] Please note that the calculation of child maltreatment has been changed and is not comparable to data presented in previous editions of *America's Children.* Specifically, rates are now based on unduplicated counts, and alternative response victims are no longer included.

Indicator FAM7.A **Rate of substantiated maltreatment of children ages 0–17 by age, 2008–2015**

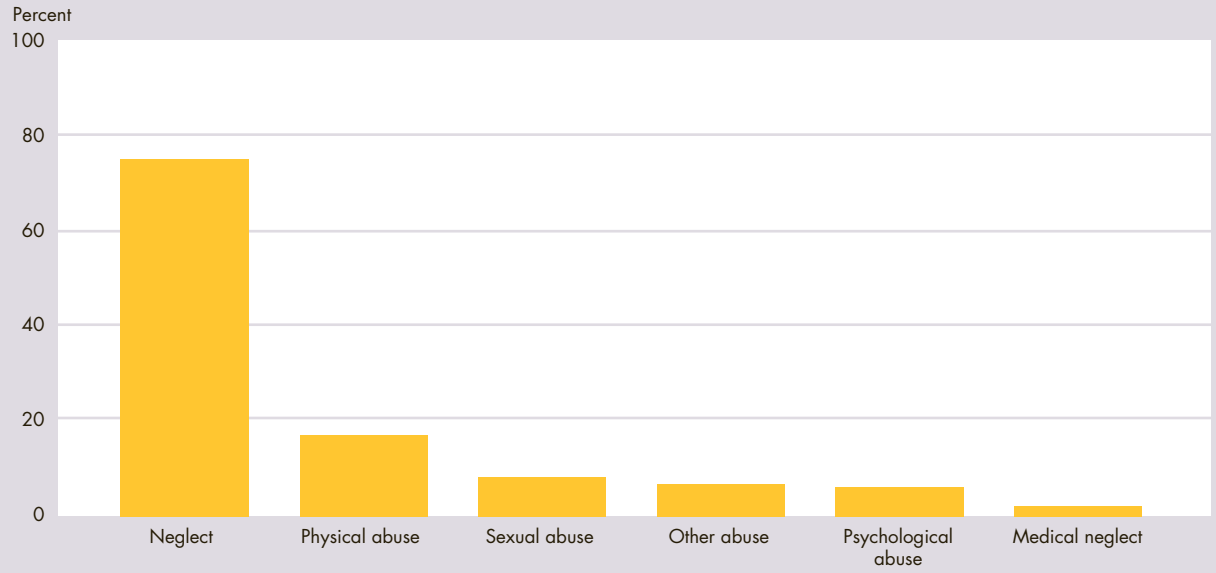


NOTE: The data in this figure are rates of victimization based on investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The rates are based on unique counts of victims of maltreatment. A unique count includes each child only one time regardless of the number of times the child was determined to be a victim. Substantiated maltreatment includes the dispositions of substantiated or indicated. This is not comparable to child maltreatment estimates in previous editions of *America's Children*, which were based on duplicated rather than unduplicated counts and also included alternative response victims. Alternative response victim is the provision of a response other than an investigation that determines a child was a victim of maltreatment. The number of states reporting may vary from year to year. States vary in their definition of abuse and neglect.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

- After declining modestly between 2008 and 2011 from 9.3 per 1,000 children to 8.8 per 1,000 children, the national rate of child maltreatment increased to 9.1 per 1,000 children in 2014 and 9.2 in 2015.
- The risk of maltreatment is higher for younger children, particularly infants. In 2015, children under age 1 had a maltreatment rate of 24.2 per 1,000, more than twice the rate for any other age group. Recent increases in the maltreatment rate have been largest for children under age 1, moving from 22.3 per 1,000 to 24.2 per 1,000 between 2013 and 2015.
- Maltreatment rates for children ages 0–17 varied substantially among race and Hispanic origin groups, from 1.7 per 1,000 children up to 14.5 per 1,000 children in 2015. Rates per 1,000 children were, in ascending order: 1.7 for Asian, non-Hispanic; 8.1 for White, non-Hispanic; 8.4 for Hispanic; 8.8 for Native Hawaiian or Other Pacific Islander, non-Hispanic; 10.4 for children of Two or more races, non-Hispanic; 13.8 for American Indian or Alaska Native, non-Hispanic; and 14.5 for Black, non-Hispanic children.

Indicator FAM7.B **Percentage of substantiated maltreatment of children ages 0–17 by maltreatment type, 2015**

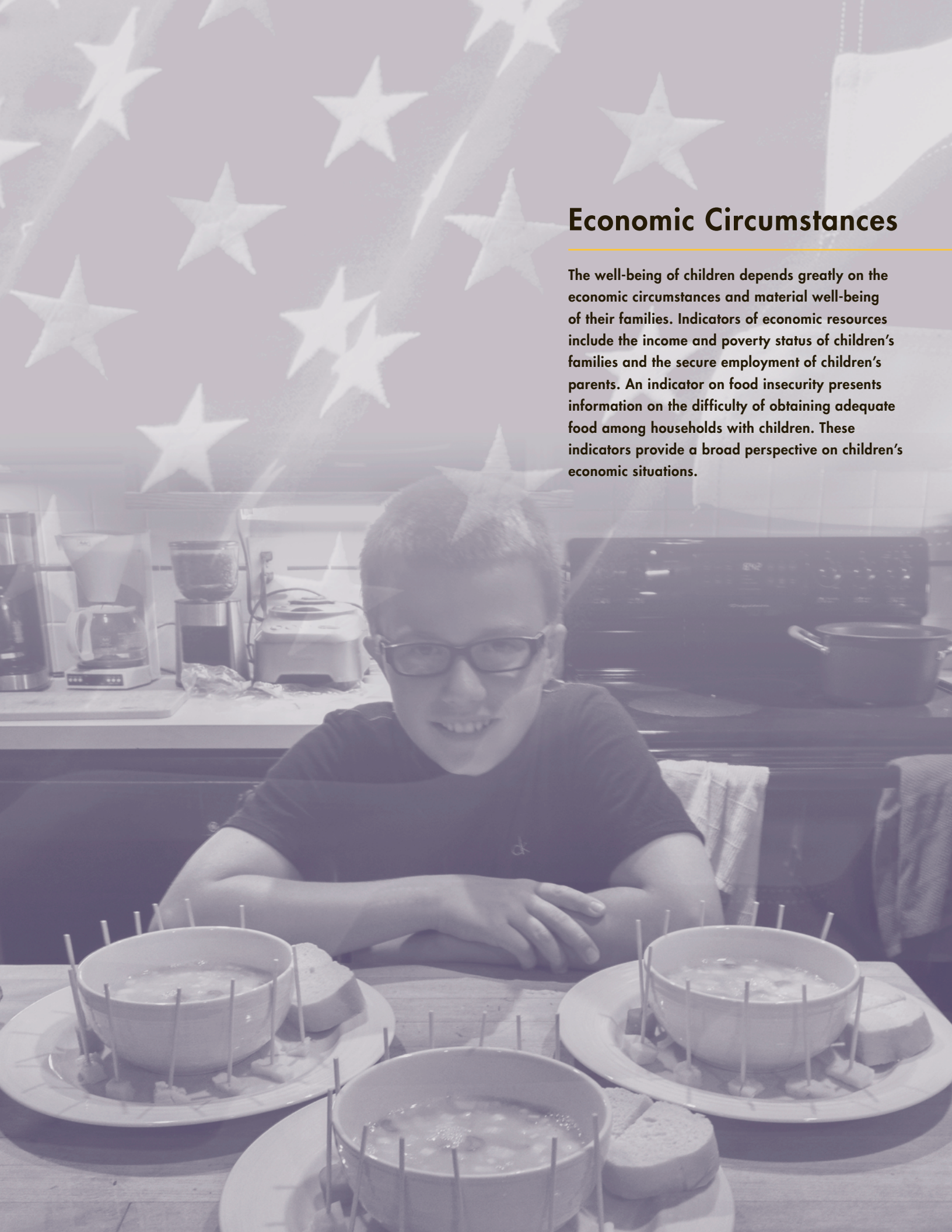


NOTE: Percentages for neglect do not include medical neglect. Medical neglect is reported separately. Bars total to more than 100 percent because a single child may be victim of multiple kinds of maltreatment. Substantiated maltreatment includes the dispositions of substantiated or indicated. This is a change from prior years when substantiated maltreatment included dispositions of substantiated, indicated, and alternative response victim. Alternative response victim is the provision of a response other than an investigation that determines a child was a victim of maltreatment.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

- Neglect is by far the most common form of maltreatment, with three-quarters of all maltreated children found to have been neglected. In addition, 17 percent of maltreated children were found to have been physically abused; 8 percent were sexually abused; and 6 percent were psychologically abused. Differences by age are particularly notable for sexual abuse, increasing from a little over 1 percent for those ages 0–3, to 19 percent for children ages 12–17.

Bullets contain references to data that can be found in Tables FAM7.A and FAM7.B on pages 114–115. Endnotes begin on page 75.



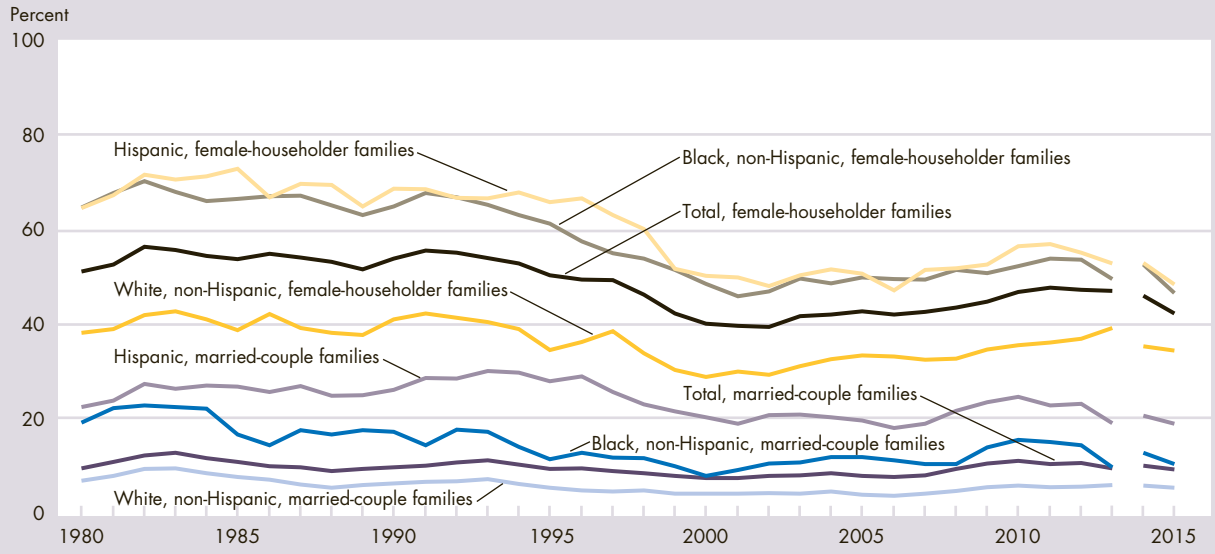
Economic Circumstances

The well-being of children depends greatly on the economic circumstances and material well-being of their families. Indicators of economic resources include the income and poverty status of children's families and the secure employment of children's parents. An indicator on food insecurity presents information on the difficulty of obtaining adequate food among households with children. These indicators provide a broad perspective on children's economic situations.

Child Poverty and Income Distribution

Children living in poverty are vulnerable to environmental, educational, health, and safety risks. Compared with their peers, children living in poverty, especially young children, are more likely to have cognitive, behavioral, and socioemotional difficulties. Throughout their lifetimes, they are more likely to complete fewer years of school and experience more years of unemployment.[29–32] These data are based on the official poverty measure for the United States as defined in U.S. Office of Management and Budget Statistical Policy Directive 14.[33]

Indicator ECON1.A **Percentage of children ages 0–17 living in poverty by race, Hispanic origin, and family structure, 1980–2015**



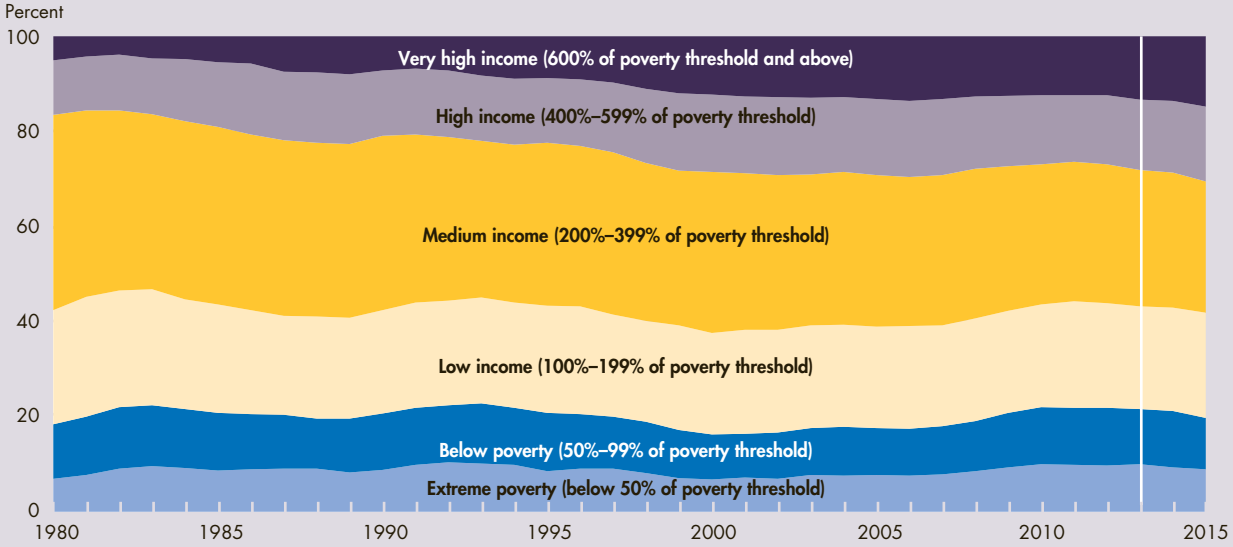
NOTE: In 2015, the poverty threshold for a two-parent, two-child family was $24,036. The source of the calendar year 2013 data for this figure is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample that received income questions consistent with the 2013 CPS ASEC. Data for 2014 and onward used the redesigned income questions. Users should use caution when comparing 2013 data to 2014 data. The proportion of children in male-householder families (no spouse present) historically has been small. Select data for this group are available as part of detailed tables at https://www.census.gov/topics/income-poverty/poverty.html.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- In 2015, 20 percent of all children ages 0–17 were in poverty, down from 21 percent in 2014. The poverty rate was much higher for Black, non-Hispanic and Hispanic children than for White, non-Hispanic children.[1] In 2015, some 12 percent of White, non-Hispanic children lived in poverty, compared with 34 percent of Black, non-Hispanic children and 29 percent of Hispanic children.
- Children in married-couple families were much less likely to be living in poverty than children living in female-householder families (no spouse present). In 2015, about 10 percent of children in married-couple families were living in poverty, compared with 43 percent in female-householder families.
- Hispanic children in married-couple families were much less likely to be living in poverty than Hispanic children living in female-householder families (no spouse present). In 2015, about 20 percent of Hispanic children in married couple families were living in poverty, compared with 49 percent in female-householder families.
- Children ages 0–5 were more likely to be living in families with incomes below the poverty threshold than those ages 6–17. In 2015, 21 percent of children ages 0–5 lived in poverty, compared with 19 percent of older children.

Children's family income distribution provides a broader picture of children's economic circumstances. Families with incomes below their assigned poverty thresholds are considered to be in poverty. However, the income-to-poverty ratio provides additional information on families' economic security. A family with income that is less than half of their poverty threshold would have an income-to-poverty ratio of 50 percent, while a family that has income that surpasses their threshold would have a ratio greater than 100 percent. As a family's income-to-poverty ratio falls below 100 percent, the more severe that family's economic circumstances are. As a family's income-to-poverty ratio increases above 100 percent, they experience more economic security.

Indicator ECON1.B **Percentage of children ages 0–17 by family income relative to the poverty line, 1980–2015**



NOTE: This graph shows income categories derived from the ratio of a family's income to the family's poverty threshold. In 2015, the poverty threshold for a family of four with two children was $24,036. For example, a family of four with two children would be living below 50 percent of the poverty threshold if their income was less than $12,018 (50 percent of $24,036). If the same family's income was at least $24,036 but less than $48,072, the family would be living at 100–199 percent of the poverty threshold. The source of the calendar year 2013 data for this figure is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample that received income questions consistent with the 2013 CPS ASEC. Data for 2014 and onward used the redesigned income questions. Users should use caution when comparing 2013 data to 2014 data.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

- In 2015, more children lived in families with medium income (28 percent) than in families in any other income group. Fewer children lived in families with low income and with high income (22 and 16 percent, respectively) than lived in families with medium income.
- The percentage of children living in families with medium income was lower in 2015 (28 percent) than in 1990 (37 percent). Conversely, the percentage of children living in families with high income was higher in 2015 (16 percent) than in 1990 (14 percent).
- The percentage of children living in families in extreme poverty (below 50 percent of the poverty threshold) was 9 percent in 1990, decreased to 7 percent in 2000, rose to 10 percent in 2010, but then decreased to 9 percent in 2015.[34] The percentage of children who lived in families with very high income (600 percent or more of the poverty threshold) has doubled, from 7 percent in 1990 to 15 percent in 2015.

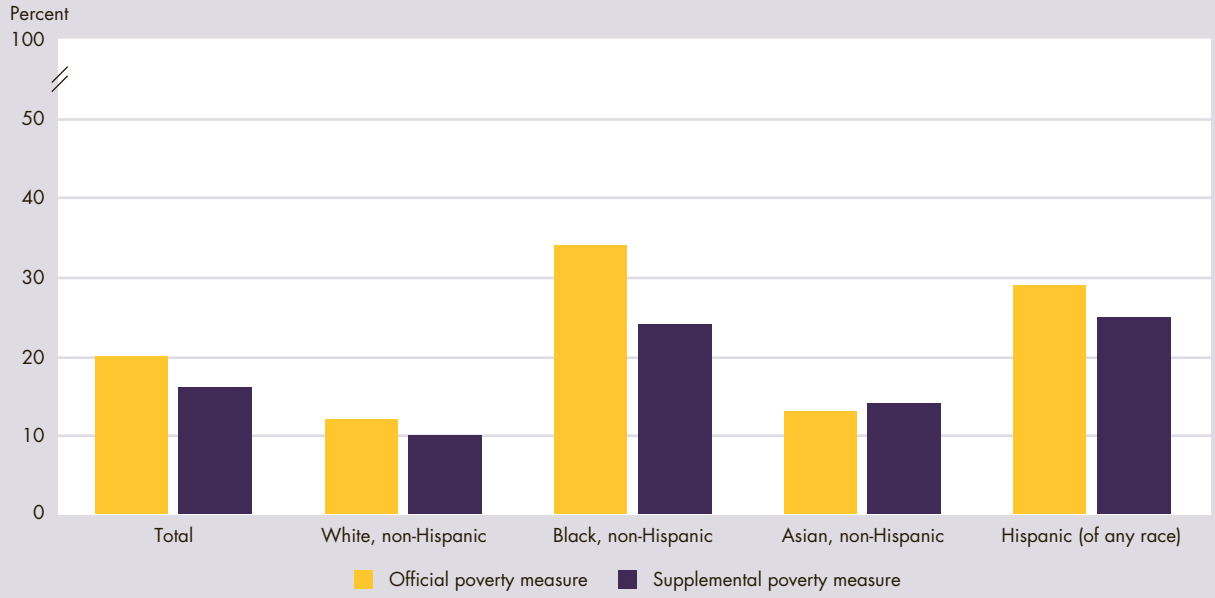
Bullets contain references to data that can be found in Tables ECON1.A–ECON1.B on pages 116–119. Endnotes begin on page 75.

Supplemental Poverty Measure

Since the publication of the first official poverty estimates in 1964, there has been continuing debate about the best approach to measuring poverty in the United States. Recognizing that alternative estimates of poverty can provide useful information to the public as well as to the Federal Government, the U.S. Census Bureau publishes alternative poverty estimates using the new supplemental poverty measure (SPM). The SPM does not replace the official poverty measure but serves as an additional indicator of economic well-being and provides a deeper understanding of economic conditions and policy effects. The SPM is based on the suggestions of an interagency technical working group.[35,36]

In contrast to the official poverty measure, which compares pretax cash income to a set of thresholds derived in the early 1960s, the SPM creates a more complex statistical picture by incorporating additional items such as tax payments, work expenses, medical out-of-pocket expenditures, and the value of noncash nutritional, energy, and housing assistance. Thresholds used in the new measure were derived by staff at the U.S. Bureau of Labor Statistics from Consumer Expenditure Survey expenditure data on basic necessities (food, shelter, clothing, and utilities) and are adjusted for geographic differences in the cost of housing.

Indicator ECON1.C **Percentage of children ages 0–17 living in poverty by race and Hispanic origin and type of poverty measure, 2015**



SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

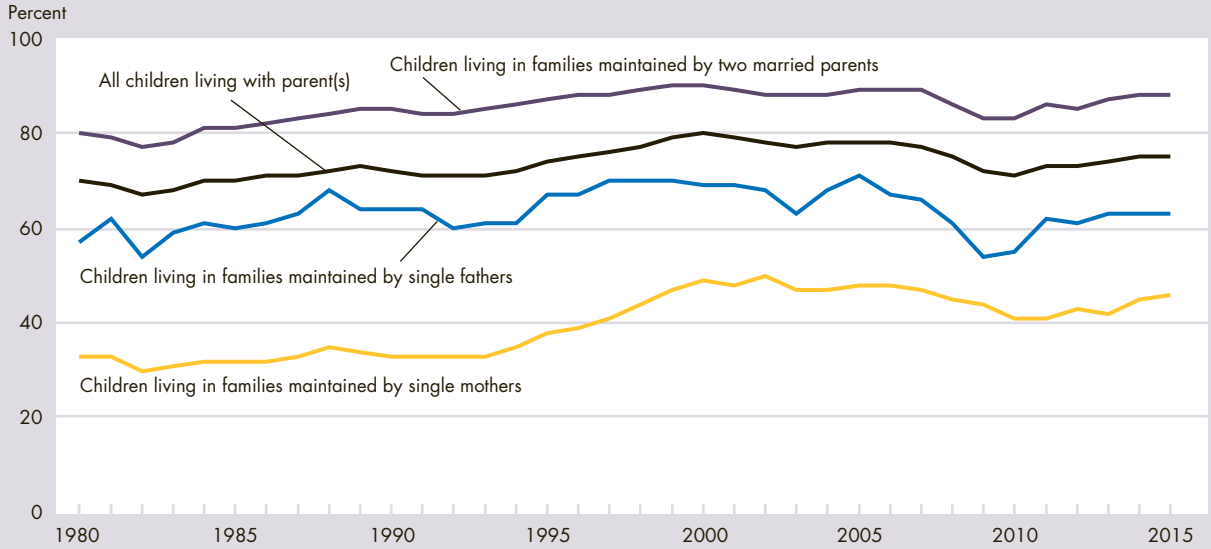
- For all children, the 2015 SPM rate was 16 percent, 4 percentage points lower than the official poverty rate of 20 percent.
- In 2015, the SPM rate was lower than the official poverty rate for White, non-Hispanic; Black, non-Hispanic; and Hispanic children.[1] The difference between the SPM rate and the official poverty rate for Asian, non-Hispanic children was not statistically significant.
- Although the official poverty rate was higher for Black, non-Hispanic children than for Hispanic children in 2015, the difference between the SPM rates for these two groups was not statistically significant.
- The SPM rate was higher for Asian, non-Hispanic children than for White, non-Hispanic children in 2015. However, the difference in official poverty rates between these two groups was not statistically significant.

Bullets contain references to data that can be found in Table ECON1.C on page 119. Endnotes begin on page 75.

Secure Parental Employment

Secure parental employment is a major factor in the financial well-being of families.[33] It is associated with higher family income and greater access to health insurance.[37] It also has been linked to a number of positive outcomes for children, including better health, education, and social/emotional development.[38] One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time throughout a given year.

Indicator ECON2 **Percentage of children ages 0–17 living with at least one parent employed year round, full time by family structure, 1980–2015**



NOTE: Year-round, full-time employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks. The source of the calendar year 2013 data for this figure is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample that received income questions consistent with the 2013 CPS ASEC.

SOURCE: Bureau of Labor Statistics, Current Population Survey, Annual Social and Economic Supplement.

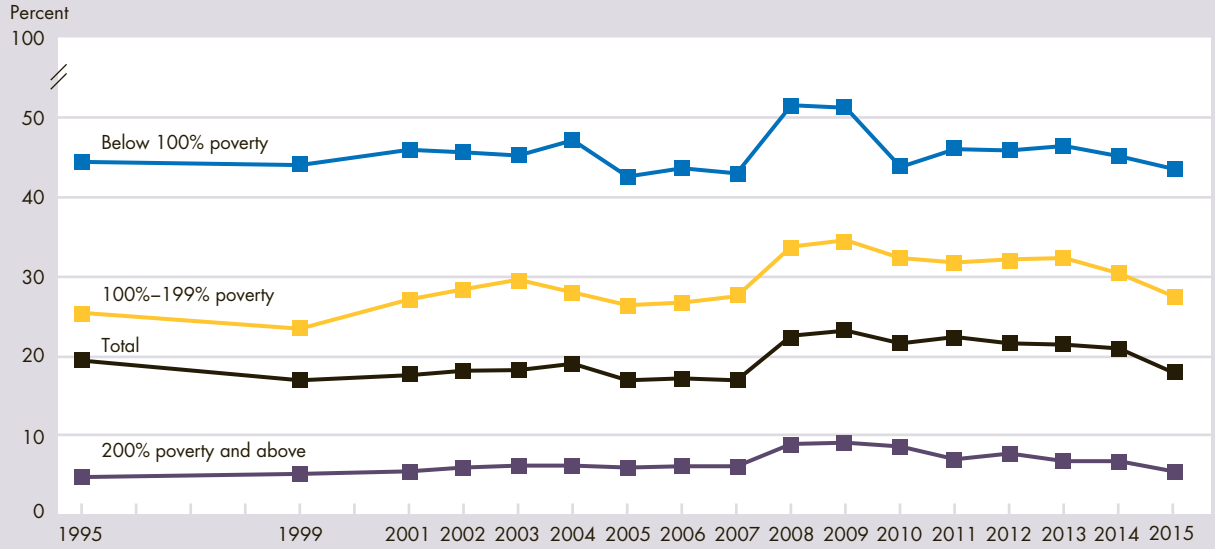
- The percentage of children who had at least one parent working year round, full time remained at 75 percent from 2014 to 2015.
- About 77 percent of children ages 6–17 in 2015 had at least one parent working year round, full time and about 73 percent of children ages 0–5 years had at least one parent working similarly.
- In 2015, about 88 percent of children living in families maintained by two married parents had at least one parent who worked year round, full time. In contrast, 63 percent of children living in families maintained by a single father and 46 percent of children living in families maintained by a single mother had a parent who worked year round, full time.
- Among children living in families maintained by two married parents in 2015, about 33 percent lived in families where both parents worked year round, full time.
- Among all children living with parents, those living in poverty were much less likely to have a parent working year round, full time than those living at or above the poverty threshold (30 percent and 86 percent, respectively, in 2015).
- In families maintained by two married parents who were living below the poverty threshold in 2015, about 51 percent of children had at least one parent working year round, full time. Ninety-two percent of children in families maintained by two married parents who were living at or above the poverty threshold had at least one parent working year round, full time.
- Black, non-Hispanic children and Hispanic children were less likely than White, non-Hispanic children to have a parent working year round, full time. In 2015, about 69 percent of Hispanic children and 62 percent of Black, non-Hispanic children lived in families with secure parental employment, compared with 81 percent of White, non-Hispanic children.

Bullets contain references to data that can be found in Table ECON2 on pages 120–121. Endnotes begin on page 75.

Food Security

A family's ability to provide for its children's nutritional needs is linked to the family's food security—that is, to its access at all times to adequate food for an active, healthy life for all household members.[39] The food security status of households is based on self-reported difficulty in obtaining enough food, reduced food intake, reduced diet quality, and anxiety about an adequate food supply. In some households classified as food insecure, only adults' diets and food intakes were affected, but in a majority of such households, children's eating patterns also were disrupted to some extent, and the quality and variety of their diets were adversely affected.[40] In a subset of food-insecure households—those classified as having very low food security among children—a parent or guardian reported that at some time during the year, one or more children were hungry, skipped a meal, or did not eat for a whole day because the household could not afford enough food.[41]

Indicator ECON3 **Percentage of children ages 0–17 in food-insecure households by poverty status, selected years 1995–2015**



NOTE: Food-insecure households are those in which either adults or children or both were "food insecure," meaning that, at times, they were unable to acquire adequate food for active, healthy living because the household had insufficient money and other resources for food. Statistics for 1996–1998 and 2000 are omitted because they are not directly comparable with those for other years.

SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by Department of Agriculture, Economic Research Service and Food and Nutrition Service.

- In 2015, 13.1 million children (18 percent of all children) lived in households that were classified as food insecure.[42]
- The percentage of children living in food-insecure households in 2015 (18 percent) represented a decline from the percentage in 2014 (21 percent).
- In 2015, the percentages of children living in food-insecure households were substantially above the national average of 18 percent for the following groups: those living in households with incomes below the Federal poverty threshold (44 percent), Black, non-Hispanics (27 percent), Hispanics (24 percent), those whose parents or guardians lacked a high school diploma or General Educational Development (GED) certificate (33 percent), those whose parents or guardian's highest level of education is high school/GED (29 percent), and those living with a single mother (33 percent).

Bullets contain references to data that can be found in Table ECON3 on pages 122–123. Endnotes begin on page 75.

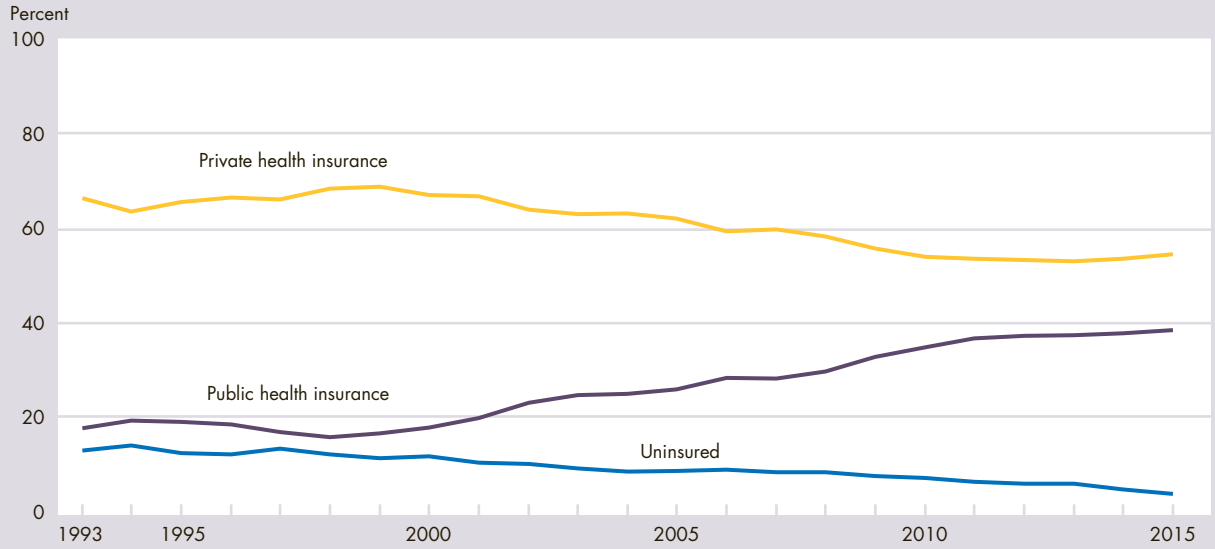
Health Care

Health care comprises the prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by health professionals. Effective health care is an important aspect of promoting good health. This section presents information on selected determinants of health care utilization for children (having health insurance coverage and having a usual source of health care) and selected measures of health care utilization (immunization, children having a dental visit, and children with untreated dental caries).

Health Insurance Coverage

Health insurance is a major determinant of access to health care.[43] Children and adolescents need regular and ongoing health care to provide routine preventive care, including vaccinations, and to treat acute and chronic conditions and provide injury care.[44] Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of health care (see HC2). Children may be eligible for health insurance through private coverage or public programs such as Medicaid, enacted in 1966, and the Children's Health Insurance Program, started in 1997.[45,46] The percentage of children who have health insurance is one indicator of the extent to which families can obtain preventive care or health care for a sick or injured child.[47,48]

Indicator HC1 **Percentage of children ages 0–17 by health insurance coverage status at the time of interview, 1993–2015**



NOTE: A child was considered to be uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or a military plan. A child was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care. Private health insurance includes children covered by any comprehensive private insurance plan (including health maintenance organizations and preferred provider organizations). These plans include those obtained through an employer, purchased directly, or obtained through local or community programs. Public health insurance includes children who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including CHIP.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

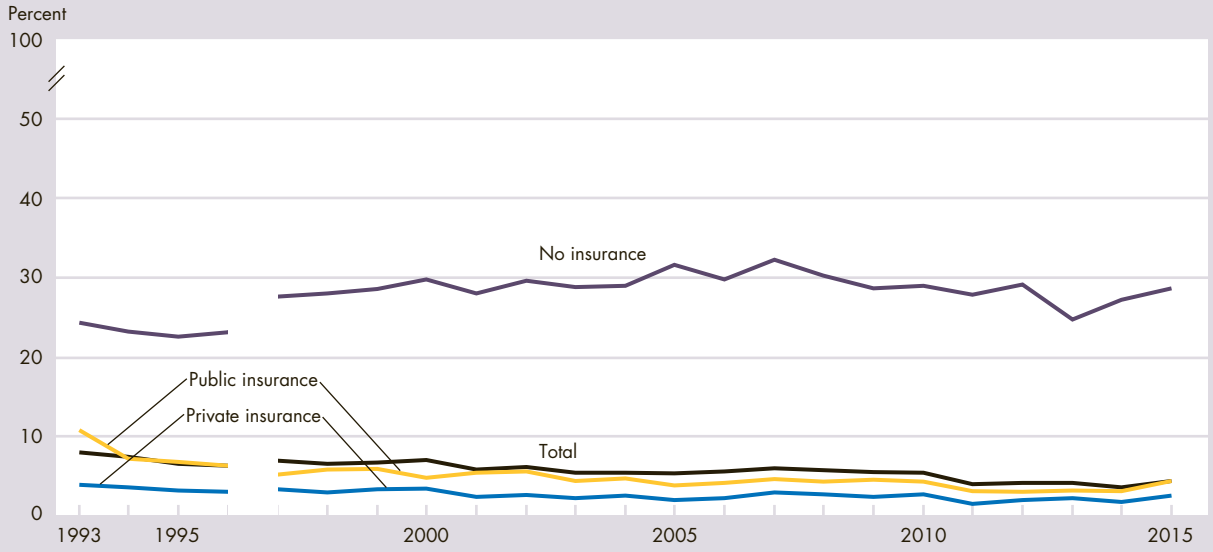
- The percentage of children ages 0–17 without health insurance at the time of interview decreased from 14 percent in 1993 to 5 percent in 2015.
- The percentage of children with private coverage increased from 66 percent in 1993 to a high of 69 percent in 1999, then had a long downward trend through 2012, before stabilizing in the 53 percent to 55 percent range through 2015.
- Public coverage of children had a long upward trend from 1998 to 2012, and then stabilized in the 38 percent to 39 percent range through 2015.
- In 2015, the type of health insurance that children had varied by the age of the child. Adolescents were more likely to be uninsured or have private coverage than younger children. Those in the youngest age group, up to age 5, were less likely to be uninsured, but more likely to have public coverage than children ages 6–11 and ages 12–17.

Bullets contain references to data that can be found in Table HC1 on pages 124–125. Endnotes begin on page 75.

Usual Source of Health Care

Children's health depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care.[49] Having a usual source of care—a particular person or place a child goes to for sick and preventive care—facilitates the timely and appropriate use of pediatric services.[50,51] Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the continuity and types of health care mentioned above.[52]

Indicator HC2 **Percentage of children ages 0–17 with no usual source of health care by type of health insurance, 1993–2015**



NOTE: Children with both public and private insurance coverage are placed in the private insurance group. Usual source of health care is based on the following question: "Is there a place that [child's name] USUALLY goes when [he/she] is sick or needs advice about [his/her] health?" A follow-up question specifies that these places may be a walk-in clinic, doctor's office, clinic, health center, health maintenance organization (HMO), outpatient clinic, or military or Veterans Administration health care facility. Emergency rooms are excluded as a usual source of care. A break is shown in the lines because in 1997 the National Health Interview Survey was redesigned. Data for 1997–2015 are not strictly comparable with earlier data.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2015, about 4 percent of children ages 0–17 had no usual source of health care.
- Between 1993 and 2015, the percentage of insured children without a usual source of care declined. In contrast, there was no statistically significant difference in the percentage of uninsured children without a usual source of care between 1993 (24 percent) and 2015 (29 percent).
- Uninsured children are much more likely to have no usual source of care than children who have health insurance. In 2015, 29 percent of children who were uninsured had no usual source of health care. This was more than 26 percentage points higher than the percentage of children with private health insurance who had no usual source of health care (2 percent) and more than 24 percentage points higher than the percentage of children with public health insurance (including Medicaid) who had no usual source of health care (4 percent).
- Overall, older children were more likely than younger children to lack a usual source of care among those with public coverage (3 percent of children ages 0–5 compared to 5 percent of those ages 6–17) and no coverage (18 percent versus 32 percent).

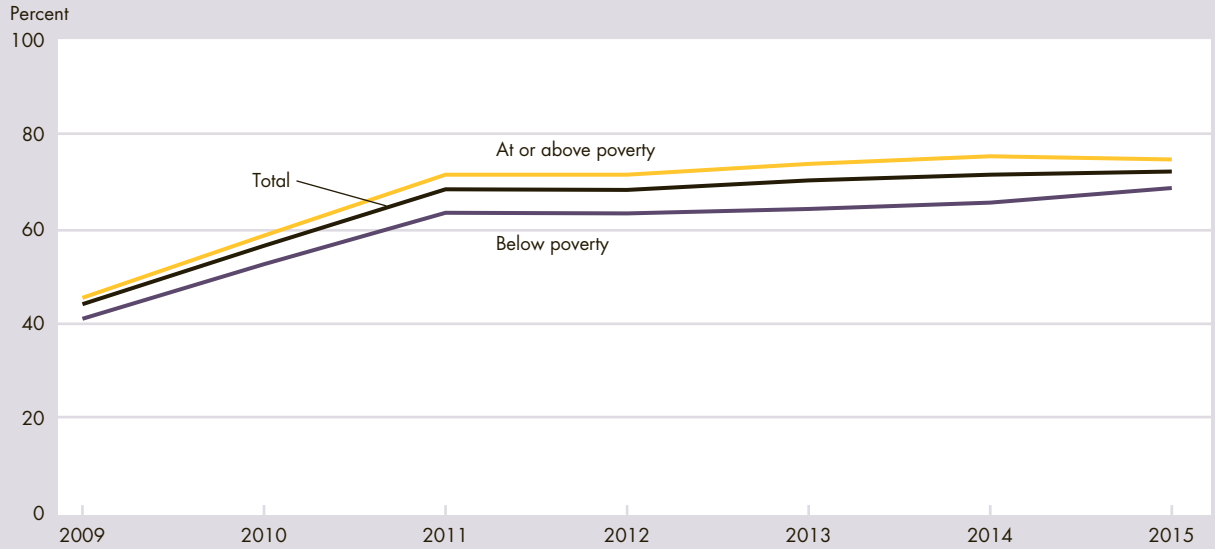
Bullets contain references to data that can be found in Table HC2 on page 126. Endnotes begin on page 75.

Immunization

Data on vaccination coverage are used to identify groups at risk of vaccine-preventable diseases, to provide vaccination coverage estimates in an effort to increase coverage, and to evaluate the effectiveness of interventions designed to increase coverage.

Indicator HC3.A

Percentage of children ages 19–35 months with completed 4:3:1:3*:3:1:4 combined series of vaccinations by poverty status, 2009–2015

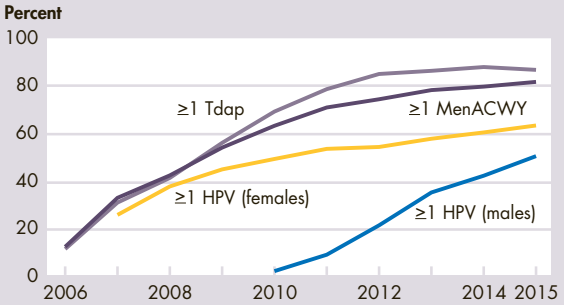


NOTE: The 4:3:1:3*:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; the full series of Hib vaccines (3 or 4 doses, depending on product type); 3 doses (or more) of hepatitis B vaccines; 1 dose (or more) of varicella vaccine; and 4 doses (or more) of pneumococcal conjugate vaccines (PCV). Collecting coverage estimates for this combined seven-vaccine series began in 2009 and is part of the HP2020 objectives. The 2009 and 2010 seven-vaccine series estimates were affected by a Hib vaccine shortage, and the interim Advisory Committee on Immunization Practices (ACIP) recommendation suspended the booster dose for healthy children from December 2007 to June 2009, a time when most children in the 2009 National Immunization Survey would have been eligible for the booster dose of the Hib vaccine. The recommended immunization schedule for children is available at http://www.cdc.gov/vaccines/schedules/easy-to-read/child.html.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Immunization Survey.

Indicator HC3.B

Percentage of adolescents ages 13–17 with the routinely recommended-for-age vaccinations, 2006–2015



NOTE: Data collection for the 2006 and 2007 survey was only performed during the fourth quarter. The routine recommendation of vaccines for administration beginning with children ages 11–12 include tetanus-diphtheria-acellular pertussis (Tdap) vaccines, meningococcal conjugate (MenACWY) vaccines (1 dose each), and human papillomavirus (HPV) vaccines (3 doses). The recommended immunization schedule for adolescents is available at http://www.cdc.gov/vaccines/schedules/easy-to-read/preteen-teen.html.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Immunization Survey—Teen.

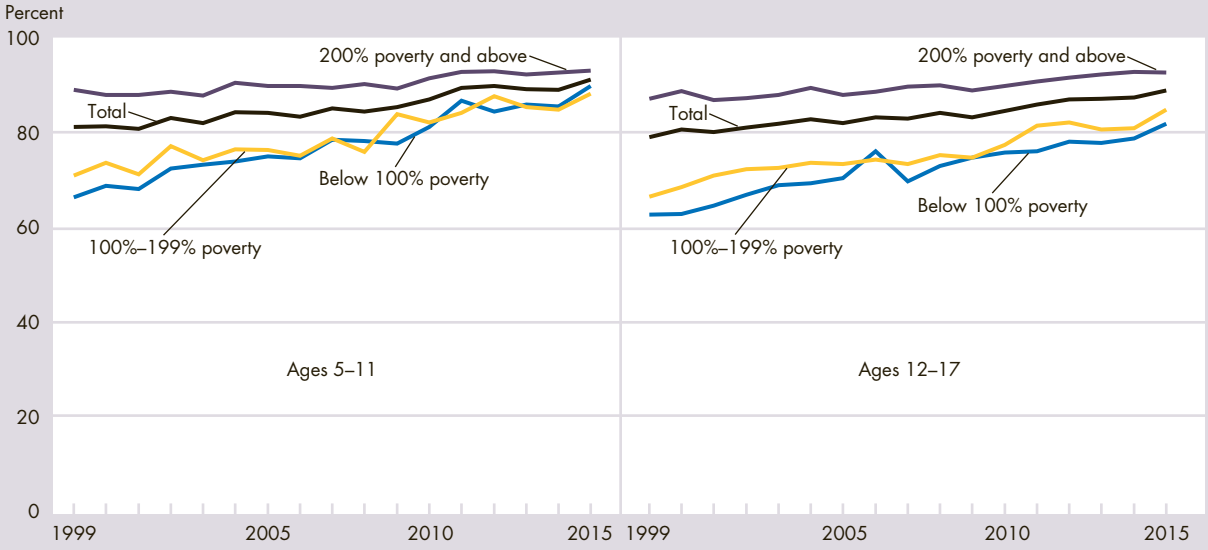
- The percentage of children ages 19–35 months who received the recommended combined seven-vaccine series (4:3:1:3*:3:1:4) increased from 69 percent in 2011 to 72 percent in 2015.
- Children living in families with incomes below the poverty level had a vaccination coverage rate of 69 percent in 2015, compared with 75 percent for children in families with incomes at or above the poverty level.
- Since 2006, vaccination coverage for adolescents ages 13–17 has increased for all vaccinations routinely recommended for adolescents. Vaccination coverage for one dose (or more) of tetanus, diphtheria, and acellular pertussis (Tdap) and one dose (or more) of meningococcal conjugate (MenACWY) vaccines has increased significantly.
- For adolescents ages 13–17, vaccination coverage for one dose (or more) of human papillomavirus (HPV) vaccine increased by an average of 5 percentage points annually from 2007 to 2015 for females and by 11 percentage points annually from 2010 to 2015 for males.

Bullets contain references to data that can be found in Tables HC3.A and HC3.B on pages 127–130. Endnotes begin on page 75.

Oral Health

Oral health is an essential component of overall health.[53] Good oral health requires both self-care and professional care. Regular dental visits provide an opportunity for prevention, early diagnosis, and treatment of oral and craniofacial diseases and conditions. Routine dental visits are recommended beginning at 1 year of age.[54] Since the early 1970s, the prevalence of dental caries (cavities or tooth decay) in permanent teeth has declined in school-age children due to prevention efforts such as community water fluoridation programs and increased use of toothpastes containing fluoride.[55–58] Dental caries continue to be one of the most common diseases of childhood and remain a significant problem among children in some racial and ethnic groups and among children in poverty.[59,60]

Indicator HC4.A **Percentage of children ages 5–17 with a dental visit in the past year by age and poverty status, 1999–2015**

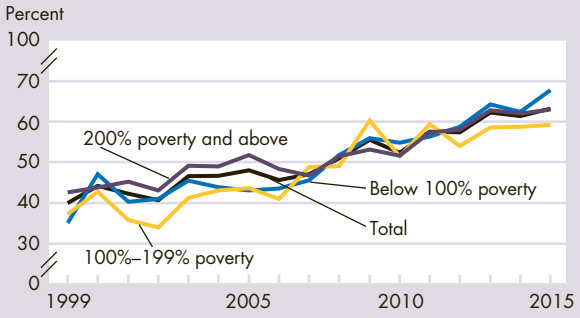


NOTE: From 1999 to 2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2015, children ages 2–4 were less likely to have had a dental visit in the past year (63 percent) than children ages 5–11 (91 percent) and adolescents ages 12–17 (88 percent).
- Between 1997 and 2015, the percentage of children with a dental visit in the past year increased by 18 percentage points among children ages 2–4, 10 points among children ages 5–11, and 11 points among adolescents ages 12–17.
- In 2015, among children ages 2–4, there was no statistically significant difference in the percentage with a dental visit in the past year by poverty level.
- Among children ages 5–11, the percentage of children with family incomes of 200 percent or more of the poverty level with a dental visit in the past year was higher (93 percent) than those in families with lower incomes. There was no statistically significant difference in the percentage with a dental visit in the past year between those living in poverty (89 percent) and those with family incomes of 100 percent to 199 percent of the poverty level (88 percent) in 2015.

Indicator HC4.B **Percentage of children ages 2–4 with a dental visit in the past year by poverty status, 1999–2015**

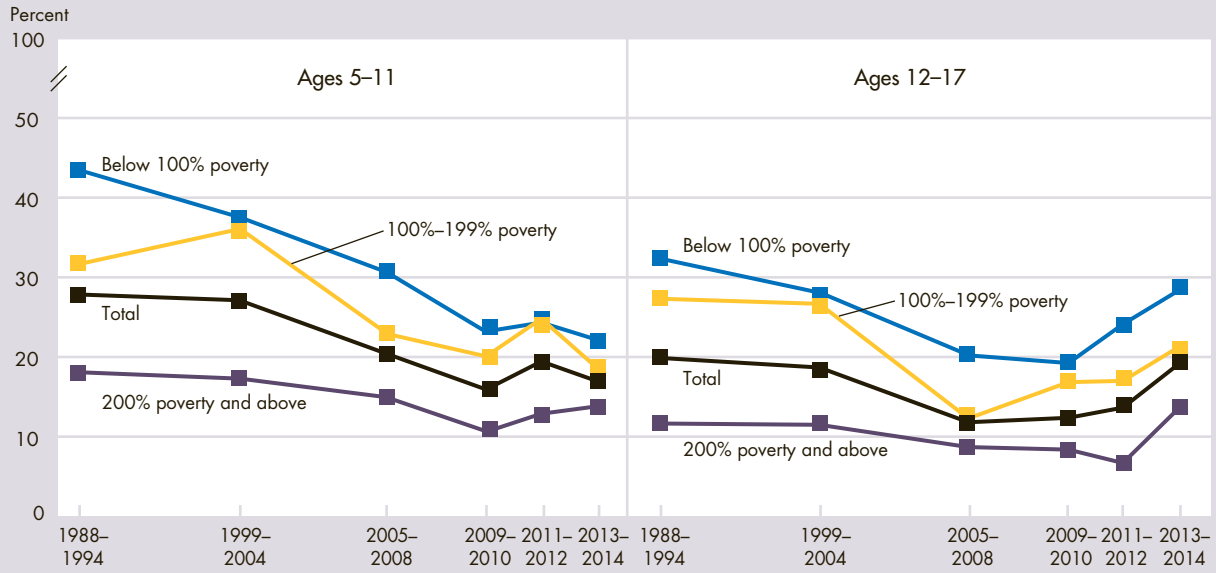


NOTE: From 1999 to 2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Oral Health—cont.

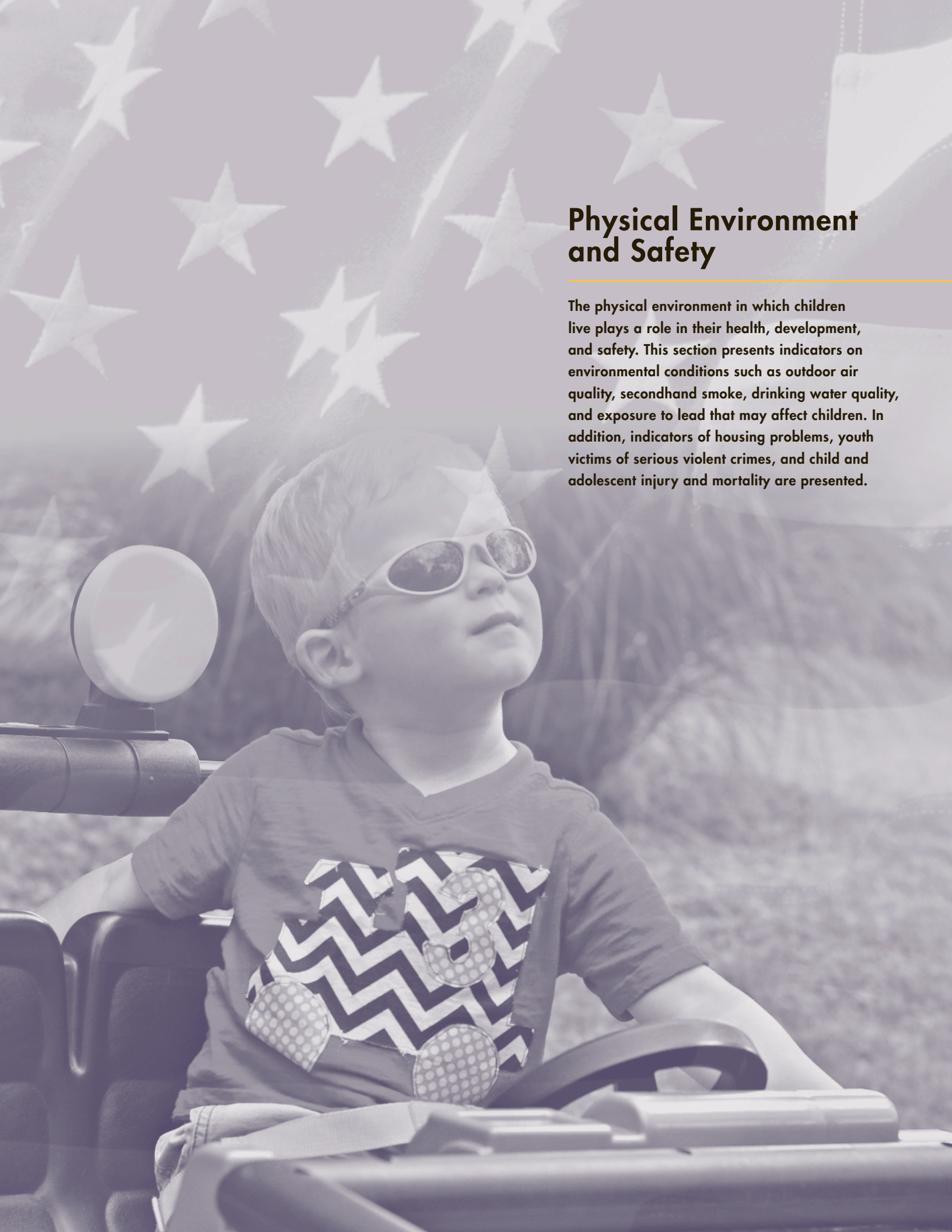
Indicator HC4.C **Percentage of children ages 5–17 with untreated dental caries (cavities) by age and poverty status, 1988–1994, 1999–2004, 2005–2008, 2009–2010, 2011–2012, and 2013–2014**



SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

- Among adolescents ages 12–17, the percentage with a dental visit in the past year was lower among those living in poverty (81 percent) and in families with incomes of 100 percent to 199 percent of the poverty level (84 percent), compared with adolescents in families with incomes of 200 percent or more of the poverty level (92 percent).
- The percentage of children ages 5–11 with untreated dental caries (cavities) declined from 28 percent in 1988–1994 to 17 percent in 2013–2014. There was no statistical difference in the percentage of adolescents ages 12–17 with untreated dental caries in 1988–1994 and 2013–2014. However, the percentage of adolescents with untreated dental caries fell from 1999–2004 to 2005–2008 and then increased from 2011–2012 to 2013–2014.
- Across all data years shown and for each age group, the prevalence of untreated dental caries was lower among children in families with incomes at or above 200 percent of poverty level than among those in lower income groups.
- In 2013–2014, among younger children (ages 5–11), the percentage with untreated dental caries for children in poverty was 22 percent, higher than the 14 percent for children with family incomes at or above 200 percent of the poverty level. Among adolescents (ages 12–17), the percentage with untreated dental caries for children below 200 percent of poverty (29 percent for those in families below 100 percent of poverty and 22 percent for those in families of 100 percent to 199 percent of poverty) was higher than the percentage for children with family incomes at or above 200 percent of the poverty level (14 percent).

Bullets contain references to data that can be found in Tables HC4.A/B and HC4.C on pages 131–133. Endnotes begin on page 75.



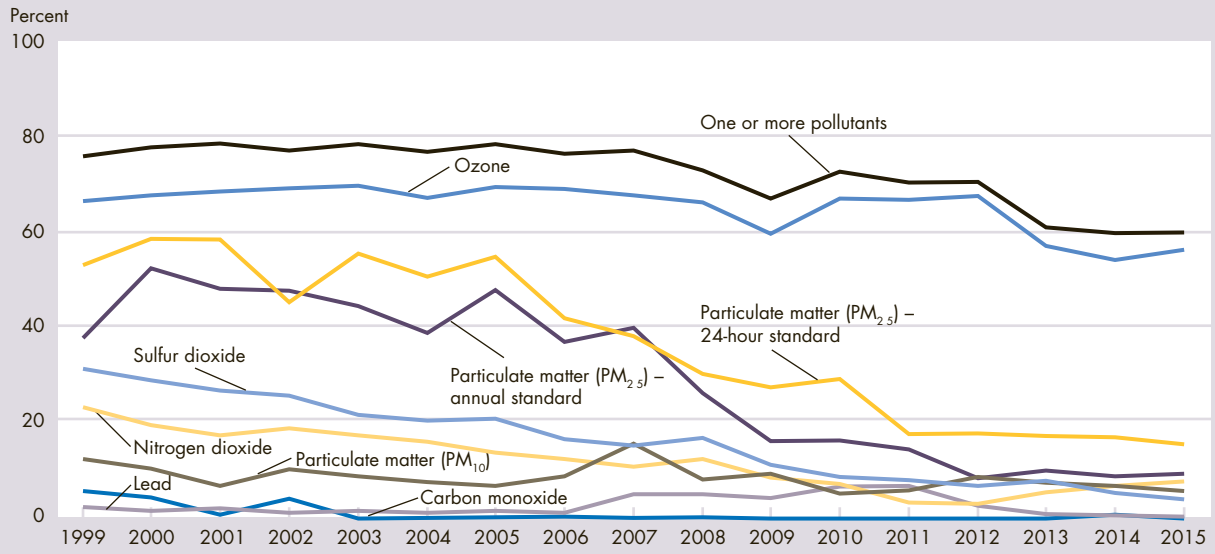
Physical Environment and Safety

The physical environment in which children live plays a role in their health, development, and safety. This section presents indicators on environmental conditions such as outdoor air quality, secondhand smoke, drinking water quality, and exposure to lead that may affect children. In addition, indicators of housing problems, youth victims of serious violent crimes, and child and adolescent injury and mortality are presented.

Outdoor Air Quality

The environment in which children live plays an important role in their health and development. Children may be more vulnerable than adults to the adverse effects of environmental contaminants in air, food, drinking water, and other sources because their bodies are still developing. In addition, children have increased potential for exposure to pollutants because they eat, drink, and breathe more, in proportion to the size of their bodies, than adults. One important measure of children's environmental health is the percentage of children living in areas in which air pollution levels are higher than the allowable levels of the Primary National Ambient Air Quality Standards.[61] These standards, established by the Environmental Protection Agency under the Clean Air Act, are designed to protect public health, including the health of susceptible populations such as children. Ozone, particulate matter, sulfur dioxide, and nitrogen dioxide are air pollutants associated with increased asthma episodes and other respiratory illnesses in children. These problems can lead to increased emergency room visits and hospitalizations.[62–65] Lead can affect the development of the central nervous system in young children,[66] and exposure to carbon monoxide can reduce the capacity of blood to carry oxygen.[67]

Indicator PHY1 **Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, 1999–2015**



NOTE: Percentages are based on the number of children living in counties where measured air pollution concentrations were higher than the level of a Primary National Ambient Air Quality Standard at least once during the year. The Environmental Protection Agency periodically reviews air quality standards and may change them based on updated scientific findings. The indicator is calculated with reference to the current levels of the air quality standards for all years shown. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard. Data have been revised since previous publication in *America's Children*. Values have been recalculated based on updated data in the Air Quality System. For more information on the air quality standards that are used in calculating these percentages, please see https://www.epa.gov/criteria-air-pollutants/naaqs-table.

SOURCE: Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

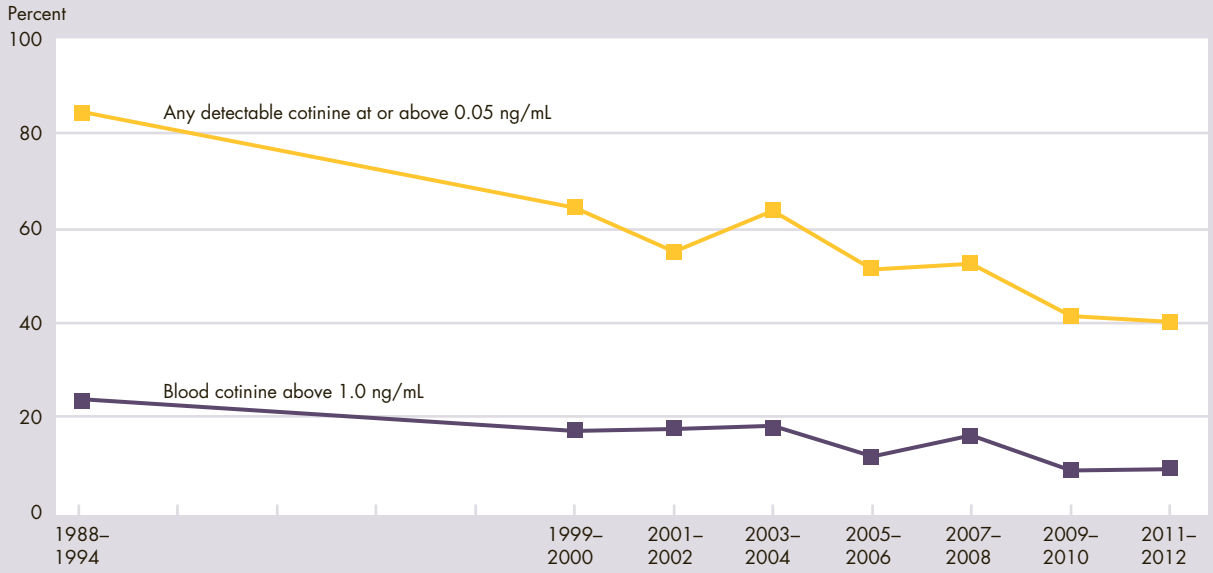
- In 2015, about 59 percent of children lived in counties with measured pollutant concentrations above the levels of one or more Primary National Ambient Air Quality Standards at least once during the year.
- Ozone is the pollutant that is most often measured at concentrations above the level of its current air quality standard. In 2015, some 56 percent of children lived in counties in which ozone concentrations were above the level of the standard at least one day during the year.
- In 2015, approximately 15 percent of children lived in counties with measured concentrations of fine particulate matter ($PM_{2.5}$) above the level of the current 24-hour $PM_{2.5}$ standard at least once during the year, compared with 53 percent of children in 1999.
- From 1999 to 2015, the percentage of children living in counties with measured sulfur dioxide concentrations above the level of the current standard for sulfur dioxide at least one day per year declined from 31 percent to 4 percent. Over the same years, the percentage of children living in counties with measured concentrations above the level of the current standard for nitrogen dioxide at least one day per year decreased from 23 percent to 8 percent.

Bullets contain references to data that can be found in Table PHY1 on pages 134–135. Endnotes begin on page 75.

Secondhand Smoke

Children who are exposed to secondhand smoke have an increased probability of experiencing such adverse health effects as infections of the lower respiratory tract, bronchitis, pneumonia, middle ear disease, sudden infant death syndrome (SIDS), and respiratory symptoms.[68] Secondhand smoke can also play a role in the development and exacerbation of asthma.[68] The U.S. Surgeon General has determined that there is no risk-free level of exposure to secondhand smoke.[68] Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1–2 days) exposure to secondhand smoke in nonsmokers.

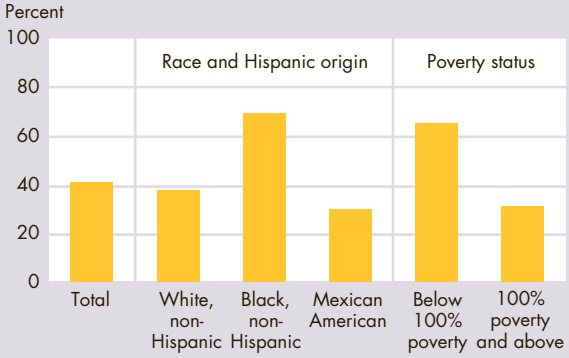
Indicator PHY2.A **Percentage of children ages 4–11 with specified blood cotinine levels, selected years 1988–2012**



NOTE: Cotinine levels are reported for nonsmoking children only. "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the level of cotinine that could be detected in blood in 1988–1994. The average (geometric mean) blood cotinine level in children living in homes where someone smoked was 1.0 ng/mL in 1988–1994[69] and in 2003–2006.[70]

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Indicator PHY2.B **Percentage of children ages 4–11 with any detectable blood cotinine level by race and Hispanic origin and poverty status, 2011–2012**



NOTE: Cotinine levels are reported for nonsmoking children only. "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994. Beginning in 2007, the National Health and Nutrition Examination Survey allows the reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years. Persons of Mexican American origin may be of any race.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

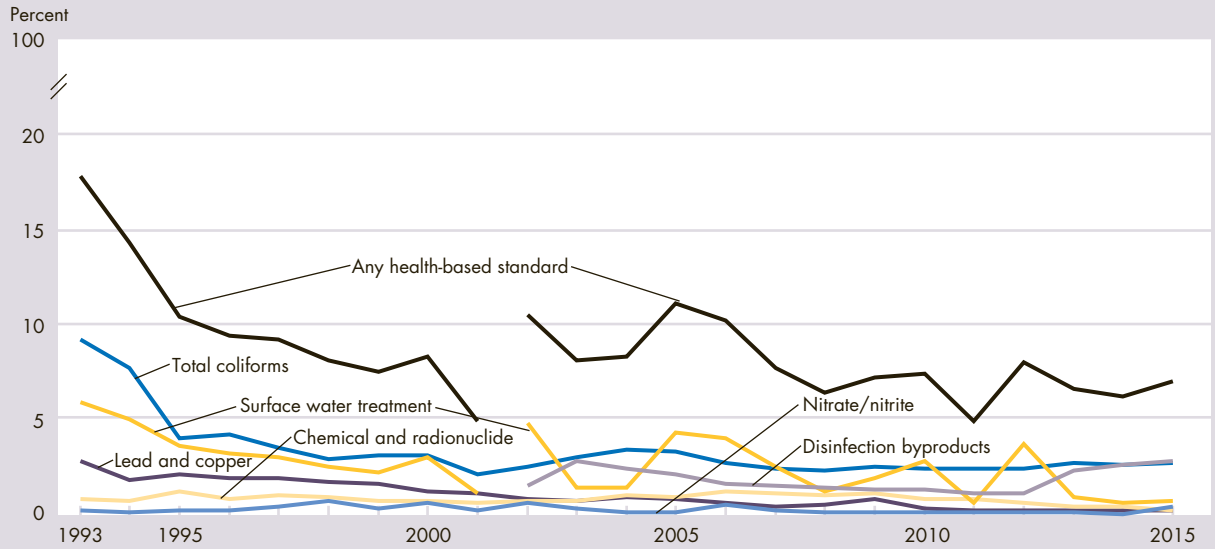
- The percentage of children ages 4–11 with detectable blood cotinine levels decreased from 85 percent in 1988–1994 to 40 percent in 2011–2012. In 2011–2012, about 10 percent of children ages 4–11 had blood cotinine levels of more than 1.0 nanograms per milliliter (ng/mL), down from 24 percent in 1988–1994.
- In 2011–2012, 69 percent of Black, non-Hispanic children ages 4–11 had detectable blood cotinine levels, compared with 37 percent of White, non-Hispanic children and 30 percent of Mexican American children.
- Sixty-five percent of children ages 4–11 living in poverty had detectable blood cotinine levels in 2011–2012, compared with 31 percent of children living above the poverty level.

Bullets contain references to data that can be found in Tables PHY2.A and PHY2.B on pages 136–137. Endnotes begin on page 75.

Drinking Water Quality

Contaminants in surface and ground waters that serve as sources of drinking water may be quite varied and may cause a range of health effects in children, including acute diseases such as gastrointestinal illness, developmental effects such as learning disorders, and serious long-term illnesses such as cancer.[71] The Environmental Protection Agency (EPA) sets drinking water standards designed to protect people against adverse health effects. These standards currently include Maximum Contaminant Levels (MCLs) and treatment technique requirements for more than 90 chemical, radiological, and microbiological contaminants.[72] One way to gain insight into children's potential exposure to drinking water contaminants is to look at community water system compliance with these standards. EPA's drinking water regulations require public water systems, including community water systems, to monitor for compliance with Federal health-based standards and to treat their water if needed to meet standards. About 14 percent of the population receives drinking water from private water systems that are not required to monitor and report the quality of drinking water.[73]

Indicator PHY3 **Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2015**



NOTE: Revisions to the following standards were made between 2002 and 2006: disinfection byproducts (2002 for larger systems and 2004 for smaller systems), surface water treatment (2002), radionuclides (2003), and arsenic (included in the Chemical and radionuclide category, in 2006). No other revisions to the standards have taken effect during the period of trend data (beginning with 1993). Indicator values reflect the standards in place for each year depicted. Data have been revised since previous publication in *America's Children*. Values for years prior to 2015 have been recalculated based on updated data in the Safe Drinking Water Information System.

SOURCE: Environmental Protection Agency, Office of Water, Safe Drinking Water Information System.

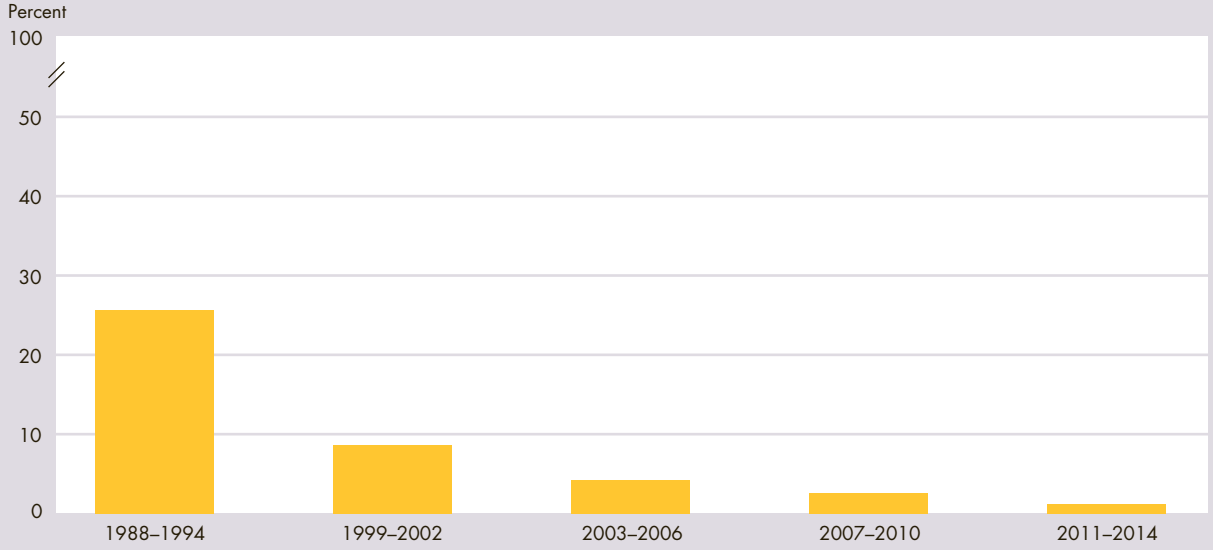
- The percentage of children served by community drinking water systems that did not meet all applicable health-based standards declined from 18 percent in 1993 to about 5 percent in 2001. Since 2002, this percentage has fluctuated between 5 percent and 11 percent and was 7 percent in 2015.
- Coliforms indicate the potential presence of harmful bacteria associated with infectious illnesses. The percentage of children served by community drinking water systems that did not meet the health-based standard for total coliforms was about 9 percent in 1993 and about 3 percent in 2015.
- EPA adopted a new standard for disinfection byproducts in 2001. Disinfection byproducts are formed when drinking water disinfectants react with naturally occurring organic matter in water. In 2015, about 3 percent of all children served by community water systems were served by systems that had violations of the disinfection byproducts standard. Exposure to disinfection byproducts may lead to cancer or developmental effects.[74]

Bullets contain references to data that can be found in Table PHY3 on page 137. Endnotes begin on page 75.

Lead in Blood of Children

Lead is a major environmental health hazard for young children. Childhood exposure to lead contributes to learning problems (including reduced intelligence quotient (IQ) and reduced academic achievement) and behavioral problems.[75] A blood lead level of 5 micrograms per deciliter (µg/dL) is defined as "elevated" for purposes of identifying children for follow-up activities such as environmental investigations and ongoing monitoring,[76] but no level of childhood lead exposure can be considered safe,[77] and adverse health effects can occur at much lower concentrations.[75] Lead exposures have declined since the 1970s, due largely to the removal of lead from gasoline and paint. However, in 2005–2006, 15 percent of U.S. homes with young children had indoor lead hazards, including high levels of lead in dust or deteriorated lead-based paint, which may contribute to childhood exposure.[78,79] Children ages 1–5 are particularly vulnerable because they frequently engage in hand-to-mouth behavior.

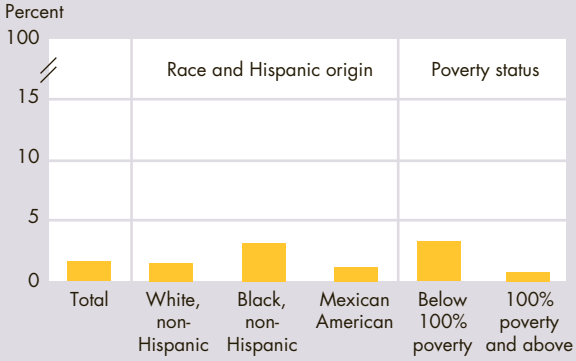
Indicator PHY4.A **Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL, 1988–1994, 1999–2002, 2003–2006, 2007–2010, and 2011–2014**



NOTE: The reference level of 5 µg/dL is the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. The Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Indicator PHY4.B **Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL by race and Hispanic origin[80] and poverty status, 2009–2014**



NOTE: CDC currently uses 5 µg/dL as a reference level to identify children with elevated blood lead levels. Beginning in 2007, the National Health and Nutrition Examination Survey allows the reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years. Persons of Mexican American origin may be of any race.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

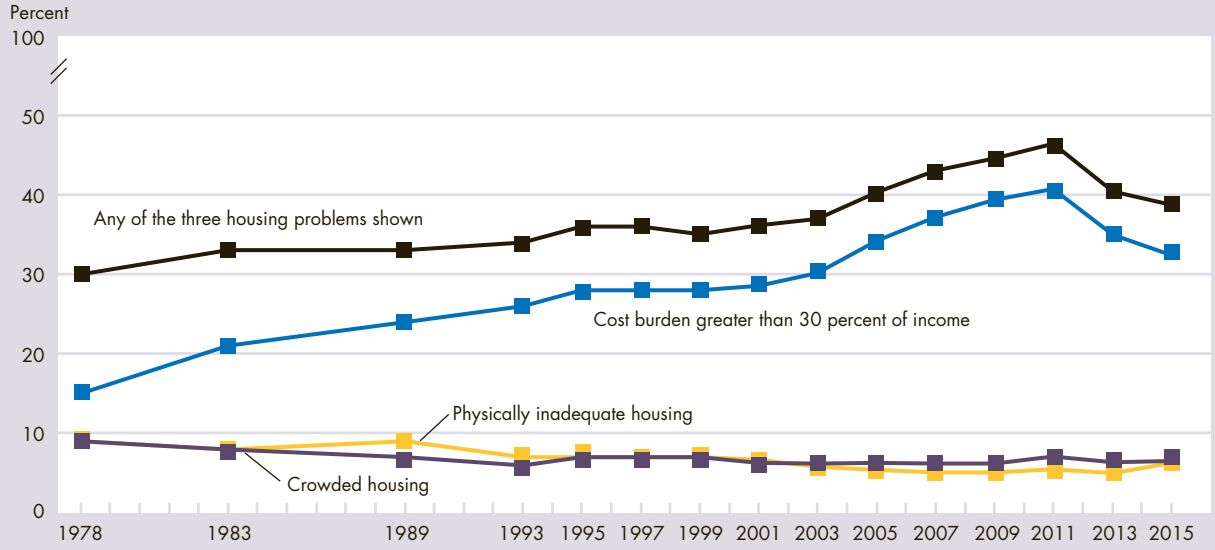
- About 1 percent of children ages 1–5 had blood lead levels at or above 5 µg/dL in 2011–2014, compared with 26 percent in 1988–1994.
- Three percent of Black, non-Hispanic children had blood lead levels at or above 5 µg/dL in 2009–2014. About 1 percent of White, non-Hispanic children and 1 percent of Mexican American children had elevated blood lead levels. The percentage of Black, non-Hispanic children with elevated blood lead levels was statistically significantly greater than the percentage of Mexican American children.
- Three percent of children living in poverty had blood lead levels at or above 5 µg/dL in 2009–2014, compared with 1 percent of children living above the poverty level.

Bullets contain references to data that can be found in Tables PHY4.A and PHY4.B on page 138. Endnotes begin on page 75.

Housing Problems

Housing that is inadequate, crowded, or too costly can pose serious problems to children's physical, psychological, and material well-being.[81,82] Housing cost burdens, especially at high levels, are a risk factor for negative outcomes for children, including eviction and homelessness, overcrowding, poor nutrition, frequent moving, lack of supervision while parents are at work, and low cognitive achievement.[83,84,85] During 2015, an estimated 128,000 children (2 per 1,000 children) were homeless at a single point in time, and 7.7 percent of these homeless children were unsheltered.[86] The percentage of households with children that report that they are living in physically inadequate,[87] crowded, or costly housing provides insight into the impact of economic factors on housing choices and children's well-being.

Indicator PHY5.A **Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2015**

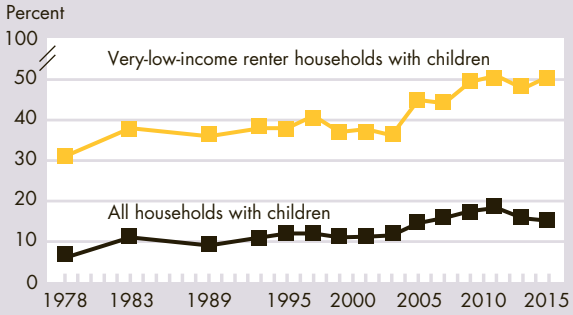


NOTE: Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection.

SOURCE: U.S. Census Bureau and Department of Housing and Urban Development, American Housing Survey. Tabulated by Department of Housing and Urban Development.

- In 2015, 39 percent of U.S. households with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing cost burden greater than 30 percent of household income.[88] This was a decrease[89] from 40 percent in 2013.
- In 2015, about 6 percent of households with children had physically inadequate housing, defined as housing with severe or moderate physical problems. This rate remained near a historic low, compared with 9 percent in 1978.
- The prevalence of housing cost burdens among families with children decreased from 35 percent in 2013 to 32 percent in 2015. However, the prevalence remained substantially higher than it was in 1978 (15 percent).
- The proportion of families with children having severe housing cost burdens, defined as paying more than half of their income for housing, was 15 percent in 2015, not significantly different than the 2013 rate, but a substantial increase from 11 percent in 2003.
- Among very-low-income renter households[90] with children, a substantially greater proportion experience severe cost burdens, 51 percent in 2015, which was an increase from 48 percent in 2013.

Indicator PHY5.B **Percentage of households with children ages 0–17 that reported severe housing cost burdens, selected years 1978–2015**



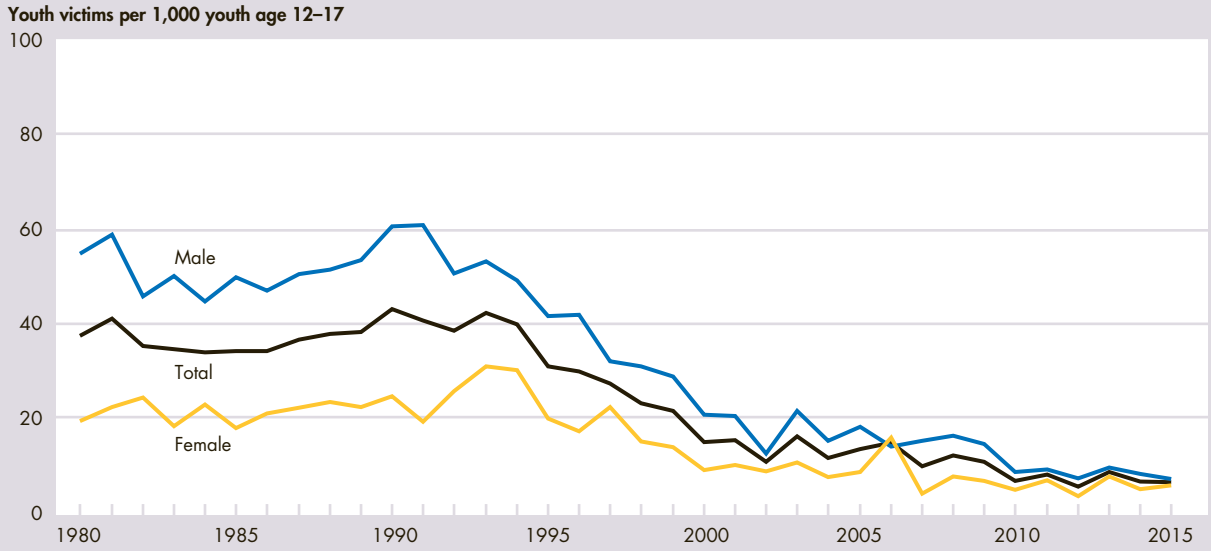
SOURCE: U.S. Census Bureau and Department of Housing and Urban Development, American Housing Survey. Tabulated by Department of Housing and Urban Development.

Bullets contain references to data that can be found in Table PHY5 on page 139. Endnotes begin on page 75.

Youth Victims of Serious Violent Crimes

Violence frequently has dire and long-lasting impacts on young people who experience, witness, or feel threatened by it. In addition to causing direct physical harm to young victims, serious violence can adversely affect their mental health and development and increase the likelihood that they themselves will commit acts of serious violence.[91,92]

Indicator PHY6 **Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2015**



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Homicide data were not available for 2015 at the time of publication. The number of homicides for 2014 is included in the overall total for 2015. In 2014, homicides represented less than 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade. Because of changes, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Estimates may vary from previous publications due to updating of more recent homicide and victimization numbers. See *Criminal Victimization*, 2007, https://www.bjs.gov, for more information.

SOURCE: Bureau of Justice Statistics, National Crime Victimization Survey and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

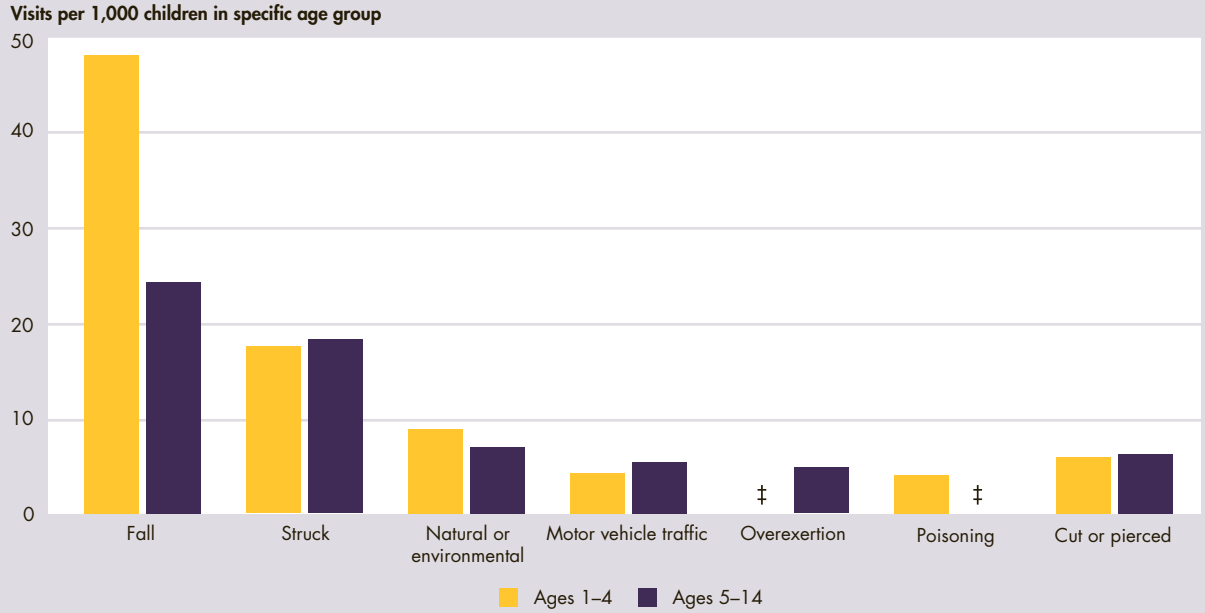
- In 2015, the rate at which youth were victims of serious violent crimes was 7 crimes per 1,000 youth ages 12–17. A total of 171,100 such crimes occurred in 2015.
- Serious violent crimes involving youth victims stayed the same from 2014 to 2015. However, the rate in 2015 was significantly lower than the peak rate of 43 crimes per 1,000 youth in 1990.
- Older youth (ages 15–17) were as likely to be victims of a serious violent crime as younger youth (ages 12–14) in 2015.
- Female youth were as likely as male youth to be victims of a serious violent crime in 2015.

Bullets contain references to data that can be found in Table PHY6 on page 140. Endnotes begin on page 75.

Child Injury and Mortality

Although injury death rates have declined over the past two decades, unintentional injuries remain the leading cause of death for children ages 1–4 and ages 5–14. In addition, nonfatal injuries continue to be important causes of child morbidity, disability, and reduced quality of life.[93] In 2010, the total lifetime costs (medical expenses and productivity losses) of injuries among children ages 0–14 were estimated to be more than $80 billion.[94] For every fatal injury among children ages 1–14, there are 29 injury-related hospitalizations and 1,669 injury-related emergency department (ED) visits.[95] The leading causes of injury differ for children and adolescents (see PHY8.A).

Indicator PHY7.A **Emergency department visit rates for children ages 1–4 and 5–14 by leading causes of injury, 2012–2013**



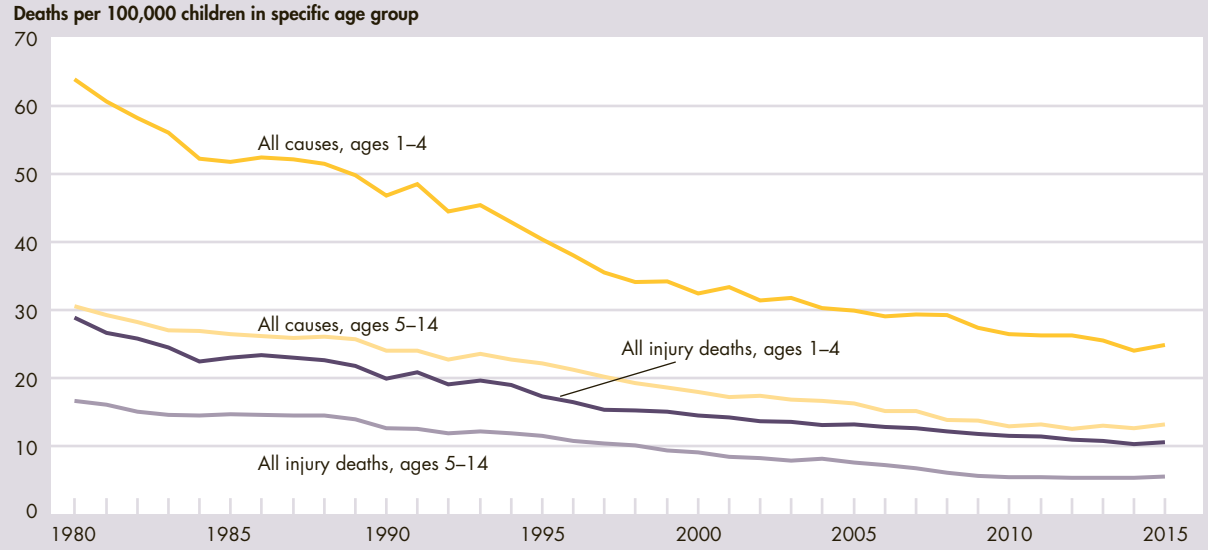
‡ Reporting standards not met; estimates considered unreliable.

NOTE: Visits are the initial visit to the emergency department for the injury. "Struck" denotes being struck by or against an object or person, "natural or environmental" denotes injuries caused by natural or environmental factors such as insect or animal bites, and "cut or pierced" denotes injuries caused by cutting or piercing from instruments or objects.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

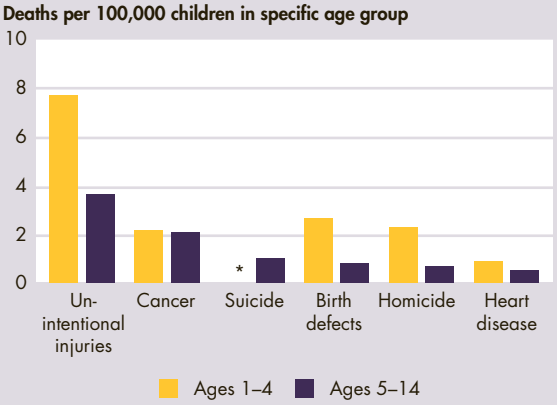
- Among children ages 1–14, falls and being struck by or against an object or person are the two leading causes of injury-related emergency department (ED) visits.
- In 2012–2013, there were 48 ED visits for falls per 1,000 children ages 1–4 and 24 visits for falls per 1,000 children ages 5–14. Falls accounted for more than one-third of injury-related ED visits for children ages 1–4 and more than one-quarter of initial injury-related ED visits for children ages 5–14.
- The rates of injury-related ED visits resulting from being struck by or against an object or person were 17 visits per 1,000 for children ages 1–4 and 18 visits per 1,000 for children ages 5–14. Among children ages 1–4, injuries from being struck accounted for 13 percent of all injury ED visits in 2012–2013 and 20 percent of initial injury ED visits among children ages 5–14.
- Injury-related ED visits for injuries caused by natural and environmental factors, including insect and animal bites, were 9 visits per 1,000 for children ages 1–4 and 7 visits per 1,000 for children ages 5–14.
- Injury-related ED visits resulting from being cut or pierced, the fourth leading cause of injury visits, were 6 per 1,000 for children in each age group.
- Injury-related ED visits for injuries caused by motor vehicle traffic crashes were the fifth leading cause of injury visits among children ages 1–14, at 4 visits per 1,000 for children ages 1–4 and 5 visits per 1,000 for children ages 5–14.

Indicator PHY7.B Death rates among children ages 1–14 by all causes, all injury causes, and age group, 1980–2015



SOURCE: National Center for Health Statistics, National Vital Statistics System.

Indicator PHY7.C Death rates among children ages 1–14 by cause of death and age group, 2015



* Not a cause of death for children ages 1–4.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

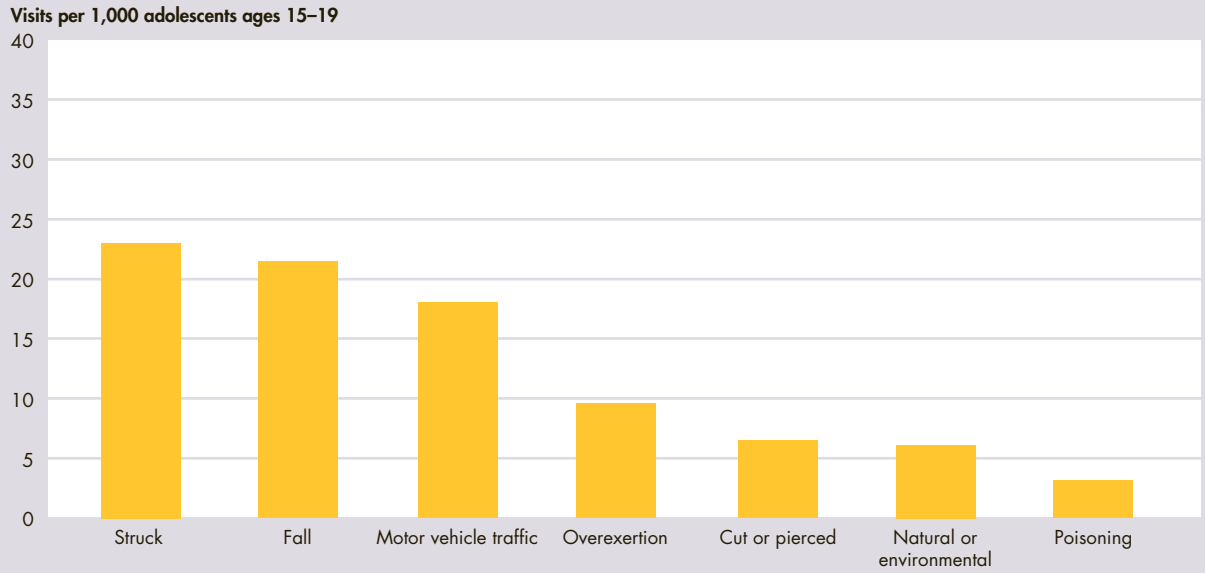
- Between 1980 and 2015, the all-cause mortality rate among children ages 1–4 declined by 39 points to 25 deaths per 100,000 children. During the same time frame, the injury-related death rate decreased by 18 points to 11 deaths per 100,000 children ages 1–4 in 2015.
- The all-cause mortality rate among children ages 5–14 declined by 17 points, from 31 deaths per 100,000 children in 1980 to 13 deaths per 100,000 in 2015. Over the same time frame, the injury-related death rate decreased from 17 deaths per 100,000 children ages 5–14 in 1980 to 6 deaths per 100,000 in 2015.
- In 2015, unintentional injuries (accidents) was the leading cause of death for children ages 1–4 (8 per 100,000 children) and 5–14 (4 per 100,000 children). Among children ages 1–4, birth defects, homicide, and cancer also were leading causes of death. Among children ages 5–14, cancer and suicide were the second and third leading causes of death in 2015.
- Among both younger and older children, males have higher death rates than females. In 2015, males ages 1–4 had a death rate of 28 per 100,000 children compared with 22 deaths per 100,000 for females. Among children ages 5–14, males had a death rate of 15 deaths per 100,000 children compared with 11 per 100,000 per females.

Bullets contain references to data that can be found in Tables PHY7.A and PHY7.B on pages 141–144. Endnotes begin on page 75.

Adolescent Injury and Mortality

Injury accounts for about 75 percent of adolescent deaths. Compared with younger children, adolescents ages 15–19 have much higher death rates overall and from injuries. Adolescents are much more likely to die from injuries sustained from motor vehicle traffic crashes and firearms than are younger children.[96] The leading causes of nonfatal injury resulting in an emergency department visit also differ between adolescents and younger children. For example, the leading cause of adolescent nonfatal injury emergency department visits is being struck by or against an object or person, whereas for younger children, the leading cause of nonfatal injury emergency department visits is falls (see PHY7.A). In addition, emergency department visits for nonfatal injuries for adolescents more often result from violence, sports-related activities, or motor vehicle traffic crashes. For each fatal injury among adolescents, there are 11 injury-related hospitalizations and nearly 375 injury-related emergency department visits.[95]

Indicator PHY8.A **Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 2012–2013**



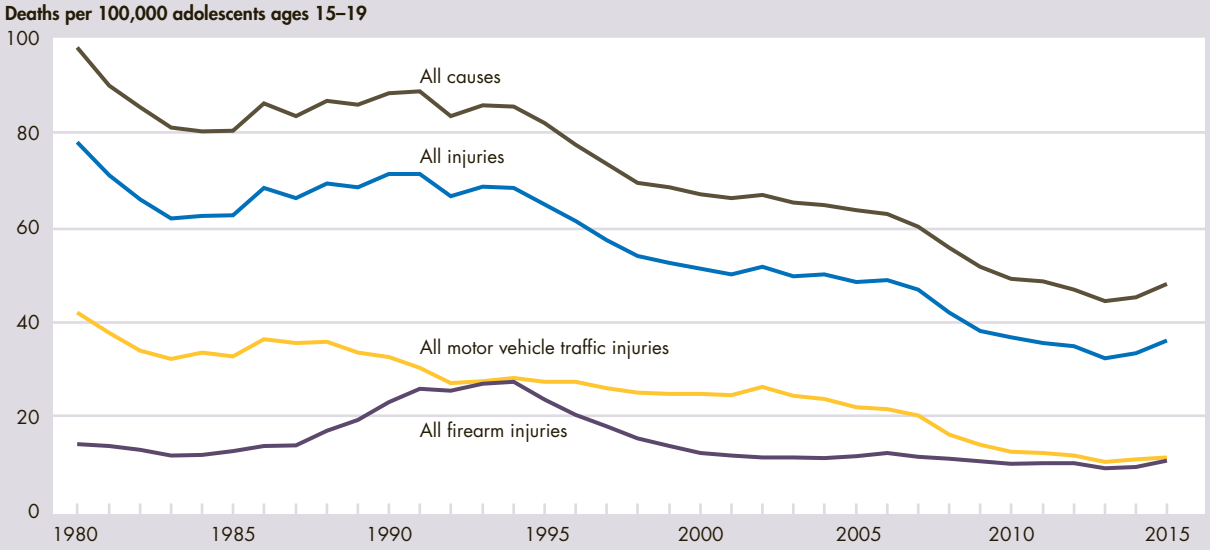
NOTE: Visits are the initial visit to the emergency department for the injury. "Struck" denotes injuries caused by being struck by or against an object or person, "overexertion" denotes injuries caused by excessive physical exercise or strenuous movements in recreational or other activities, "cut or pierced" denotes injuries caused by cutting or piercing from instruments or objects, and "natural or environmental" denotes injuries caused by natural or environmental factors such as insect or animal bites.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

- In 2012–2013, the top five causes of injury-related emergency department (ED) visits among adolescents were being struck by or against an object or person, falls, motor vehicle traffic crashes, overexertion, and being cut or pierced.
- Injury-related ED visits among adolescents ages 15–19 from being struck by or against an object or person (23 visits per 1,000), falls (22 visits per 1,000), and motor vehicle traffic crashes (18 visits per 1,000), accounted for about one-half of the injury-related ED visits for this age group in 2012–2013.
- Injuries caused by overexertion from excessive physical exercise or strenuous movements in recreational or other activities resulted in approximately 10 visits per 1,000 adolescents ages 15–19 in 2012–2013.
- Injuries resulting from cutting or piercing from instruments or objects accounted for 6 visits per 1,000 adolescents ages 15–19 in 2012–2013. The majority of these injuries were unintentional.
- The ED visit rate for injuries due to natural or environmental factors was 6 visits per 1,000 adolescents ages 15–19 in 2012–2013.

Indicator PHY8.B

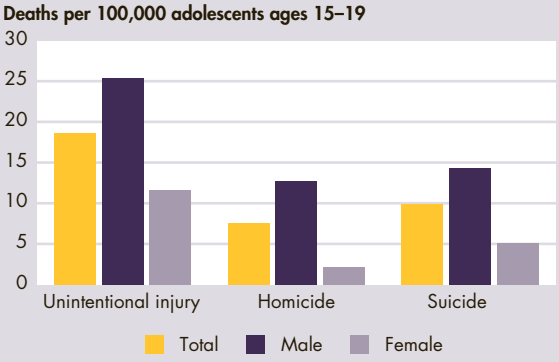
Death rates among adolescents ages 15–19 by all causes and all injury causes and selected mechanisms of injury, 1980–2015



SOURCE: National Center for Health Statistics, National Vital Statistics System.

Indicator PHY8.C

Injury mortality rates among adolescents ages 15–19 by manner of intent and gender, 2015



NOTE: The manner of intent involves whether the injury was purposefully inflicted (if it can be determined) or unintentional. If the injury is deemed intentional, it is further classified as self-inflicted (suicide) or inflicted upon another person (homicide).

SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The death rate for adolescents ages 15–19 was 48 per 100,000 in 2015, continuing a long-term downward trend from the 1980 rate of 98 deaths per 100,000 adolescents.
- Throughout 1980 to 2015, injuries were the leading cause of death for adolescents. In 2015, injuries accounted for about three-fourths of adolescent deaths.
- Motor vehicle traffic (MVT) was the leading mechanism of injury deaths among adolescents ages 15–19 in 2015. The MVT death rate for adolescents declined from 42 deaths per 100,000 adolescents in 1980 to 12 deaths per 100,000 in 2015.
- The death rate from firearms increased from 13 deaths per 100,000 adolescents in 1985 to 28 deaths per 100,000 adolescents in 1994. This rate has since declined to 11 per 100,000 adolescents in 2015.
- The unintentional injury (accident) death rate in 2015 was higher among male adolescents (25 per 100,000) than among female adolescents (12 per 100,000). The homicide rates were also higher among males than females (13 deaths per 100,000 and 2 deaths per 100,000, respectively), as were the suicide rates (14 per 100,000 and 5 per 100,000, respectively).

Bullets contain references to data that can be found in Tables PHY8.A and PHY8.B on pages 145–148. Endnotes begin on page 75.

Behavior

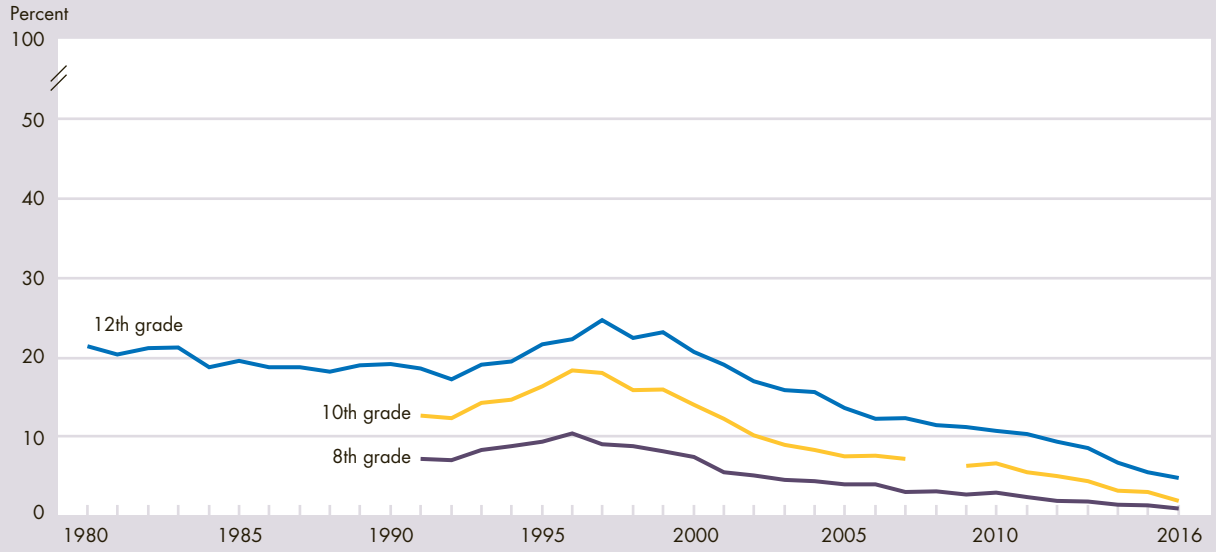
The well-being of young people can be affected by aspects of their behavior and social environments. The indicators in this section focus on illegal and high-risk behaviors. Substance use behaviors are shown for regular cigarette smoking, alcohol use, and illicit drug use. Other indicators in this section present data on behaviors such as sexual activity and perpetration of serious violent crime.

Regular Cigarette Smoking

Smoking has serious long-term consequences, including the risk of smoking-related diseases and premature death, as well as the increased health care costs of treating associated illnesses.[97] Over 480,000 annual deaths are attributable to tobacco use, making tobacco more lethal than all other addictive drugs. Nearly 90 percent of smokers start smoking by age 18. Each day, more than 3,200 young people under age 18 smoke their first cigarette, and another 2,100 youth and young adults who are occasional smokers become daily smokers.[97] The high rate of incidence and the consequences of cigarette smoking underscore the importance of studying patterns of smoking among adolescents.

Indicator BEH1

Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days by grade, 1980–2016



NOTE: Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

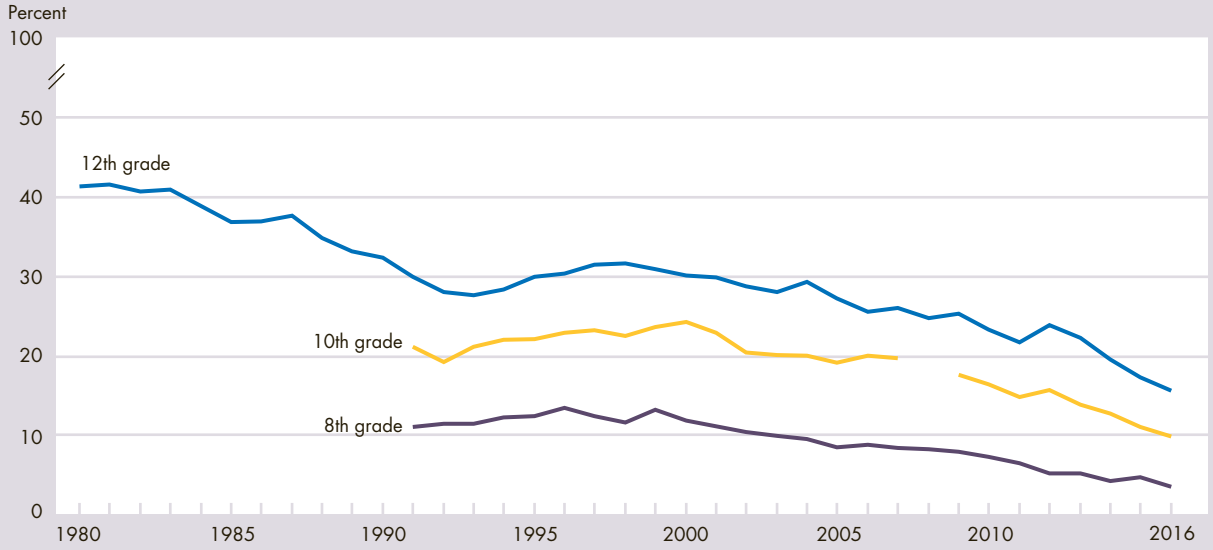
- In 2016, the percentages of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days continued to be the lowest in the history of the survey.
- In 2016, one percent of 8th-grade students, 2 percent of 10th-grade students, and 5 percent of 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with their respective peaks in the mid-1990s of 10 percent, 18 percent, and 25 percent.
- Rates among 8th- and 10th-grade male and female students were similar; however, by 12th grade, the rates begin to diverge by gender: 6 percent of male and 4 percent of female 12th-grade students reported daily smoking in 2016.
- Also in 2016, about 6 percent of White, non-Hispanic 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with 4 percent of Black, non-Hispanic and 3 percent of Hispanic 12th-grade students.

Bullets contain references to data that can be found in Table BEH1 on page 149. Endnotes begin on page 75.

Alcohol Use

Alcohol is the most common psychoactive substance used during adolescence. Its use is associated with motor vehicle accidents, injuries, and deaths; problems in school and in the workplace; and fighting, crime, and other serious consequences.[98] Early onset of binge drinking, defined here as five or more alcoholic beverages in a row or during a single occasion in the previous 2 weeks, may be especially problematic, potentially increasing the likelihood of these negative outcomes.

Indicator BEH2 **Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, 1980–2016**



NOTE: Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling error. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

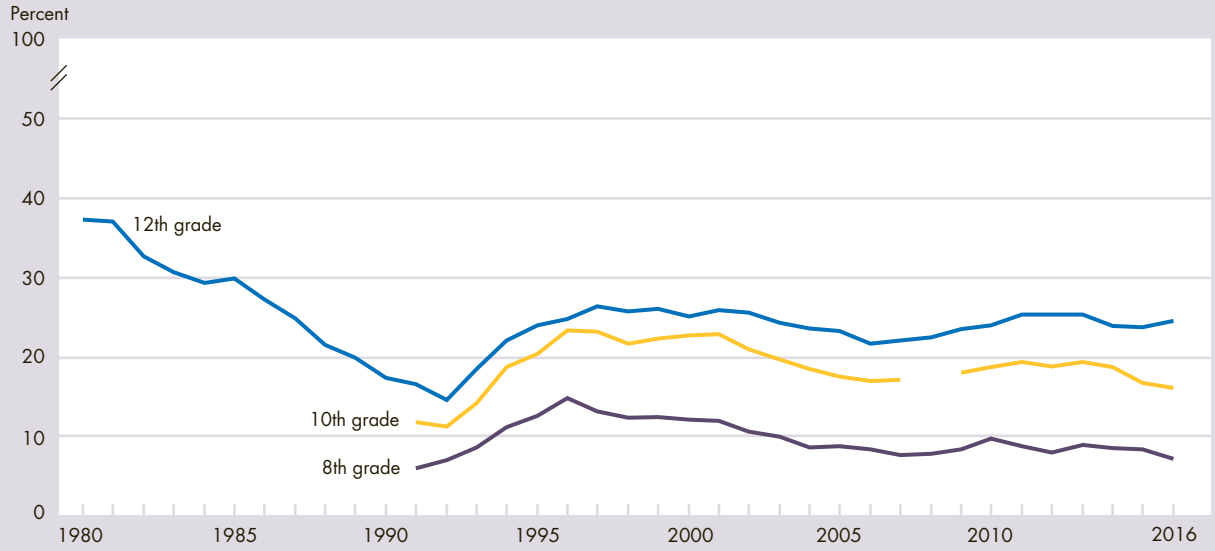
- In 2016, the percentages of 8th-, 10th-, and 12th-grade students who reported binge drinking continued a downward trend and were the lowest since the survey began in 1980.
- Binge drinking declined from the most recent peaks of 13 percent in 1996 to 3 percent in 2016 for 8th-grade students, 24 percent in 2000 to 10 percent in 2016 for 10th-grade students, and 32 percent in 1998 to 16 percent in 2016 for 12th-grade students.
- In 2016, about 3 percent of male and 4 percent of female 8th-grade students reported binge drinking; among 10th-grade students, the proportion was 10 percent for both male and female students. Seventeen percent of 12th-grade male students reported binge drinking, compared with 14 percent of 12th-grade female students.
- For 12th-grade students in 2016, the percentages of White, non-Hispanic and Hispanic students (19 percent and 17 percent, respectively) who reported binge drinking were both more than double the percentage of Black, non-Hispanic students who reported binge drinking (8 percent). This relationship was not observed among 8th-graders; but by 10th grade it is nearly as high as among those in 12th grade with 11.6 percent, 5.8 percent and 11.4 percent of White, non-Hispanic; Black, non-Hispanic; and Hispanic 10th-grade students respectively, reporting binge alcohol use in 2016.

Bullets contain references to data that can be found in Table BEH2 on page 150. Endnotes begin on page 75.

Illicit Drug Use

Drug use by adolescents can have immediate as well as long-term health and social consequences. Marijuana use poses both cognitive and health risks, particularly damage to pulmonary functions resulting from chronic use.[99,100] It is also the main driver of illicit drug use among teens, with an estimated 1 in 4 high school seniors reporting use in the past month. Other drug use, such as the misuse of prescription and over-the-counter drugs, can increase the risk of adverse health effects, including overdose—especially when taken in combination with other drugs or alcohol. Hallucinogens, such as MDMA, can affect brain chemistry and may result in problems with memory and learning new information.[101] Any illicit drug use during adolescence is a risk-taking behavior that has potentially serious negative consequences.

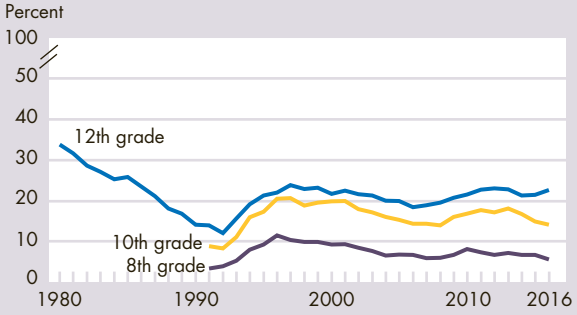
Indicator BEH3.A **Percentage of 8th-, 10th-, and 12th-grade students who reported using illicit drugs in the past 30 days by grade, 1980–2016**



NOTE: Use of "illicit drugs" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their responses). Data for 10th-graders for 2008 are not included because estimates are considered to be unreliable due to sampling errors. See http://www.monitoringthefuture.org/data/09data.html#2009data-drugs.

SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

Indicator BEH3.B **Percentage of 8th-, 10th-, and 12th-grade students who reported smoking marijuana in the past 30 days by grade, 1980–2016**



SOURCE: National Institute on Drug Abuse, Monitoring the Future Survey.

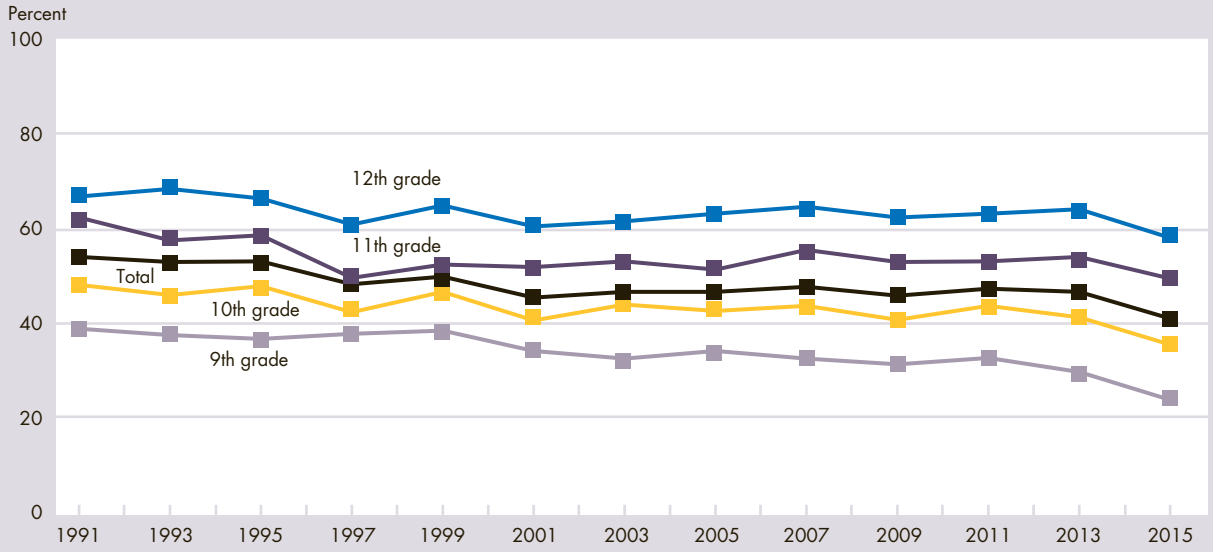
- From 2015 to 2016, reports of illicit drug use in the past 30 days decreased for 8th-graders (from 8 to 7 percent) but remained level for 10th- and 12th-grade students at 16 percent and 24 percent, respectively.
- In 2016, illicit drug use in the past 30 days was reported by 7 percent each of male and female 8th-graders and by 16 percent each of male and female 10th-graders. The percentage diverged by gender among 12th-graders: 27 percent of males and 22 percent of females reported use in the past month.
- From 2011 to 2016, marijuana use in the past month decreased from 7 percent to 5 percent among 8th-graders and from 18 percent to 14 percent among 10th-graders. During the same period, use among 12th-graders remained unchanged.

Bullets contain references to data that can be found in Tables BEH3.A and BEH3.B on pages 151–152. Endnotes begin on page 75.

Sexual Activity

Early sexual activity is associated with emotional[102] and physical health risks. Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. STIs, including HIV, can infect a person for a lifetime and have consequences, including disability and early death. Delaying sexual initiation is associated with a decrease in the number of lifetime sexual partners,[103] and having fewer lifetime partners is associated with a decrease in the rate of STIs.[104,105] Additionally, teen pregnancy is associated with a number of negative risk factors, not only for the mother but also for her child (see FAM6).[106]

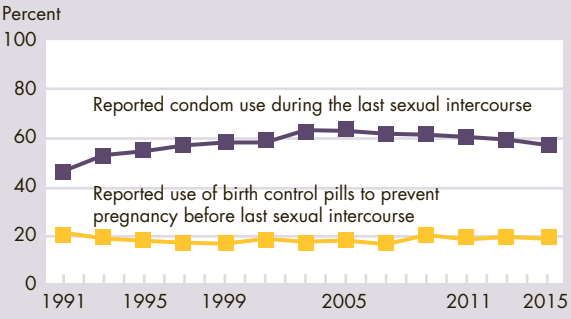
Indicator BEH4.A **Percentage of high school students who reported ever having had sexual intercourse by grade, selected years 1991–2015**



NOTE: Students were asked, "Have you ever had sexual intercourse?" Data are collected biennially.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

Indicator BEH4.B **Among students who had sexual intercourse in the past 3 months, the percentage who reported birth control pill use before or condom use during their last sexual intercourse, selected years 1991–2015**



NOTE: Students were asked, "The last time you had sexual intercourse, did you or your partner use a condom?" and "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?" "Birth control pills" was one option. Data are collected biennially.

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

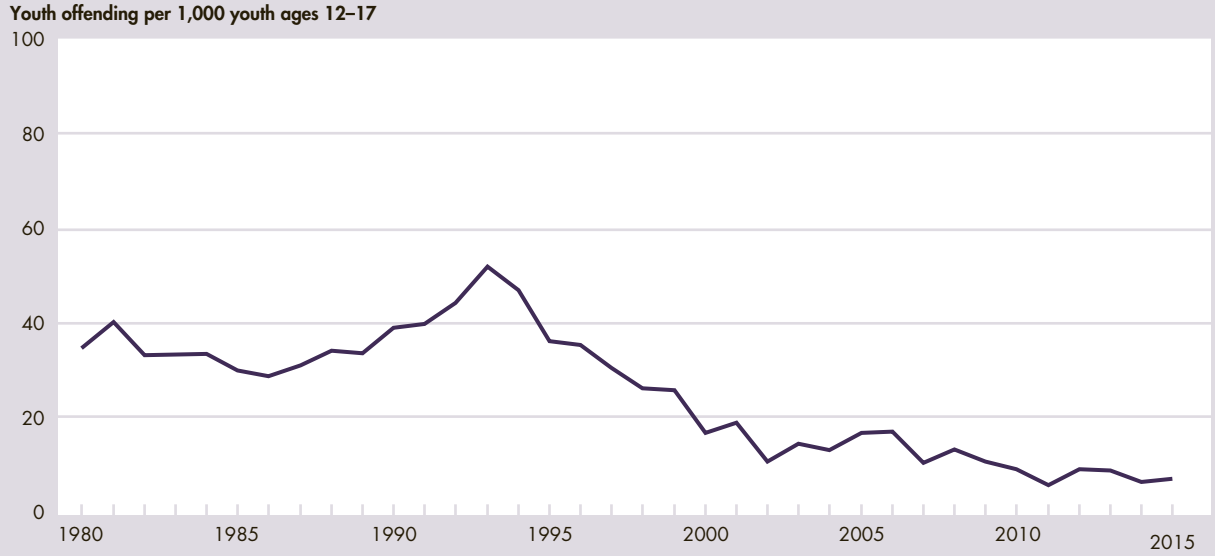
- The percentage of students reporting ever having had sexual intercourse declined from 54 percent in 1991 to 46 percent in 2001, and was relatively stable through 2013 (47 percent) before decreasing to 41 percent in 2015.
- The percentage of students who reported ever having had sexual intercourse differed by grade. In 2015, about 24 percent of 9th-grade students reported ever having had sexual intercourse, compared with 36 percent of 10th-grade students, 50 percent of 11th-grade students, and 58 percent of 12th-grade students.
- In 2015, of students who had sexual intercourse in the past 3 months, about 18 percent reported that they or their partner had used birth control pills before their last sexual intercourse and 57 percent reported condom use. Condom use increased between 1991 (46 percent) and 2003 (63 percent) and then decreased between 2003 and 2015.

Bullets contain references to data that can be found in Tables BEH4.A–BEH4.C on pages 152–154. Endnotes begin on page 75.

Youth Perpetrators of Serious Violent Crimes

The level of youth violence in society can be viewed as an indicator of youths' ability to control their behavior and the adequacy of socializing agents such as families, peers, schools, and religious institutions to supervise or channel youth behavior to acceptable norms. In addition, youth who commit violent crimes tend to exhibit multiple problematic behaviors that affect their well-being, including drug use, risky sexual behaviors, and problems in schools.[107] One measure of youth violence is the rate of serious violent crimes committed by juveniles. Because insufficient information exists to determine the ages of each individual offender when a crime is committed by more than one perpetrator, the number of additional juvenile offenders cannot be determined. Therefore, this rate of serious violent crime offending does not represent the number of juvenile offenders in the population but rather the rate of crimes perpetrated by a juvenile.

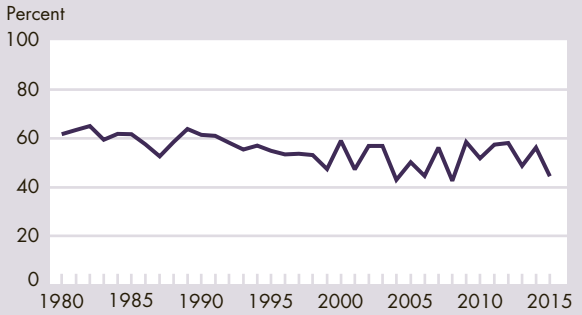
Indicator BEH5.A **Rate of serious violent crimes by youth perpetrators ages 12–17, 1980–2015**



NOTE: The rate is the ratio of the number of crimes (aggravated assault, rape, and robbery, i.e., stealing by force or threat of violence) reported to the National Crime Victimization Survey that involved at least one offender perceived by the victim to be ages 12–17, plus the number of homicides reported to the police that involved at least one juvenile offender, to the number of juveniles in the population. Homicide data were not available for 2015 at the time of publication. The number of homicides for 2014 is included in the overall total for 2015. In 2014, homicides represented less than 1 percent of serious violent crime, and the total number of homicides by juveniles has been relatively stable over the last decade. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. See *Criminal Victimization, 2006*, http://www.bjs.gov/index.cfm?ty=pbdetail&iid=765, for more information on the redesigned methodology.

SOURCE: Bureau of Justice Statistics, National Crime Victimization Survey and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Indicator BEH5.B **Percentage of youth-perpetrated serious violent crimes involving multiple offenders ages 12–17, 1980–2015**



NOTE: Caution is warranted when assuming year-to-year comparisons not explicitly discussed in this indicator. Although one estimate may be larger than another, estimates based on a sample have some degree of sampling error.

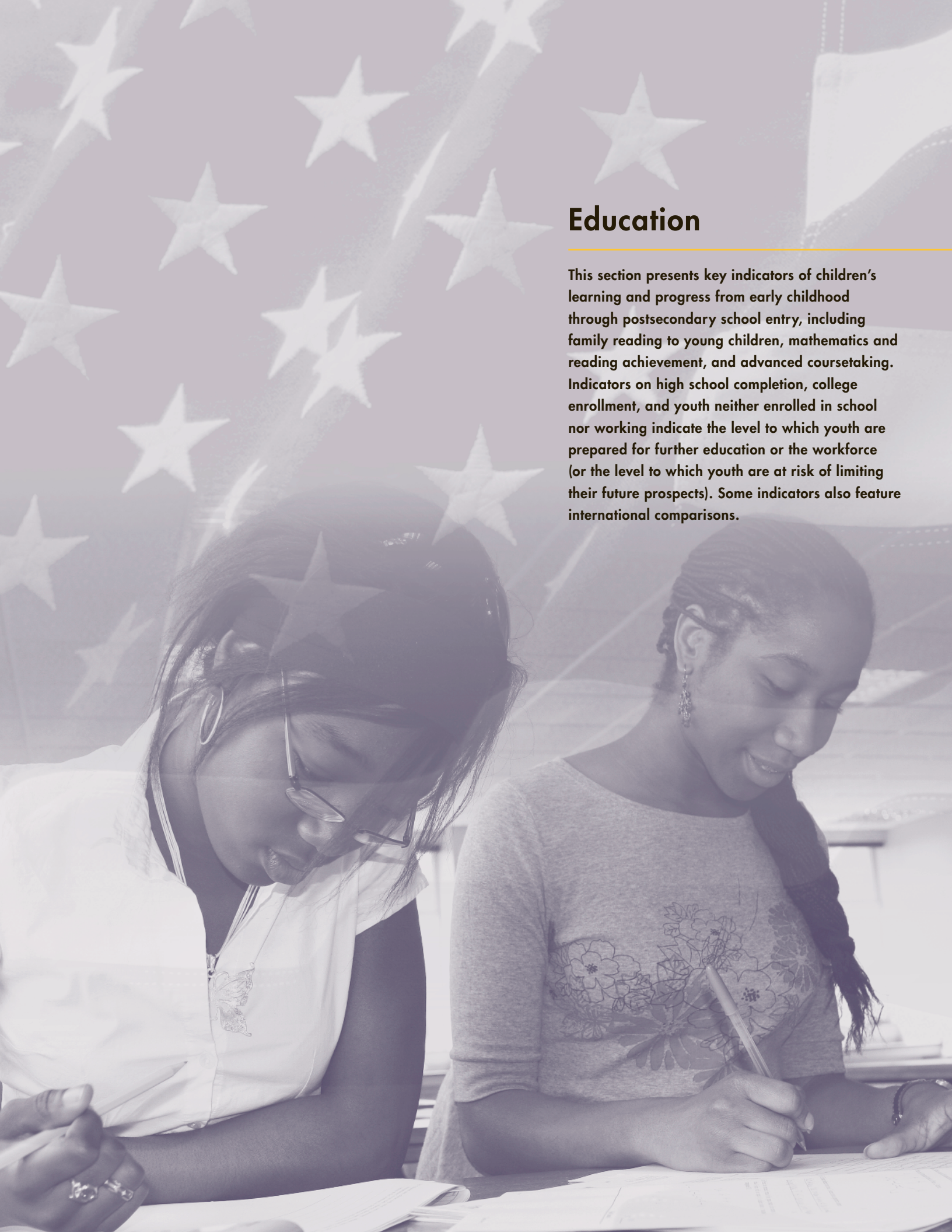
SOURCE: Bureau of Justice Statistics, National Crime Victimization Survey and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

- In 2015, the serious violent crime offending rate was 8 crimes per 1,000 juveniles ages 12–17, with a total of 188,000 such crimes involving juveniles. This was similar to the rate in 2014.
- In 2015, about 14 percent of all serious violent crimes reportedly involved a juvenile offender.
- In 44 percent of all youth-perpetrated serious violent crimes reported by victims in 2015, more than one offender was involved in the incident.

Bullets contain references to data that can be found in Table BEH5 on page 155. Endnotes begin on page 75.

Education

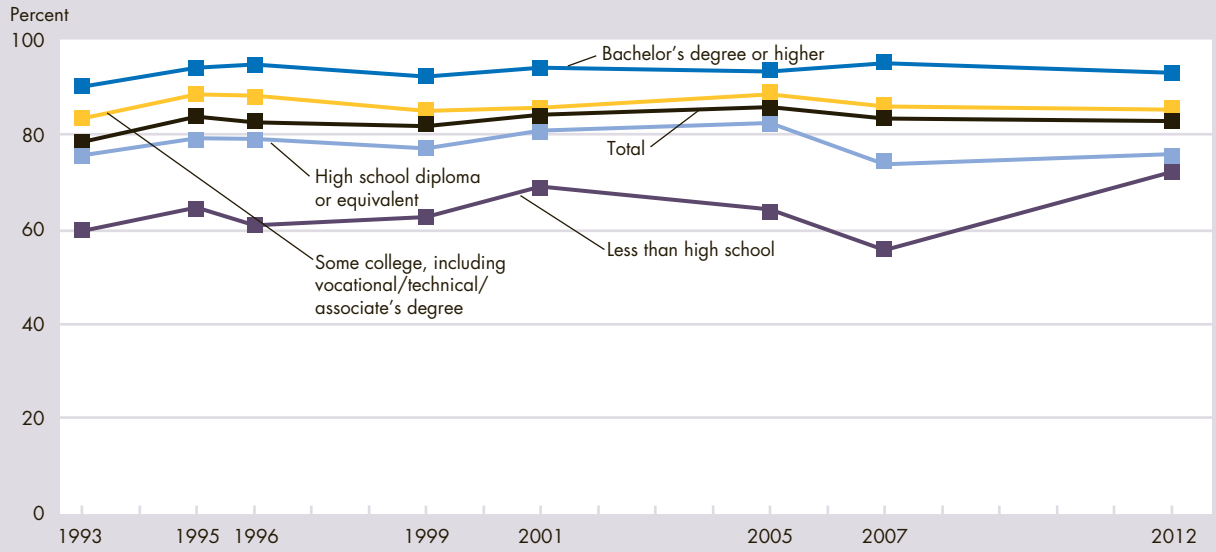
This section presents key indicators of children's learning and progress from early childhood through postsecondary school entry, including family reading to young children, mathematics and reading achievement, and advanced coursetaking. Indicators on high school completion, college enrollment, and youth neither enrolled in school nor working indicate the level to which youth are prepared for further education or the workforce (or the level to which youth are at risk of limiting their future prospects). Some indicators also feature international comparisons.



Family Reading to Young Children

Reading to young children promotes language acquisition and is linked with literacy development and, in later years, with achievement in reading comprehension and overall success in school.[108] The percentage of young children read to 3 or more times per week by a family member is one indicator of how well young children are being prepared for school.

Indicator ED1 **Percentage of children ages 3–5 who were read to 3 or more times in the last week by a family member by mother's education, selected years 1993–2012**



NOTE: Estimates are based on children ages 3–5 who have yet to enter kindergarten. Children without mothers in the home are not included in estimates. Prior to 2012, whereas National Household Education Surveys Program (NHES) administrations were conducted via telephone with an interviewer, NHES:2012 was a self-administered paper-and-pencil questionnaire that was mailed to respondents. Measurable differences in estimates between 2012 and prior years could reflect actual changes in the population, or the changes could be due to the mode change from telephone to mail. Some data have been revised from previously published figures.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program.

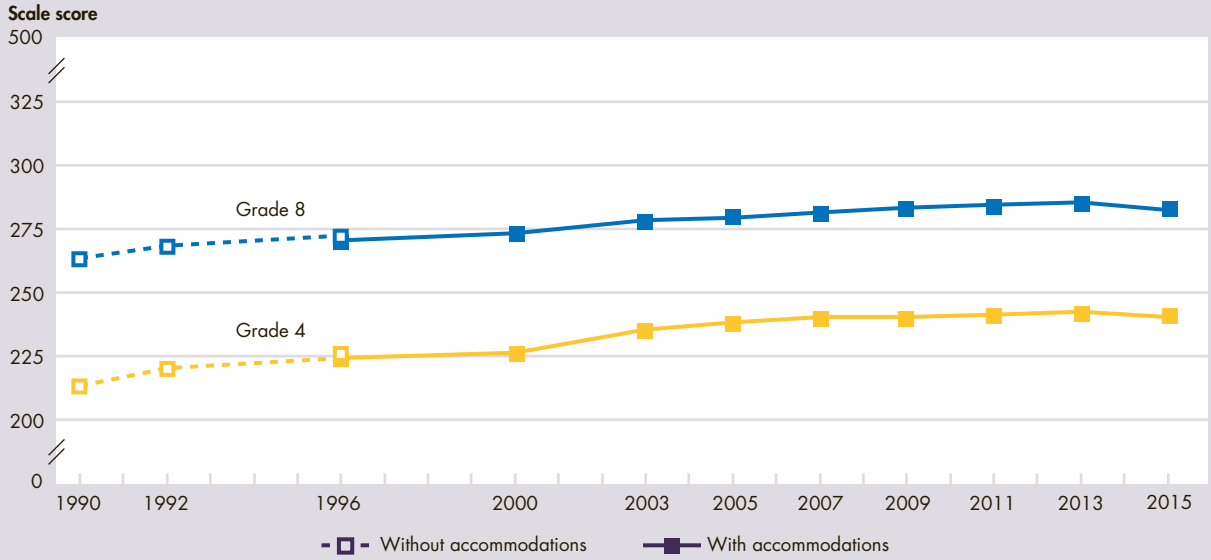
- In 2012, approximately 83 percent of children ages 3–5 who were not yet in kindergarten were read to 3 or more times per week by a family member. This rate was higher than the rate in 1993 (78 percent), although it fluctuated in the intervening years.
- The percentage of children who were read to 3 or more times per week by a family member was higher for those whose mothers had higher levels of educational attainment. In 2012, about 93 percent of children whose mothers had at least a bachelor's degree were read to 3 or more times per week, compared with 85 percent of children whose mothers had some college education, 76 percent of children whose mothers had a high school diploma or the equivalent, and 72 percent of children whose mothers had less than a high school diploma.
- The percentage of children who were read to 3 or more times per week by a family member was higher for White, non-Hispanic (90 percent) than for their Asian or Pacific Islander, non-Hispanic (77 percent); Black, non-Hispanic (77 percent); and Hispanic (71 percent) peers in 2012. There were no statistically significant differences between the percentages of Asian or Pacific Islander, non-Hispanics; Black, non-Hispanics; and Hispanics who were read to 3 or more times per week.
- In 2012, the percentage of children in families with incomes at 200 percent or more of the poverty level who were read to 3 or more times per week by a family member (88 percent) was higher than the percentages of children in families with incomes at 100 percent to 199 percent of the poverty level (81 percent) and of those in families with incomes below the poverty level (74 percent) who were read to 3 or more times per week.

Bullets contain references to data that can be found in Table ED1 on page 156. Endnotes begin on page 75.

Mathematics and Reading Achievement

The extent of children's knowledge, as well as their ability to think, learn, and communicate, affect the likelihood of their becoming productive adults and active citizens. Mathematics and reading achievement test scores measure students' skills in these subjects and are good indicators of overall achievement in school. Results from international assessments help place the achievement of U.S. students within a global context. The Program for International Student Assessment (PISA) 2015 results showed that reading scores for U.S. 15-year-olds were not statistically significantly different from any of the previous assessment years with which comparisons can be made, while mathematics scores declined.[109] The overall reading achievement of U.S. students was not statistically significantly different from the Organization for Economic Cooperation and Development (OECD) average in 2015, and the mathematics performance was below the 2015 OECD average. It is also important to examine performance differences, or achievement gaps, within the United States, such as between students from different racial and ethnic backgrounds.

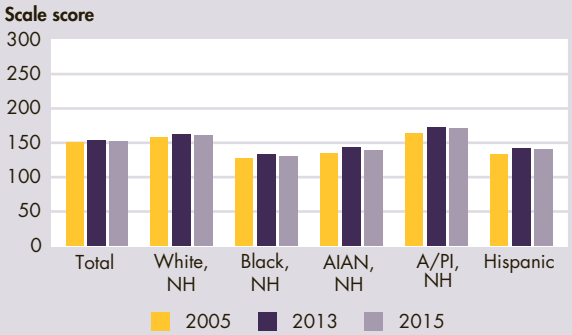
Indicator ED2.A **Average mathematics scale scores for students in Grades 4 and 8, selected years 1990–2015**



NOTE: Results of the National Assessment of Educational Progress (NAEP) mathematics assessment are reported as a composite scale that combines the results of separately-estimated scales for each of the content areas: (1) number of properties and operations; (2) measurement; (3) geometry; (4) data analysis, statistics, and probability; and (5) algebra. (Note that measurement and geometry make up one of the four content areas at Grade 12.) The scale ranges from 0 to 500 for Grades 4 and 8 and 0 to 300 for Grade 12. Prior to 1996, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1996, scores are provided for both the assessment with and the assessment without accommodations to show comparability across the assessments.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

Indicator ED2.B **Average mathematics scale scores for students in Grade 12 by race and Hispanic origin,[110] 2005, 2013, and 2015**



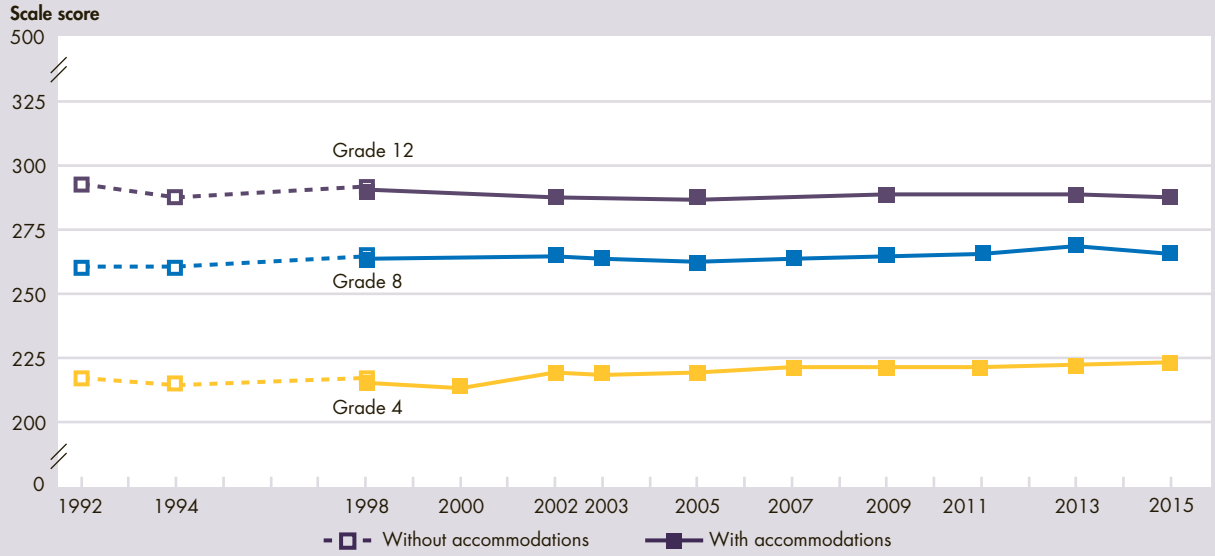
NOTE: NH is non-Hispanic; AIAN is American Indian or Alaska Native; and A/PI is Asian or Pacific Islander.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

- At both Grades 4 and 8, the average mathematics score in 2015 was higher than in 1990. However, the 2015 scores were lower than the 2013 scores at both grades.
- At Grade 12, the average mathematics score in 2015 was not significantly different from the scores in 2005 or 2013.[110]
- In all grades, average mathematics scores were higher in 2015 than in 2005 for White, non-Hispanic; Asian or Pacific Islander, non-Hispanic; and Hispanic students. Scores were higher in 2015 than in 2005 for Black, non-Hispanic students in Grades 4 and 8, and American Indian or Alaska Native, non-Hispanic students in Grade 8.[111]

Mathematics and Reading Achievement—cont.

Indicator ED2.C **Average reading scale scores for students in Grades 4, 8, and 12, selected years 1992–2015**



NOTE: The National Assessment of Educational Progress (NAEP) reading assessment scale is a composite combining separately estimated scales for each type of reading (literacy and informational) specified by the reading framework. The scale ranges from 0 to 500. The 2000 assessment only included data for Grade 4, and the 2003, 2007, and 2011 assessments only included data for Grades 4 and 8. In the early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1998, scores are provided for both the assessment with and the assessment without accommodations to show comparability across the assessments.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

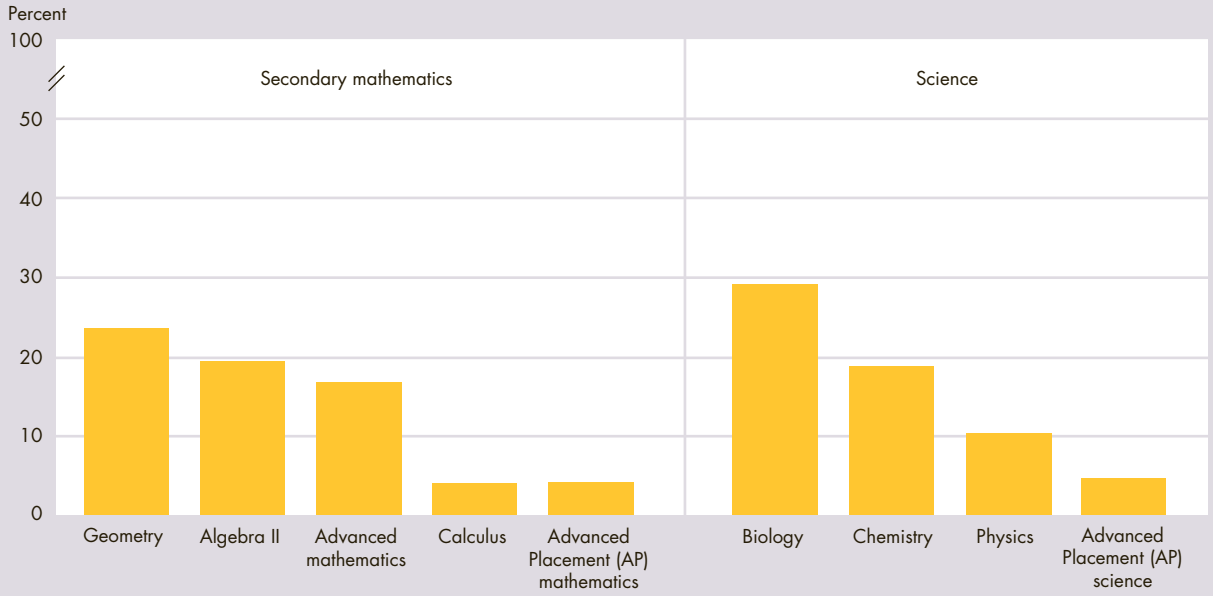
- At each grade in 2015, Asian or Pacific Islander, non-Hispanic students had the highest average mathematics scores, and White, non-Hispanic students scored higher than their peers in the remaining racial and ethnic groups. Black, non-Hispanic students scored lower than students in the other racial and ethnic groups, with the exception of American Indian and Alaska Native, non-Hispanic students for whom scores were not statistically different.
- At Grade 4, the average reading score in 2015 was higher than the score in 1992, but not measurably different from the score in 2013. At Grade 8, the average reading score in 2015 was higher than the score in 1992 but lower than the score in 2013. At Grade 12, the score in 2015 was lower than the score in 1992 and not measurably different from the score in 2013.
- In 2015, Asian, non-Hispanic students had the highest reading scores, on average, of all the racial and ethnic groups at Grades 4 and 8; White, non-Hispanic students also scored higher, on average, than their other peers. At Grades 8 and 12, Black, non-Hispanic students had lower reading scores than students from the other racial and ethnic groups.
- At Grades 4 and 12, females scored lower, on average, than males in mathematics but higher than males in reading in 2015. At Grade 8, females had higher average reading scores than males, while the mathematics scores of females were not statistically significantly different from those of males.
- In 2015 for students in Grades 8 and 12, higher parental education levels were associated with higher average mathematics and reading scores.[112]

Bullets contain references to data that can be found in Tables ED2.A/B and ED2.C on pages 157–160. Endnotes begin on page 75.

High School Academic Coursetaking

Since *A Nation at Risk* was published in 1983, school reforms have emphasized increasing the number of academic courses students take in high school. More recent reforms have emphasized increasing the rigor of courses taken. Research suggests a positive relationship between the level of difficulty of courses students take and their performance on assessments.[113,114] Research also suggests that student enrollment in rigorous mathematics and science courses increases interest in majoring in science, technology, engineering, and mathematics (STEM) fields,[115] and young adults who major in STEM fields tend to have more positive economic outcomes, such as higher median earnings, than those with degrees in non-STEM fields.[116]

Indicator ED3 **Percentage of public high school students enrolled in selected secondary mathematics and science courses, school year 2013–14**



NOTE: Data reflect the percentage of students in Grades 9–12 who were enrolled in each course during the 2013–14 school year. Advanced mathematics courses cover the following topics: trigonometry, trigonometry/algebra, trigonometry/analytic geometry, trigonometry/math analysis, analytic geometry, math analysis, math analysis/analytic geometry, probability and statistics, and pre-calculus.

SOURCE: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection and U.S. Department of Education, National Center for Education Statistics, Common Core of Data.

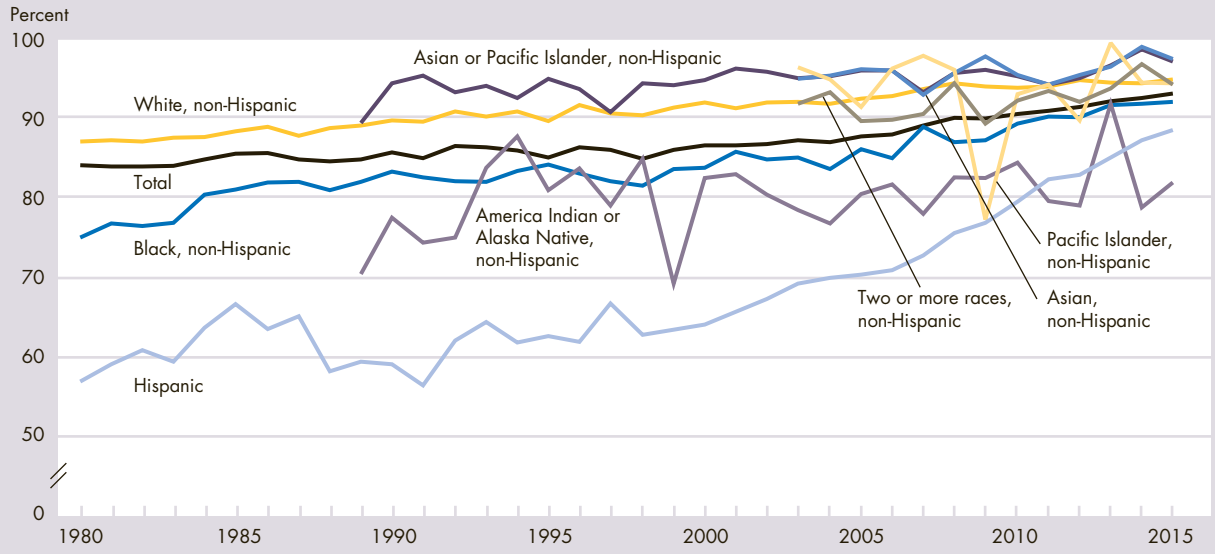
- During the 2013–14 school year, about 24 percent of public high school students in Grades 9–12 were enrolled in geometry classes, 19 percent were enrolled in algebra II, 17 percent were enrolled in advanced mathematics, 4 percent were enrolled in calculus, and 4 percent were enrolled in Advanced Placement (AP) math. In terms of science classes, about 29 percent of public high school students were enrolled in biology, 19 percent were enrolled in chemistry, 10 percent were enrolled in physics, and 4 percent were enrolled in AP science.
- During the 2013–14 school year, a higher percentage of females than males in Grades 9–12 in public schools were enrolled in geometry, algebra II, advanced mathematics, biology, chemistry, and AP science. There was no statistically significant difference in the percentage of males and females enrolled in calculus and AP math. A higher percentage of males than females were enrolled in physics.
- A higher percentage of Asian, non-Hispanic students (13 percent) than of students of any other racial or ethnic group were enrolled in AP math during the 2013–14 school year. The percentage of students enrolled in AP math was lowest for Black, non-Hispanic and American Indian or Alaska Native, non-Hispanic students (both 2 percent). Similarly, the percentage of students enrolled in AP science was highest for Asian, non-Hispanics (14 percent) and lowest for Black, non-Hispanics and American Indian or Alaska Native, non-Hispanics (both 2 percent).
- For both males and females, a greater percentage of Asian, non-Hispanic students than students of other races and ethnicities enrolled in AP math and AP science.

Bullets contain references to data that can be found in Tables ED3.A–ED3.B on pages 161–162. Endnotes begin on page 75.

High School Completion

Attainment of a high school diploma or its equivalent is an indicator that a person has acquired the basic academic skills needed to function in today's society. The percentage of young adults ages 18–24 with a high school diploma or an equivalent credential is a measure of the extent to which young adults have completed a basic prerequisite for many entry-level jobs and for higher education. Persons with higher levels of education tend to have better economic outcomes than their peers with lower levels of education.[117]

Indicator ED4 **Percentage of young adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2015**



NOTE: From 1980 to 1991, high school completion was measured by the completion of 4 years of high school rather than the actual attainment of a high school diploma or equivalent. Diploma equivalents include alternative credentials obtained by passing exams such as the GED test. Data on race and Hispanic origin are collected separately and combined for reporting according to the 1997 U.S. Office of Management and Budget Standards for Data on Race and Ethnicity. Race categories exclude persons of Hispanic ethnicity.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

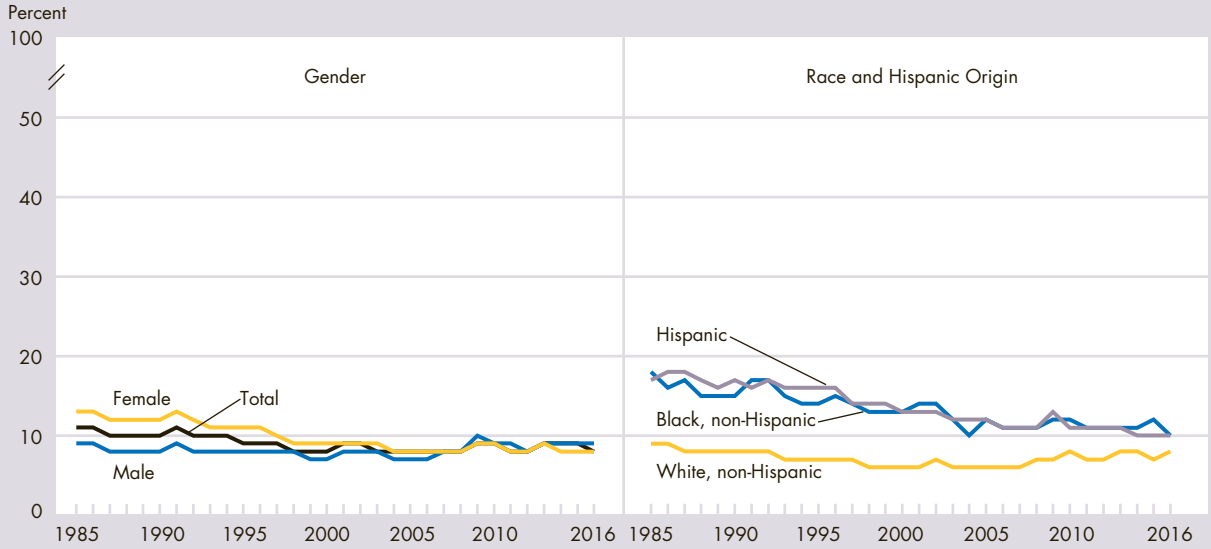
- In 2015, about 93 percent of young adults ages 18–24 had completed high school with a diploma or an alternative credential, such as a GED certificate. The high school completion rate has increased since 1980, when it was 84 percent.
- The high school completion rate for Black, non-Hispanic young adults increased from 75 percent in 1980 to 92 percent in 2015. For White, non-Hispanic young adults, this rate increased from 87 percent in 1980 to 95 percent in 2015. The completion rate for Hispanic young adults increased 31 percentage points between 1980 and 2015, from 57 percent to 88 percent, although it has been consistently lower than the rates for their White, non-Hispanic and Black, non-Hispanic peers during this period.
- High school completion rates increased between 2003 (when separate data became available for all race groups) and 2015 for young adults who were Hispanic (from 69 to 88 percent); Black, non-Hispanic (from 85 to 92 percent); and White, non-Hispanic (from 92 to 95 percent). In contrast, 2015 completion rates for non-Hispanic young adults who were Asian (97 percent), Pacific Islander (94 percent), of Two or more races (94 percent), and American Indian or Alaska Native (82 percent) were not statistically different from the rates in 2003.
- In 2015, the high school completion rate was higher for non-Hispanic young adults who were Asian (97 percent), White (95 percent), of Two or more races (94 percent), and Black (92 percent) than for those who were Hispanic (88 percent) and American Indian or Alaska Native, non-Hispanic (82 percent). The completion rate was also higher for Asian, non-Hispanic young adults than for their non-Hispanic White and Black peers.

Bullets contain references to data that can be found in Table ED4 on page 163. Endnotes begin on page 75.

Youth Neither Enrolled in School nor Working

Youth ages 16–19 who are neither in school nor working are detached from these core activities, both of which play an important role in one's transition from adolescence to adulthood. Such detachment, particularly if it lasts for several years, hinders a youth's opportunity to build a work history that contributes to future higher wages and employability.[118] The percentage of youth who are not enrolled in school and not working is one measure of the proportion of young people who are at risk of limiting their future prospects. It is also recognized internationally by the Organization for Economic Cooperation and Development (OECD), of which the United States is a member, as a way to measure the transition from school to work among young adults.[119]

Indicator ED5 **Percentage of youth ages 16–19 who are neither enrolled in school nor working by gender and race and Hispanic origin, 1985–2016**



NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. School refers to both high school and college. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

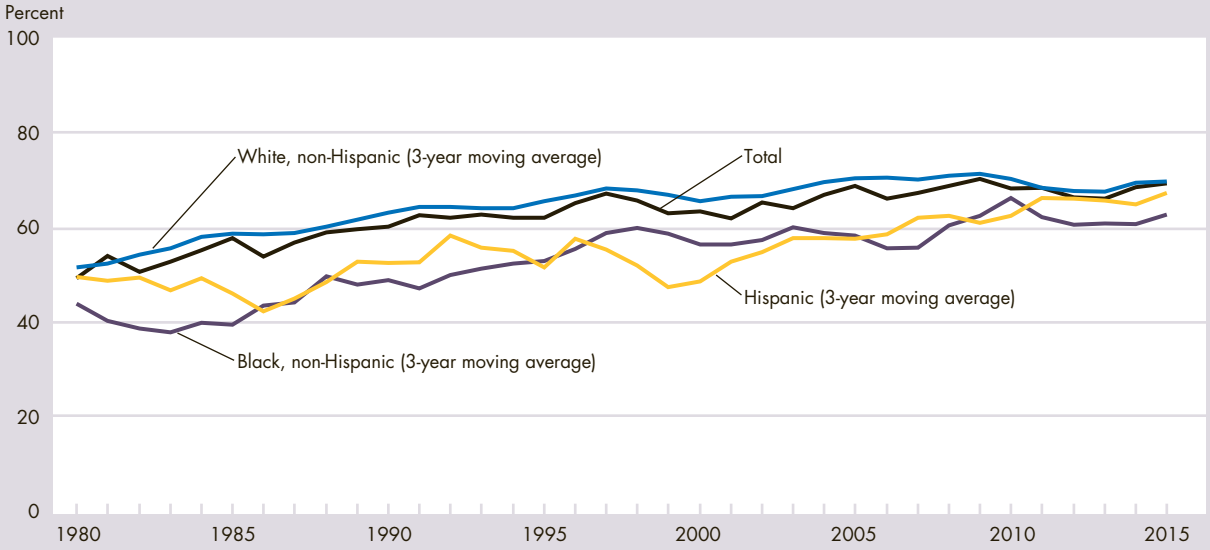
- In 2016, 8 percent of youth ages 16–19 were neither enrolled in school nor working, compared to 9 percent in 2015. Overall, this figure has remained roughly unchanged over the past 20 years.
- The percentage of Black, non-Hispanic youth and Hispanic youth neither enrolled in school nor working has declined since 1985.
- Black, non-Hispanic youth and Hispanic youth had higher rates of detachment from work and school. In 2016, 10 percent of Black, non-Hispanic youth and Hispanic youth were neither enrolled in school nor working, compared with 8 percent of White, non-Hispanic youth.
- Older youth ages 18–19 are almost three times as likely to be detached from school and work activities as youth ages 16–17. In 2016, 13 percent of youth ages 18–19 were neither enrolled in school nor working, compared with 5 percent of youth ages 16–17. A little less than half of older youth were enrolled in school and not working in 2016 (47 percent), compared with 34 percent in 2000.

Bullets contain references to data that can be found in Tables ED5.A–ED5.C on pages 164–168. Endnotes begin on page 75.

College Enrollment

A college education generally enhances a person's employment prospects and increases his or her earning potential.[117] One measure of the accessibility and perceived value of a college education by high school completers is the percentage of these students who enroll in college in the fall immediately after high school.[120] Research shows that high school completers who delay enrollment in postsecondary education are less likely to persist in their education and attain a postsecondary credential.[121]

Indicator ED6 **Percentage of high school completers who were enrolled in college the October immediately after completing high school by race and Hispanic origin, 1980–2015**



NOTE: Enrollment in college as of October of each year for individuals ages 16–24 who had completed high school earlier in the calendar year. High school completion includes GED recipients. Data have been revised since previous publication in *America's Children*. Due to some short-term data fluctuations associated with small sample sizes, moving averages are used to produce more stable estimates for the race and Hispanic origin data. A 3-year moving average is the weighted average of the estimates for the year prior to the reported year, the reported year, and the following year. For 2015, a 2-year moving average is used, reflecting an average of the 2014 and 2015 estimates. Beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately and combined for reporting according to the 1997 U.S. Office of Management and Budget Standards for Data on Race and Ethnicity. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

- In 2015, about 69 percent of high school completers enrolled in a 2-year or 4-year college in the fall immediately after graduating from high school. Between 1980 and 2015, the immediate college enrollment rate increased 20 percentage points, from 49 percent to 69 percent.
- In 1980, some 52 percent of White, non-Hispanic high school completers immediately enrolled in college; this rate increased to 70 percent in 2015.[122] The immediate college enrollment rate for Black, non-Hispanic high school completers increased from 44 percent in 1980 to 63 percent in 2015. The rate for Hispanic high school completers also increased, from 50 percent in 1980 to 67 percent in 2015.
- In 2015, the immediate college enrollment rates for White, non-Hispanic high school completers (70 percent); Black, non-Hispanic high school completers (63 percent); and Hispanic high school completers (67 percent) were not statistically different, due in part to large standard errors for Black, non-Hispanic and Hispanic high school completers. In 1980, the immediate college enrollment rate was higher for White, non-Hispanic high school completers (52 percent) than for their Black, non-Hispanic peers (44 percent), while neither group's rate was statistically different from that of their Hispanic peers (50 percent).
- In 2015, the immediate college enrollment rate for female high school completers (73 percent) was higher than that of their male peers (66 percent). From 1980 to 2015, the immediate enrollment rate for male high school completers increased from 47 percent to 66 percent, and the rate for female high school completers increased from 52 percent to 73 percent.
- The immediate college enrollment rate for high-income high school completers (83 percent) was higher than the rate for middle-income (62 percent) and low-income (69 percent) high school completers in 2015.[123]

Bullets contain references to data that can be found in Table ED6 on page 169. Endnotes begin on page 75.

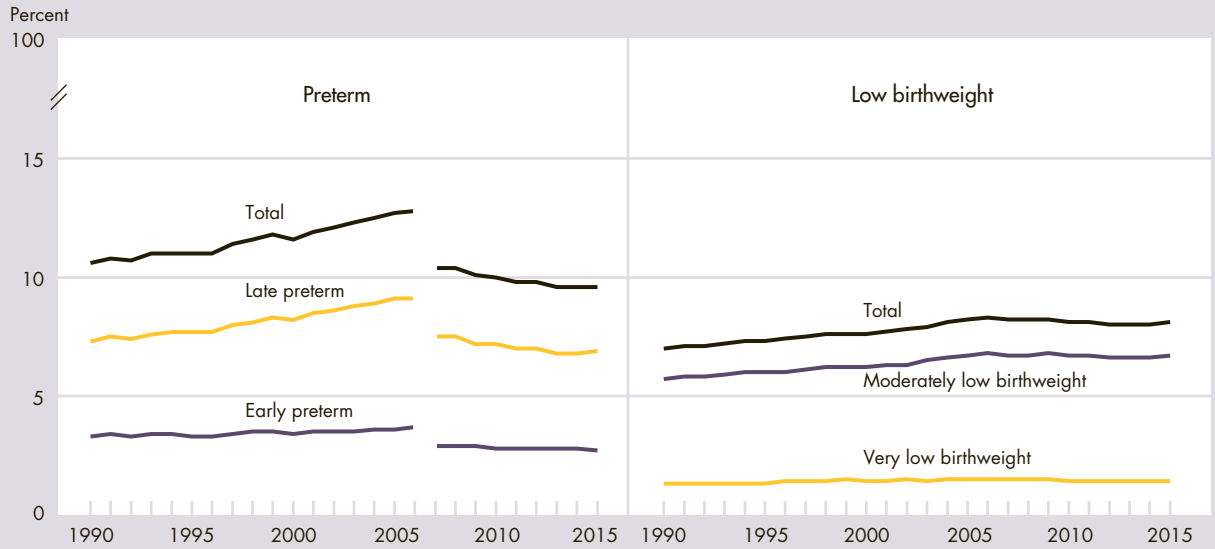
Health

The World Health Organization defines health as a "state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." This section presents indicators of several important aspects or determinants of child health. Some of the indicators in this section relate to birth outcomes such as low birthweight, preterm birth, and infant mortality. Other indicators describe key health conditions, including emotional or behavioral difficulties, adolescent depression, obesity, and asthma. An indicator on the quality of children's diets compares children's dietary intake with the Dietary Guidelines for Americans. The indicator on activity limitation presents a global measure that gauges the effect of chronic health conditions on children's functioning.

Preterm Birth and Low Birthweight

Infants born preterm (less than 37 completed weeks of gestation) or with low birthweight (less than 2,500 grams, or 5 lbs. 8 oz.) are at higher risk of early death and long-term health and developmental issues than infants born later in pregnancy or at higher birthweights.[13,124,125] Many, but not all, preterm infants are also low birthweight, and vice versa. In 2013, infants born preterm accounted for two-thirds of all low birthweight infants, and more than 40 percent of preterm births were low birthweight.[126] Preterm infants born at less than 34 weeks (early preterm) are at high risk for poor outcomes, including chronic health conditions, long-term disability, and death. The majority of preterm births are infants born at 34–36 weeks (late preterm). Late preterm infants are at lower risk of poor outcomes than infants born earlier, but are at higher risk than infants delivered at term or later.[124] The increasing multiple birth rate was a contributing factor to the rise in preterm birth and low birthweight. However, preterm birth and low birthweight levels also increased substantially among singleton births.[126] Disorders related to preterm birth and low birthweight are the second leading cause of infant death in the United States.[124,127]

Indicator HEALTH1.A **Percentage of infants born preterm and percentage of infants born with low birthweight, 1990–2015**



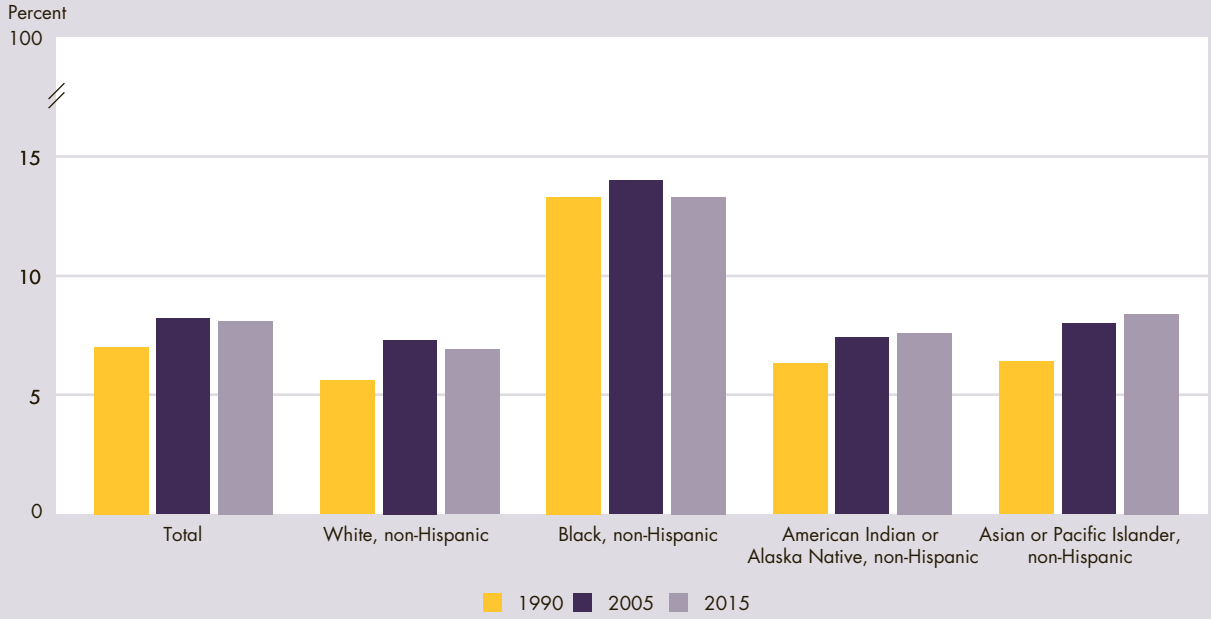
NOTE: Late preterm infants are born at 34–36 weeks of gestation; early preterm infants are born at less than 34 weeks of gestation. Moderately low birthweight infants weigh 1,500–2,499 grams at birth; very low birthweight infants weigh less than 1,500 grams at birth. Starting with 2007 data, the obstetric estimate (OE) of gestation at delivery replaces the date of the last normal menses (LMP) for estimating the gestational age of a newborn. These methodological changes prevent the direct comparison of trends prior to 2007 with trends from 2007 onwards. Data on low birthweight can be found in table HEALTH1.B.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

- The percentage of infants born preterm (less than 37 weeks of gestation) increased from 10.6 percent in 1990 to a high of 12.8 percent in 2006. A methodological change caused a sharp decline from 2006 to 2007. Under the new measure for gestational age, the percentage of infants born preterm declined from 2007 to 2015. There was a slight increase in the percentage from 2014 (9.57 percent) to 2015 (9.63 percent).
- The percentage of infants born late preterm (34–36 completed weeks of gestation) increased from 1990 to 2005, and then declined through 2015 to 6.9 percent.
- The percentage of infants born early preterm (less than 34 completed weeks of gestation) increased from 3.3 percent in 1990 to 3.7 percent in 2006. Under the new measure for gestational age, the decline continued from 2.9 percent in 2007 to 2.8 percent in 2015.
- The percentage of infants born with low birthweight (less than 2,500 grams, or 5 lb. 8 oz.) increased from 1990 to 2006, and then declined from 2006 to 2013, before increasing from 8.00 percent in 2014 to 8.07 percent in 2015.
- The percentage of infants born with very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.) rose from 1990 to 2006, and then fell for the rest of the period to 1.4 percent in 2015.
- The percentage of infants born with moderately low birthweight (less than 2,500 grams, or 5 lb. 8 oz.) rose from 5.7 percent in 1990 to 6.9 percent 2006, and then declined to 6.7 percent in 2015.

Indicator HEALTH1.B

Percentage of infants born with low birthweight by race and Hispanic origin of mother, 1990, 2006, and 2015



NOTE: Race refers to mother's race. The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, 2005 and 2015 data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

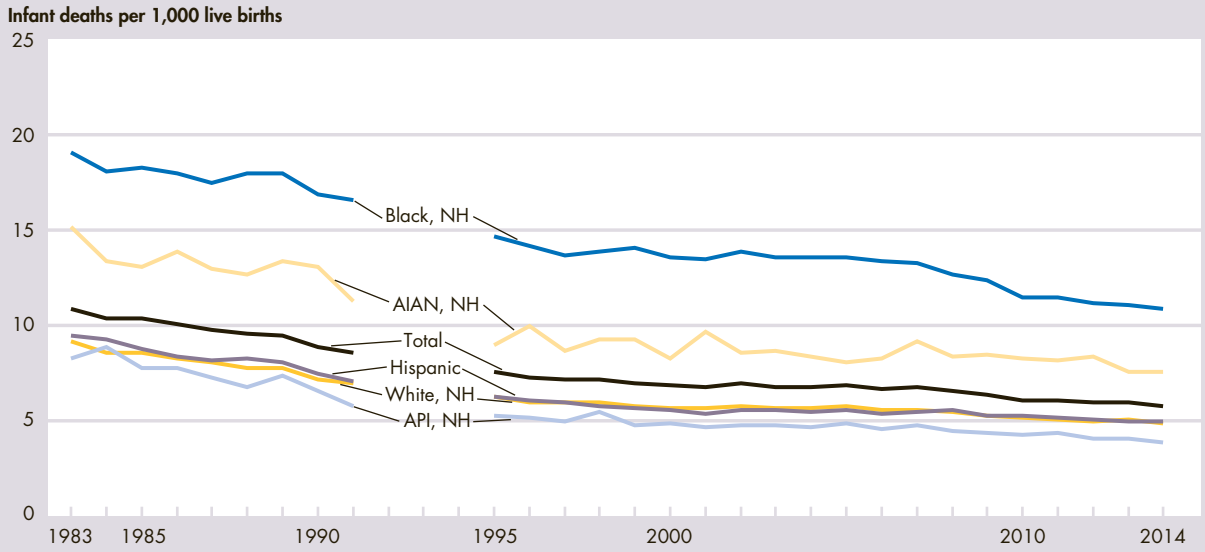
- Among racial and ethnic groups, Black, non-Hispanic women were the most likely to have a low birthweight infant in 2015 (13.3 percent), compared with White, non-Hispanic (6.9 percent); Hispanic (7.2 percent); American Indian or Alaska Native, non-Hispanic (7.6 percent); and Asian or Pacific Islander, non-Hispanic (8.4 percent) mothers. Similar differences in low birthweight by race and ethnicity were observed in previous years.
- Among White, non-Hispanic; Black, non-Hispanic; and Asian or Pacific Islander, non-Hispanic births, the percentage that were low birthweight declined in recent years. The decline in the percentage started around 2006 for White, non-Hispanic; in 2005 for Black, non-Hispanic; and in 2009 for Asian or Pacific Islander, non-Hispanic births.
- In contrast to the recent declines for other racial and ethnic groups, the percentage of births to Hispanic mothers that were low birthweight increased from 1990 to 2002, was stable through 2005, and then increased further from 2005 to 2015.
- Low birthweight births increased among American Indian or Alaska Native, non-Hispanic mothers from 1990 to 2004; the rate was stable thereafter through 2015.

Bullets contain references to data that can be found in Tables HEALTH1.A and HEALTH1.B on pages 170–172. Endnotes begin on page 75.

Infant Mortality

Infant mortality is defined as the death of an infant before his or her first birthday. Infant mortality is related to the underlying health of the mother, public health practices, socioeconomic conditions, and availability and use of appropriate health care for infants and pregnant women.[128] Despite medical advances and public health efforts, the mortality rates of Black, non-Hispanic and American Indian or Alaska Native, non-Hispanic infants have been consistently higher than the rates of other racial and ethnic groups.[129,130] A higher percentage of preterm births accounts for most of the infant mortality for Black, non-Hispanic infants. Higher rates of sudden infant death syndrome (SIDS), birth defects, preterm births, and injuries account for much of the higher infant mortality among American Indian or Alaska Native infants.[131]

Indicator HEALTH2 **Death rates among infants by race and Hispanic origin of mother, 1999–2014**



NOTE: The abbreviation NH refers to non-Hispanic origin. The abbreviation AIAN refers to the American Indian or Alaska Native population. The abbreviation API refers to the Asian or Pacific Islander population. Infant deaths are deaths before an infant's first birthday. Race refers to mother's race. The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnicity statistics, data from states reporting multiple races were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the birth certificate.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

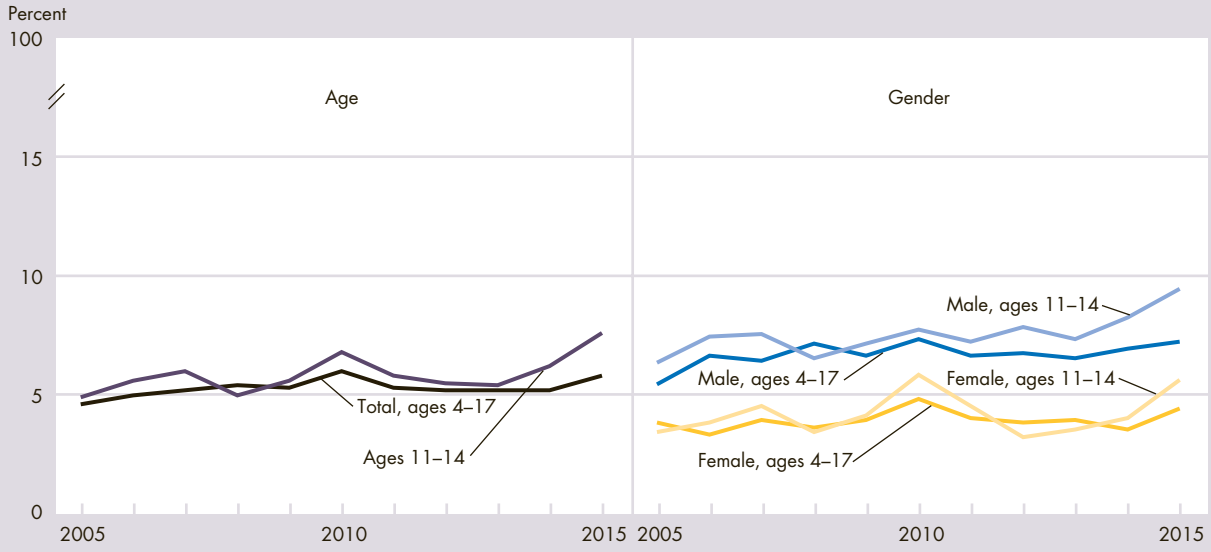
- From 1999 to 2014, the infant mortality rate declined from 7.0 infant deaths to 5.8 infant deaths per 1,000 live births.
- During the same time period, the infant mortality rate declined for White, non-Hispanic; Black, non-Hispanic; Asian or Pacific Islander, non-Hispanic; and Hispanic infants. Infant mortality for American Indian or Alaska Native, non-Hispanic infants was stable from 1999 to 2014.
- Despite the declines in infant mortality between 1999 and 2014, rates for Black, non-Hispanic and American Indian or Alaska Native, non-Hispanic infants remained higher than the rates for White, non-Hispanic; Hispanic; and Asian or Pacific Islander, non-Hispanic infants throughout the entire period.
- In 2014, the infant mortality rates were 10.9 infant deaths per 1,000 live births for Black, non-Hispanic; 7.7 infant deaths per 1,000 live births for American Indian or Alaska Native, non-Hispanic; 5.0 infant deaths per 1,000 live births for Hispanic; 4.9 infant deaths per 1,000 live births for White, non-Hispanic; and 3.7 infant deaths per 1,000 live births for Asian or Pacific Islander, non-Hispanic infants.
- Infant mortality rates also varied within racial and ethnic populations. For example, among Hispanics in the United States, the infant mortality rate for 2014 ranged from a low of 3.9 deaths per 1,000 live births for infants of Cuban origin and 4.3 for infants of Central and South American origin to a high of 7.2 per 1,000 live births for infants of Puerto Rican origin.

Bullets contain references to data that can be found in Table HEALTH2 on page 173. Endnotes begin on page 75.

Emotional and Behavioral Difficulties

Positive emotional and behavioral health is an integral part of healthy development and enhances a child's sense of well-being, supports rewarding social relationships with family and peers, and facilitates achievement of full academic potential.[132] Children with emotional or behavioral difficulties may experience problems managing their emotions, focusing on tasks, interacting with family and peers, and/or controlling their behavior. These difficulties, which may persist throughout a child's development, can lead to lifelong problems.[133] Parents play a crucial role in informing health professionals about a child's emotional and behavioral difficulties and obtaining mental health services.[134]

Indicator HEALTH3 **Percentage of children ages 4–17 reported by a parent to have serious emotional or behavioral difficulties by age and gender, 2005–2015**



NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire:[135] "Overall, do you think that (child) has difficulties in any of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; (4) yes, severe difficulties. Children with serious emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe." These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbance, used by the Federal government for planning purposes.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

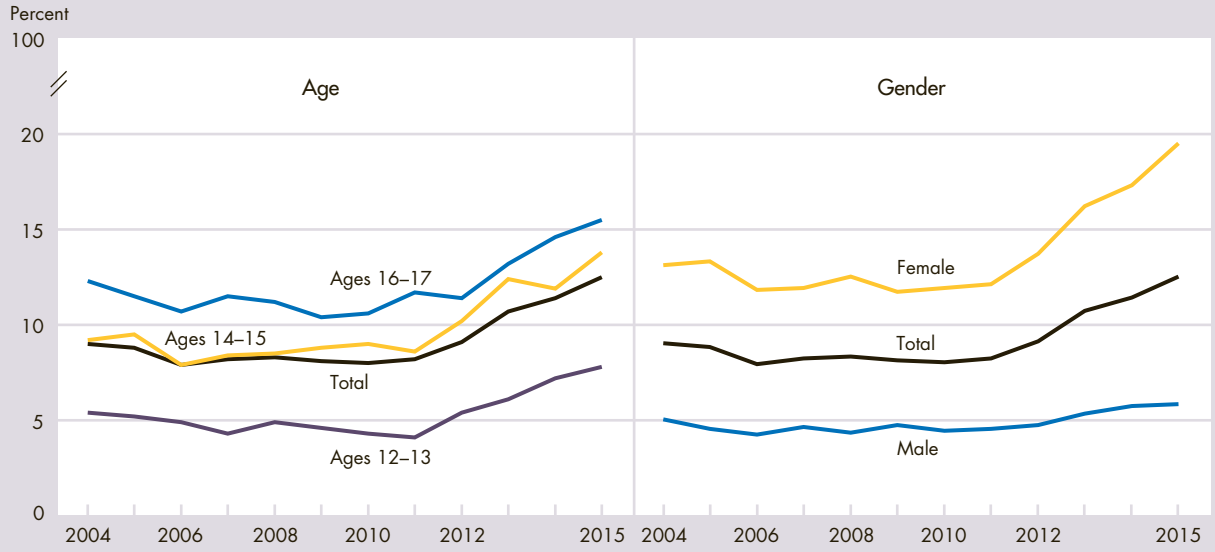
- In 2015, 6 percent of parents reported that their child ages 4–17 displayed serious difficulties with emotions, concentration, behavior, or getting along with other people. This percentage has been stable at 5 to 6 percent since 2001.
- The percentage of children with serious emotional or behavioral difficulties in 2015 was lowest among children ages 4–7 (4 percent), compared with children ages 8–10 (6 percent), children ages 11–14 (8 percent), and adolescents ages 15–17 (6 percent).
- Over the past decade, the percentage of children with serious emotional or behavioral difficulties differed by gender. From 2005 to 2015, more males (5 to 7 percent) than females (3 to 5 percent) ages 4–17 displayed these difficulties.
- Parents reported a higher percentage of serious emotional or behavioral difficulties among males ages 11–14 in 2015 (9 percent) than among males ages 4–7 (5 percent) and ages 15–17 (6 percent).
- Among females in 2015, the percentage ages 4–7 with reported serious emotional or behavioral difficulties in 2015 was lower (2 percent) than for any other age group.
- In 2015, the percentage of children ages 4–17 who were reported to have serious emotional or behavioral difficulties was similar across race and ethnic groups at 6 percent for White, non-Hispanic; Black, non-Hispanic; and Hispanic families.

Bullets contain references to data that can be found in Tables HEALTH3.A and HEALTH3.B on pages 174–176. Endnotes begin on page 75.

Adolescent Depression

Depression has a significant impact on adolescent development and well-being.[136] Adolescent depression can adversely affect school and work performance, impair peer and family relationships, and exacerbate the severity of other health conditions such as asthma and obesity.[137,138,139] Depressive episodes often persist, recur, or continue into adulthood.[140] Youth who have had a Major Depressive Episode (MDE) in the past year are at greater risk for suicide and are more likely than other youth to initiate alcohol and other drug use, experience concurrent substance use disorders, and smoke daily.[141,142,143]

Indicator HEALTH4.A **Percentage of youth ages 12–17 who experienced a major depressive episode (MDE) in the past year by age and gender, 2004–2015**

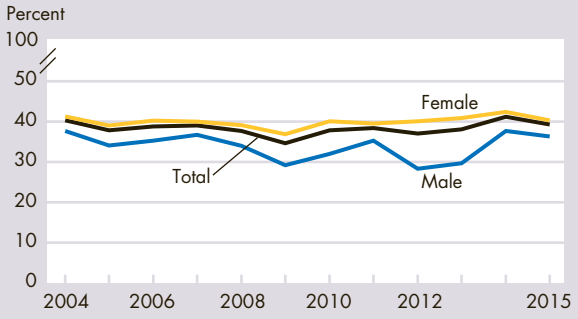


NOTE: MDE is defined as a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities plus at least four additional symptoms of depression (such as problems with sleep, eating, energy, concentration, and feelings of self-worth) as described in the fourth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV).

SOURCE: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

- In 2015, about 12.5 percent of the population ages 12–17 had at least one MDE during the past year, a higher prevalence than that reported in 2004 (9.0 percent) and each year since then. Moreover, 19.5 percent of females ages 12–17 had an MDE in 2015, a higher prevalence than that reported in 2004 (13.1 percent).
- In each year between 2004 and 2015, the prevalence of MDE among youth ages 12–17 was more than twice as high among females (ranging from 11.7 to 19.5 percent) as among males (ranging from 4.3 to 5.8 percent).
- The prevalence of MDE in 2015 was lowest in youth ages 12–13 (7.8 percent), compared with youth ages 14–15 (13.8 percent) and youth ages 16–17 (15.5 percent).
- The percentage of youth with MDE in the past year receiving treatment for depression remained stable between 2004 (40.3 percent) and 2015 (39.3 percent). Treatment was higher among females (40.3 percent) than among males (36.3 percent) in 2015.

Indicator HEALTH4.B **Percentage of receiving treatment for depression among youth ages 12–17 with at least one MDE in the past year by gender, 2004–2015**



NOTE: Treatment is defined as seeing or talking to a medical doctor or other professional and/or using prescription medication in the past year for depression. Respondents with unknown treatment data were excluded.

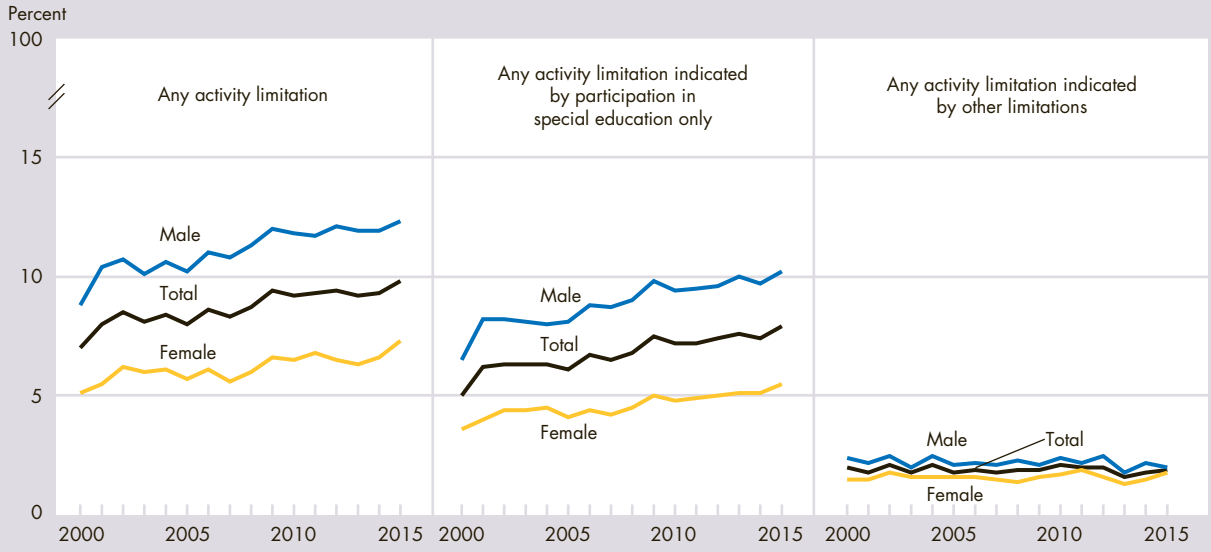
SOURCE: Substance Abuse and Mental Health Services Administration, National Survey on Drug Use and Health.

Bullets contain references to data that can be found in Tables HEALTH4.A–HEALTH4.C on pages 177–179. Endnotes begin on page 75.

Activity Limitation

Activity limitation may result from a chronic physical, mental, emotional, or behavioral condition that prevents a child from participating fully in age-appropriate activities. Age-appropriate activities for children ages 5–17 consist of a child's ability to complete regular school work and perform other activities, including self-care and walking. Activity limitation is a broad measure of functioning affected by a variety of health conditions. The causes of activity limitation most often reported by parents of children ages 5–17 include learning disabilities, speech problems, and other mental, emotional, and behavioral problems.[144]

Indicator HEALTH5 **Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions by gender, 2000–2015**



NOTE: Children are identified as having activity limitation by asking parents (1) whether children receive special education services and (2) whether they are limited in their ability to walk, care for themselves, or participate in other activities. "Activity limitation indicated by participation in special education" only includes children identified solely by their use of special education services. "Activity limitation indicated by all other limitations" includes limitations in self-care, walking, or other activities; children in this category may also receive special education services. Chronic health conditions are conditions that once acquired are not cured or have a duration of 3 months or more.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- In 2015, 10 percent of children ages 5–17 were reported by parents to have activity limitation due to chronic conditions. Eight percent of children ages 5–17 were identified as having activity limitation solely by their participation in special education. Two percent of children ages 5–17 were identified as having an activity limitation by their participation in special education or by limitations in their ability to walk, care for themselves, or participate in other activities.
- The percentage of children with an activity limitation increased by 2 percentage points between 1997 and 2015. This increase was driven by the percentage of children identified as having activity limitation solely by their participation in special education, which increased from 5 percent in 1997 to 8 percent in 2015.
- Activity limitation was reported more often for male children (12 percent) than for female children (7 percent) in 2015. Boys were also more likely than girls to participate in special education (10 percent of males versus 6 percent of females).
- In 2015, Hispanic children (8 percent) were less likely than White, non-Hispanic (11 percent) children to have an activity limitation. Reported activity limitation for Black, non-Hispanic children (9 percent) was not significantly different from that of the other racial and ethnic groups.

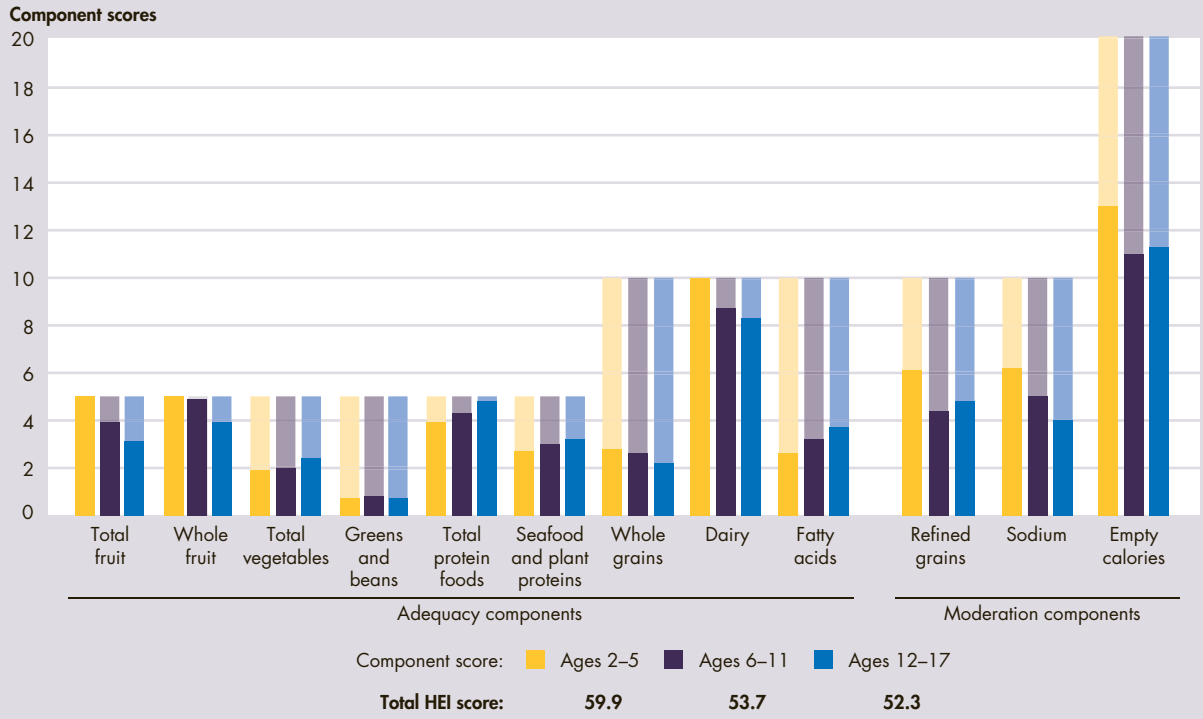
Bullets contain references to data that can be found in Table HEALTH5 on page 180. Endnotes begin on page 75.

Diet Quality

A good quality diet is a major contributing factor to the health and well-being of children and adolescents. Poor eating patterns in childhood are associated with obesity and obesity-related chronic diseases. The *Dietary Guidelines for Americans* highlight the importance of enhancing overall healthy eating and physical activity patterns to help promote good health and prevent chronic disease.[145] The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool designed to measure alignment with the 2010 Dietary Guidelines for Americans as implemented by the U.S. Department of Agriculture (USDA) Food Patterns.[145,146] The HEI-2010 total and component scores in this analysis are averages across all children ages 2–17 and reflect usual dietary intakes.[147] Children and adolescents can improve the quality of their diets by replacing foods high in sodium, empty calories, and refined grains with more nutrient-dense foods such as fruits, vegetables, whole grains, and low-fat dairy and by increasing the variety of their protein food choices, so that they include seafood and plant proteins such as legumes, nuts, and seeds.

Indicator HEALTH6

Average diet quality scores using the Healthy Eating Index-2010 for children ages 2–17 by age groups, 2011–2012



NOTE: The Healthy Eating Index-2010 (HEI-2010) has 12 components. Nine of the 12 components (shown on the left-hand side of the figure) represent adequacy components of a diet. The remaining components (the three components on the right-hand side of the figure) represent moderation components of a diet, components that should be consumed in moderation. The darker colored portion of a bar represents the average component score, while the lighter colored portion of a bar represents the difference between the average component score and the maximum achievable score. (In a case where the average component score is equivalent to the maximum achievable score—such as for the total fruit component for the ages 2–5 group—the bar is made up solely of the darker color.) An average intake that achieves the standard set for a component is assigned a maximum score. Scores for intakes between the minimum and maximum standards are scored proportionately. Scores for each of the 12 components are summed to a total maximum score of 100. For the adequacy components, higher scores reflect higher intakes of these dietary components. For the moderation components, higher scores reflect lower intakes of these less desirable dietary components. A higher total score indicates a higher quality diet. Starting with *America's Children 2017,* Diet Quality component scores will be reported as the actual scores instead of percentages of the maximum component scores. Detailed information on how the HEI scores were developed can be found at https://www.cnpp.usda.gov/sites/default/files/healthy_eating_index/HEI2010-UpdatePaper.pdf.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion and the U.S. Department of Health and Human Services, Healthy Eating Index-2010.

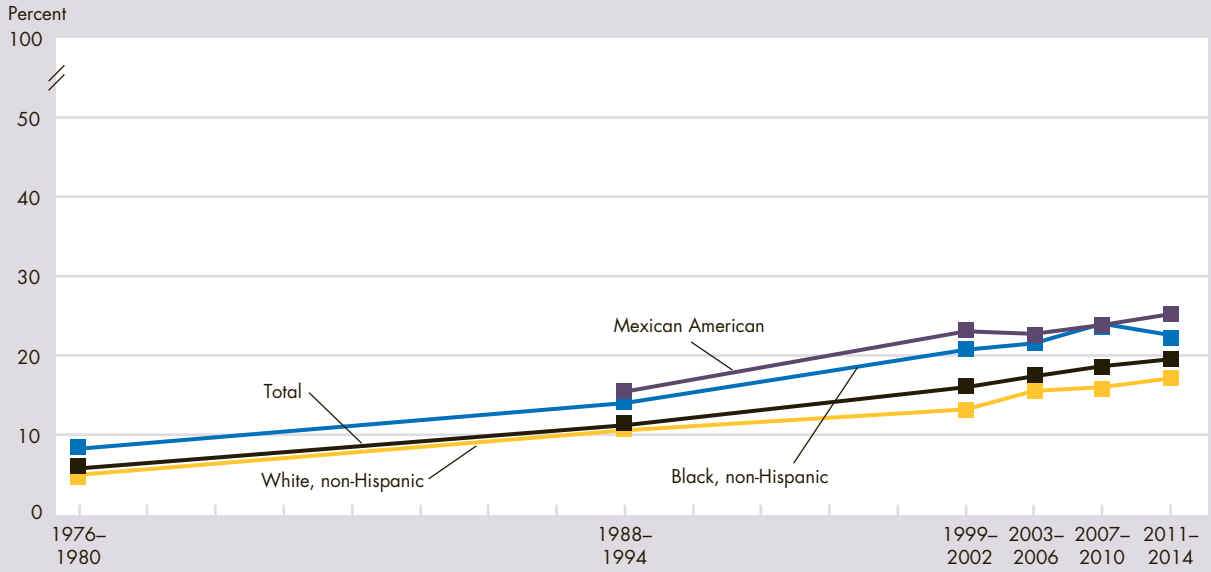
- The diets of children and adolescents did not align with the 2010 Dietary Guidelines for Americans. The total average HEI scores were 60, 54, and 52 out of a maximum 100 points for children ages 2–5, 6–11, and 12–17, respectively.
- The only age group to achieve the maximum score for total fruit, whole fruit, and dairy was the ages 2–5 group.
- Total fruit, whole fruit, total protein foods, seafood and plant proteins, and dairy were closest to the HEI maximum component score, while total vegetables, greens and beans, whole grains, refined grains, sodium, and empty calories were farthest from the maximum HEI component score.

Bullets contain references to data that can be found in Table HEALTH6 on page 181. Endnotes begin on page 75.

Obesity

Children with obesity often become adults with obesity, with increased risks for a wide variety of poor health outcomes, including diabetes, stroke, heart disease, arthritis, and certain cancers.[148,149] The consequences of obesity for children and adolescents are often psychosocial, but also include high blood pressure, diabetes, early puberty, and asthma.[149,150] The prevalence of obesity among U.S. children changed relatively little from the early 1960s through 1980; however, after 1980 it increased sharply.[151] In addition to individual factors, such as diet and physical activity, social, economic, and environmental forces (such as family, school, or community factors that promote more eating out and less physical activity) may have contributed to the increased prevalence of obesity.[152]

Indicator HEALTH7 **Percentage of children ages 6–17 with obesity by race and Hispanic origin, selected years 1976–1980 through 2011–2014**



NOTE: Previously a body mass index (BMI) at or above the 95th percentile of the sex-specific BMI growth charts was termed overweight (https://www.cdc.gov/growthcharts/). Beginning with *America's Children, 2010,* a BMI at or above the 95th percentile is termed obese to be consistent with other National Center for Health Statistics publications. Estimates of persons with obesity are comparable to estimates of overweight in past reports.[153] From 1976 to 1994, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2014, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Mexican origin may be of any race. From 1976 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

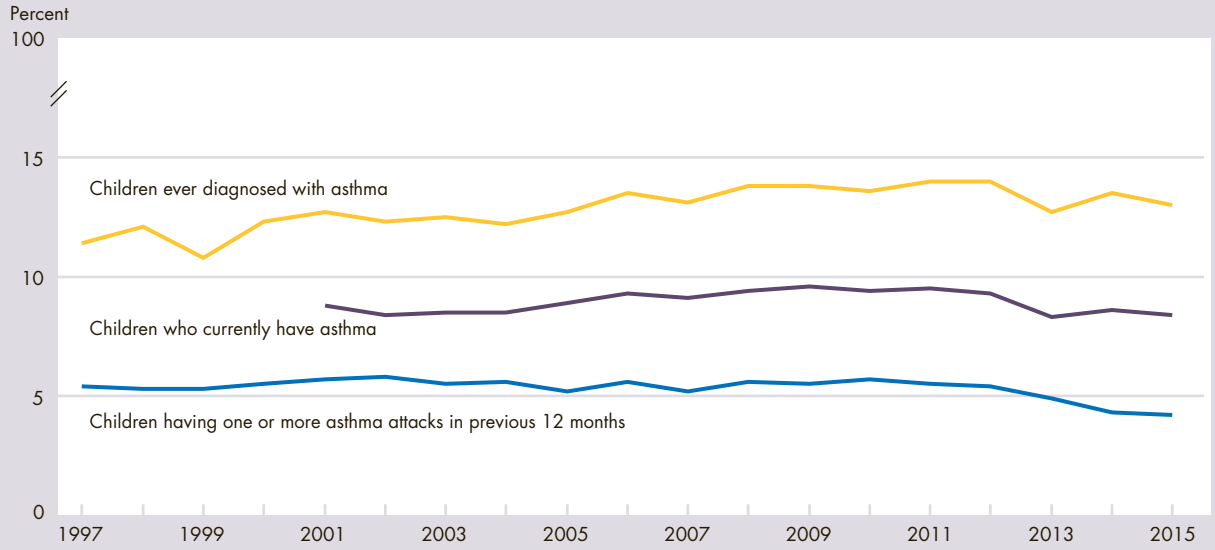
- In 1976–1980, 6 percent of children ages 6–17 had obesity. This percentage rose to 11 percent in 1988–1994 then to 16 percent in 1999–2002. From 1999–2002 through 2011–2014, the percentage of children ages 6–17 with obesity did not differ statistically, ranging from 16 to 20 percent.
- In 2011–2014, about 18 percent of children ages 6–11 and 21 percent of adolescents ages 12–17 had obesity.
- In 2011–2014, Mexican American (25 percent) and Black, non-Hispanic (23 percent) children ages 6–17 were more likely to have obesity than White, non-Hispanic (17 percent) or Asian, non-Hispanic (10 percent) children ages 6–17.
- In 2011–2014, there was no statistical difference between the percentages of boys (19 percent) and girls (20 percent) ages 6–17 who had obesity.

Bullets contain references to data that can be found in Table HEALTH7 on page 182. Endnotes begin on page 75.

Asthma

Asthma is a disease of the lungs that can cause wheezing, difficulty in breathing, and chest pain. It is one of the most common chronic diseases among children. Asthma varies greatly in severity. Some children who have been diagnosed with asthma may not experience any serious respiratory effects. Other children may have mild symptoms or may respond well to management of their asthma, typically through the use of medication. Some children with asthma may, however, suffer serious attacks that greatly limit their activities, result in visits to emergency rooms or hospitals, or, in rare cases, cause death. Environmental factors such as air pollution and secondhand tobacco smoke, along with infections, exercise, and allergens, can trigger asthma attacks in children who have the disease.[64,65,68,154,155,156]

Indicator HEALTH8 **Percentage of children ages 0–17 with asthma, 1997–2015**



NOTE: Children are identified as ever diagnosed with asthma by asking parents, "Has a doctor or other health professional EVER told you that your child has asthma?" If the parent answers YES to this question, they are then asked (1) "Does your child still have asthma?" and (2) "During the past 12 months, has your child had an episode of asthma or an asthma attack?" The question "Does your child still have asthma?" was introduced in 2001 and identifies children who currently have asthma.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

- Between 1997 and 2015, there was an overall increasing trend in the prevalence of children ever diagnosed with asthma. Estimates of the prevalence of children who currently have asthma increased from 2001 to 2010, then declined through 2015. The percentage of children with an asthma attack in the past 12 months was stable from 1997 to 2011, then declined through 2015.[157]
- In 2015, 13 percent of children ages 0–17 had been diagnosed with asthma at some time in their lives.
- About 8 percent of children were reported to currently have asthma in 2015. These include children with active asthma symptoms and those whose asthma is well controlled.
- In 2015, approximately 4 percent of all children had one or more asthma attacks in the previous 12 months. These children have ongoing asthma symptoms that could put them at risk for poorer health outcomes, including hospitalizations and death. About half of children who currently have asthma have ongoing asthma symptoms.
- In 2015, about 13 percent of Black, non-Hispanic children were reported to currently have asthma, compared with 7 percent of White, non-Hispanic children, 8 percent of Hispanic children, and 5 percent of Asian, non-Hispanic children. Disparities exist within the Hispanic population, including higher prevalence of current asthma among Puerto Rican children (14 percent) than children of Mexican origin (7 percent).

Bullets contain references to data that can be found in Tables HEALTH8.A and HEALTH8.B on page 183. Endnotes begin on page 75.

Special Feature

Peer Victimization in the 3rd Grade

Elementary school students are sometimes treated negatively by their peers, and this peer victimization can be related to a variety of student outcomes. This special feature explores three aspects of peer victimization using teacher- and student-reported data from the 3rd-grade collection of the Early Childhood Longitudinal Study, Kindergarten Class of 2010–11. First, it describes the percentage of students who frequently victimized their peers, according to teacher reports. Next, it explores whether students' perpetration status was related to teacher ratings of their social and emotional behaviors. Finally, it presents information on the percentage of perpetrators who reported that they were frequently victimized by their peers.

Peer Victimization in the 3rd Grade

Although schools should be safe havens for learning, students sometimes experience mistreatment from their peers, such as being teased, lied about, pushed or hit, or intentionally excluded from activities. Research indicates that such incidents, known as peer victimization, can have lasting effects on students. In addition to experiencing loneliness, depression, and adjustment difficulties,[158–162] victimized children are more prone to truancy,[163] poor academic performance,[164,165] dropping out of school,[166,164] and violent behaviors.[167] A recent report from the National Center for Education Statistics (NCES), *Indicators of School Crime and Safety: 2016,* found that 21 percent of children ages 12–18 reported being victimized by peers at school in 2015.[168] About 13 percent of children ages 12–18 reported that they were made fun of, called names, or insulted; 12 percent reported being the subject of rumors; 5 percent reported that they were pushed, shoved, tripped, or spit on; and 5 percent reported that they were excluded from activities on purpose.

Bullying is defined by the U.S. Department of Education and the Centers for Disease Control and Prevention as any unwanted aggressive behavior(s) by another youth or group of youths who are not siblings or current dating partners that involves an observed or perceived power imbalance and is repeated multiple times or is highly likely to be repeated. According to the nationally representative Health Behavior in School-Aged Children 2005 Survey, about 13 percent of students in Grades 6–10 reported that they had physically bullied others at least once in the last 2 months (e.g., hitting, kicking, pushing), 37 percent had bullied others verbally (e.g., calling other students mean names, making fun of or teasing other students in a hurtful way), and 27 percent had bullied others socially (socially excluding others, spreading rumors about others).[169] Bullying may inflict harm or distress on the targeted youth including physical, psychological, social, or educational harm.[170] The Wang, Iannotti, & Nansel study (2009) also examined those students who reported that they had both bullied others and were victims of the same type of bullying (i.e., bully-victims): 26 percent were bully-victims of physical bullying, 38 percent were bully-victims of verbal bullying, and 33 percent were bully-victims of social bullying.[169]

Few peer victimization studies have been conducted with younger children, but those that have been published suggest that peer victimization and bullying are experienced by many children and are related to negative outcomes. Glew, Fan, Katon, Rivara, and Kernic's study (2005) of 3rd- through 5th-graders found that 22 percent of children were classified as victims, bullies, or both.[171] Victims, including children who were bully-victims, had lower achievement scores and were more likely to feel like they did not belong at school compared with bystanders who observed bullying but who were not direct victims of it.

Recently released data from the Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011) provide insight on the prevalence of peer victimization and its relationship with social and emotional behaviors, based on direct reports from teachers. More broadly, the ECLS-K:2011 provides comprehensive data about children's early learning and development, as well as their transition into kindergarten and progress through 2016, when most of the children were in 5th grade.

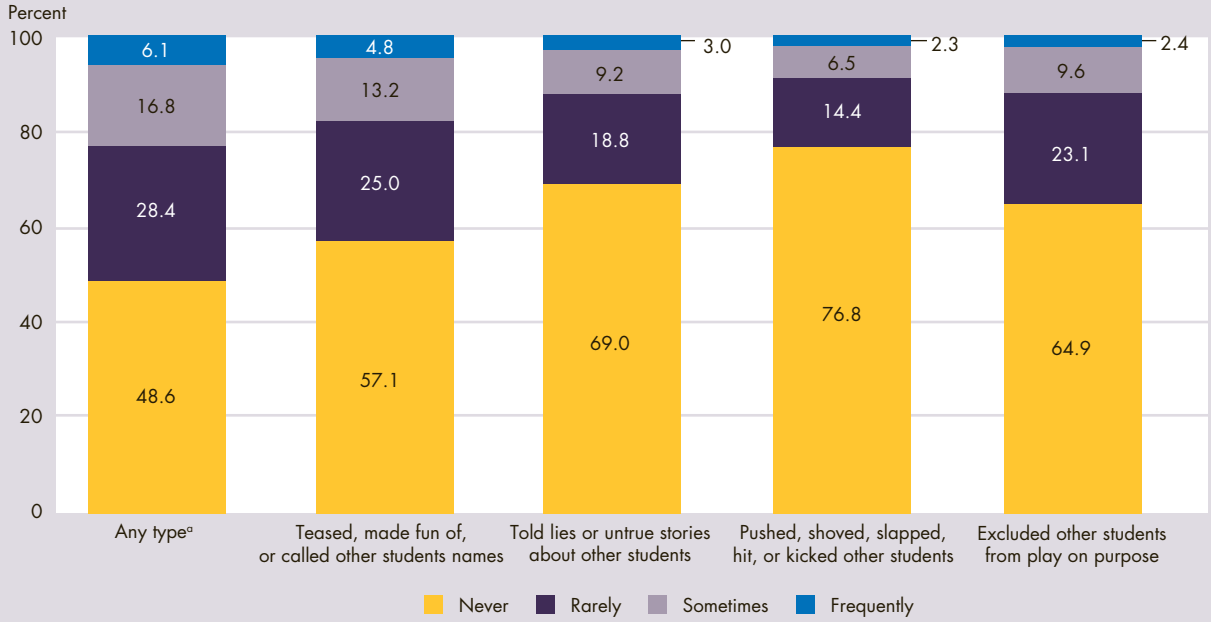
Using data collected in the spring of 2014, when most of the fall 2010 first-time kindergartners in the ECLS-K:2011 were in 3rd grade,[172] this special feature explores three aspects of peer victimization. First, this special feature describes the percentages of 3rd-graders who frequently victimized their peers (i.e., perpetrators), based on teacher reports, overall and in relation to child, family, and school characteristics. Next, the feature explores whether students' perpetration status was related to teacher ratings of their social and emotional behaviors. Finally, the feature presents information on the percentages of perpetrators who reported that they were frequently victimized by their peers.

Frequency of 3rd-Graders Victimizing Their Peers

Students are identified in this feature as perpetrators of peer victimization if their teacher reported that the students "Often" or "Very often" (i.e., frequently) victimized their peers in at least one of four types of incidents: (1) teasing, making fun of, or calling other students names; (2) telling lies or untrue stories about other students; (3) pushing, shoving, slapping, hitting, or kicking other students; and (4) excluding other students from play on purpose. Students are not identified as perpetrators if their teacher reported that they "Sometimes," "Rarely," or "Never" victimized their peers through any of the types of incidents. Although these types of actions typically are associated with bullying behaviors, the data in this study were not evaluated with respect to the ongoing nature of the actions and whether they represented a power differential. As a result, the peer victimization reported here cannot be considered to be synonymous with bullying.

Indicator SPECIAL1

Percentage distribution of fall 2010 first-time kindergartners by frequency with which the teacher reported that they victimized their peers in 3rd grade and type of victimization, spring 2014



[a] Children whose teachers reported that they perpetrated more than one type of victimization are counted only once in the total percentage of children who perpetrated any type of victimization.

NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). Detail may not sum to totals because of rounding and survey item nonresponse.

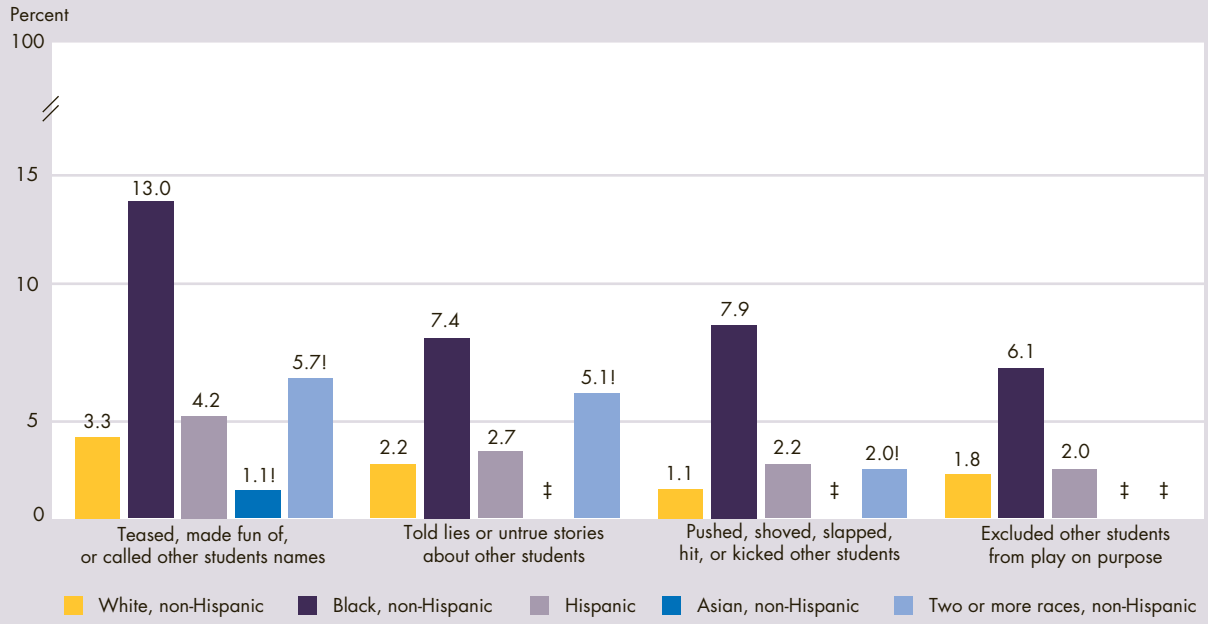
SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

- In the spring of 2014, about 6 percent of 3rd-graders were identified as perpetrators of at least one of the four types of peer victimization incidents. Five percent frequently teased, made fun of, or called other students names; 3 percent frequently told lies or untrue stories about other students; 2 percent frequently pushed, shoved, slapped, hit, or kicked other students; and 2 percent frequently excluded other students from play on purpose.

There were differences in the characteristics of students who were identified by their teachers as frequent perpetrators of peer victimization. The following figures present some of these differences by student characteristics, such as race and ethnicity, poverty status, and parental education, as well as by school characteristics.

Indicator SPECIAL2

Percentage of fall 2010 first-time kindergartners whose teachers reported that they frequently victimized their peers in 3rd grade by type of victimization and student race and Hispanic origin, spring 2014



! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 percent and 50 percent.

‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the CV is 50 percent or greater.

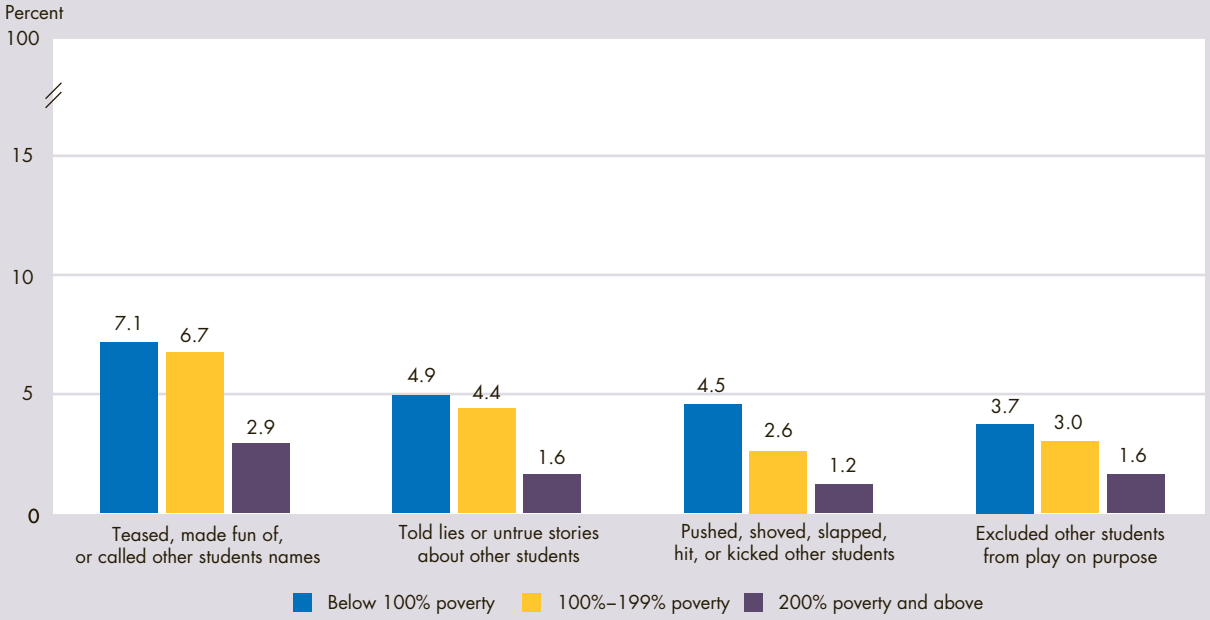
NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). Estimates for non-Hispanic Pacific Islanders and American Indian/Alaska Natives are excluded from the figure due to small sample sizes.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

- For all four types of incidents, higher percentages of Black, non-Hispanic 3rd-graders than of White, non-Hispanic and Hispanic 3rd-graders were identified as perpetrators.[173] For instance, 6 percent of Black, non-Hispanic 3rd-graders were reported to have frequently excluded other students from play on purpose, compared with 2 percent each of White, non-Hispanic and Hispanic 3rd-graders. With respect to teasing, making fun of, or calling other students names, the percentages of perpetrators were higher for Black, non-Hispanic 3rd-graders (13 percent) than for 3rd-graders who were White, non-Hispanic (3 percent); Hispanic (4 percent); Asian, non-Hispanic (1 percent); and of Two or more races, non-Hispanic (6 percent). The percentages for 3rd-graders who teased, made fun of, or called students names and who were White, non-Hispanic; Hispanic; and of Two or more races, non-Hispanic were also higher than the percentage for Asian, non-Hispanic 3rd-graders.
- Higher percentages of male than of female 3rd-graders were identified as perpetrators who frequently teased, made fun of, or called other students names (7 percent versus 3 percent); told lies or untrue stories about other students (4 percent versus 2 percent); and pushed, shoved, slapped, hit, or kicked other students (3 percent versus 1 percent).

Indicator SPECIAL3

Percentage of fall 2010 first-time kindergartners whose teachers reported that they frequently victimized their peers in 3rd grade by type of victimization and household poverty status, spring 2014

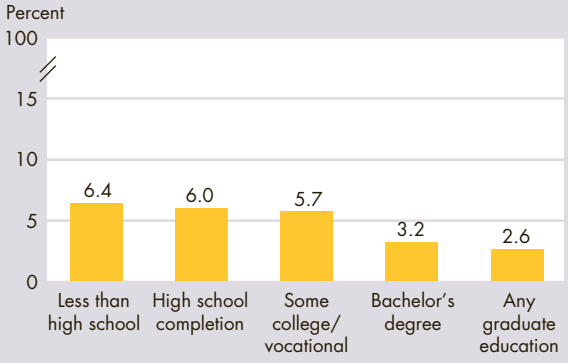


NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). Poverty status is based on U.S. Census weighted average income thresholds for 2013, which identify incomes determined to meet household needs, given family size and composition. For example, a family of three with one child was below the poverty threshold if its income was less than $18,552 in 2013.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

Indicator SPECIAL4

Percentage of fall 2010 first-time kindergartners whose teachers reported that they frequently teased, made fun of, or called other students names in 3rd grade, by parents' highest level of education, spring 2014



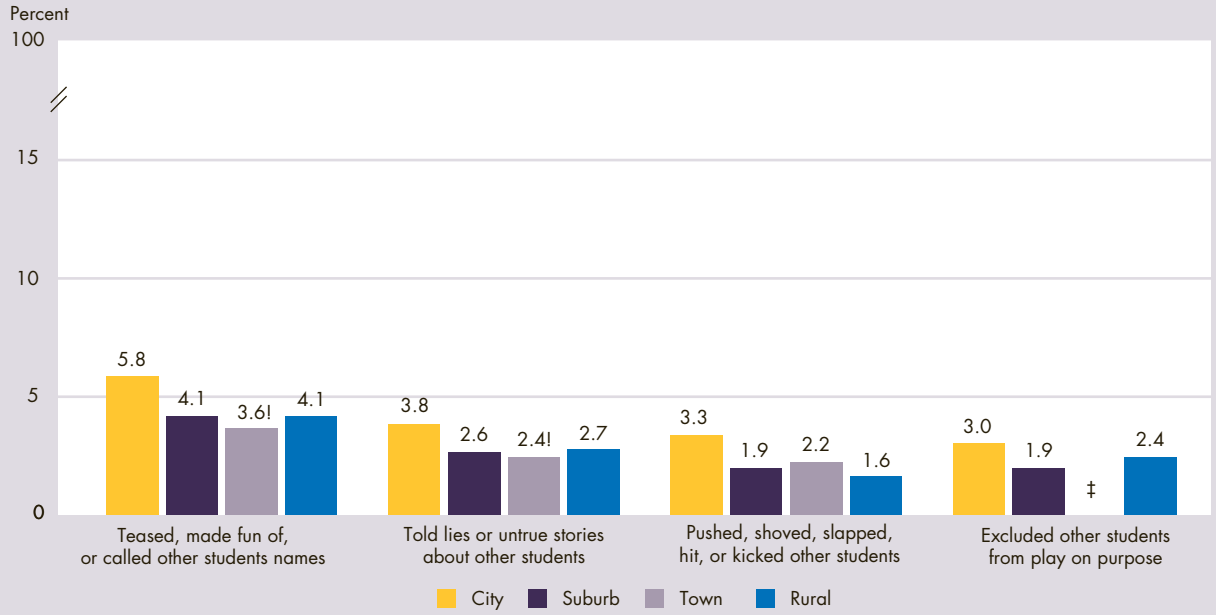
NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms).

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

- For all four types of incidents, higher percentages of 3rd-graders living below the poverty threshold or living between 100 percent and 199 percent of the poverty threshold were identified as perpetrators compared with children who were living at 200 percent or more of the poverty threshold. For instance, 5 percent of children living below the poverty threshold and 3 percent of children living between 100 percent and 199 percent of the poverty threshold were reported to frequently push, shove, slap, hit, or kick other students, compared with 1 percent of children living at 200 percent or more of the poverty threshold.
- The percentages of 3rd-graders who were identified as perpetrators tended to be higher for students whose parents had lower levels of educational attainment. For instance, 6 percent each of students whose parents' highest level of education was less than high school, high school completion, or some college/vocational education were reported to frequently tease, make fun of, or call other students names, compared with 3 percent each of those whose parents' highest level of education was either a bachelor's degree or any graduate education.

Indicator SPECIAL5

Percentage of fall 2010 first-time kindergartners whose teachers reported that they frequently victimized their peers in 3rd grade by type of victimization and school locale, spring 2014



! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 percent and 50 percent.

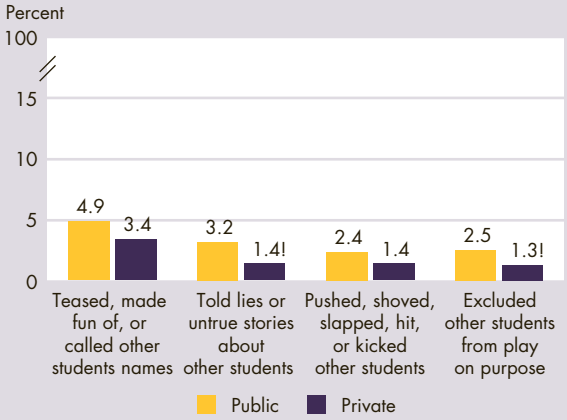
‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the CV is 50 percent or greater.

NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms).

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

Indicator SPECIAL6

Percentage of fall 2010 first-time kindergartners whose teachers reported that they frequently victimized their peers in 3rd grade by type of victimization and school control, spring 2014



! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 percent and 50 percent.

NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms).

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

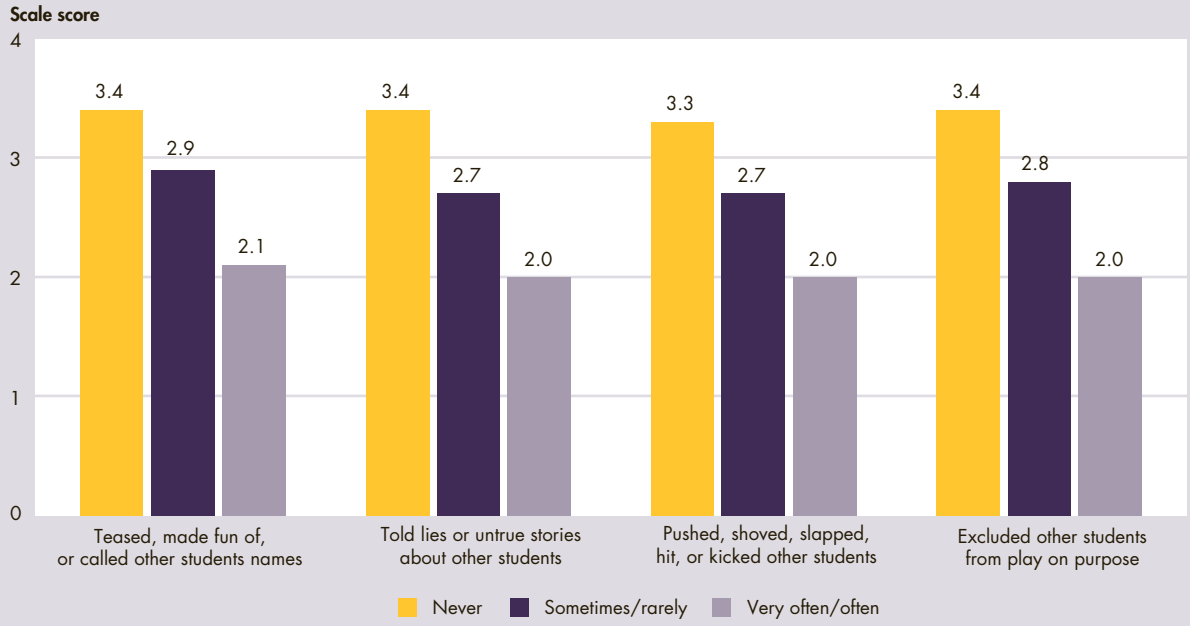
- Higher percentages of 3rd-graders from city schools than from suburban schools were identified as frequently teasing, making fun of, or calling other students names (6 percent versus 4 percent); telling lies or untrue stories about other students (4 percent versus 3 percent); and excluding other students from play on purpose (3 percent versus 2 percent). In addition, the percentage of 3rd-graders who frequently pushed, shoved, slapped, hit, or kicked other students was higher for students from city schools (3 percent) than for those from suburban and rural schools (2 percent each).
- Higher percentages of 3rd-graders from public schools than from private schools were identified as frequently telling lies or untrue stories about other students (3 percent versus 1 percent) and pushing, shoving, slapping, hitting, or kicking other students (2 percent versus 1 percent).

Relationships Between Victimizing Peers and Socioemotional Skills and Behaviors

In addition to reporting on the frequency of students victimizing their peers, children's teachers also rated the frequency with which students demonstrated five aspects of socioemotional behavior in the spring of 2014: approaches to learning, self-control, interpersonal skills, externalizing problem behaviors, and internalizing problem behaviors. The approaches to learning scale measured how often students exhibit positive learning behaviors in seven areas: attentiveness, task persistence, eagerness to learn, learning independence, ability to adapt easily to changes in routine, organization, and ability to follow classroom rules. The self-control scale measured students' ability to control behavior by respecting the property rights of others, controlling their temper, accepting peer ideas for group activities, and responding appropriately to pressure from peers. The interpersonal skills scale measured students' skill in forming and maintaining friendships; getting along with people who are different; comforting or helping other children; expressing feelings, ideas, and opinions in positive ways; and showing sensitivity to the feelings of others. The externalizing problem behaviors scale measured the frequency with which a student argues, fights, gets angry, acts impulsively, disturbs ongoing activities, and has the tendency to talk at times when the student is not supposed to be talking. The internalizing problem behaviors scale measured the frequency with which a student exhibits the apparent presence of anxiety, loneliness, low self-esteem, and sadness.

Higher scores on each of these five continuous scales from 1 (Never) to 4 (Very often) indicate that a student exhibited the behaviors represented by the scale more often. For the approaches to learning, self-control, and interpersonal skills scales, higher scores represent a higher frequency of positive behaviors, while higher scores on the externalizing and internalizing problem behavior scales represent a higher frequency of negative behaviors.

Indicator SPECIAL7 **Fall 2010 first-time kindergartners' mean interpersonal skills ratings in 3rd grade by type of victimization and frequency of victimizing their peers, spring 2014**

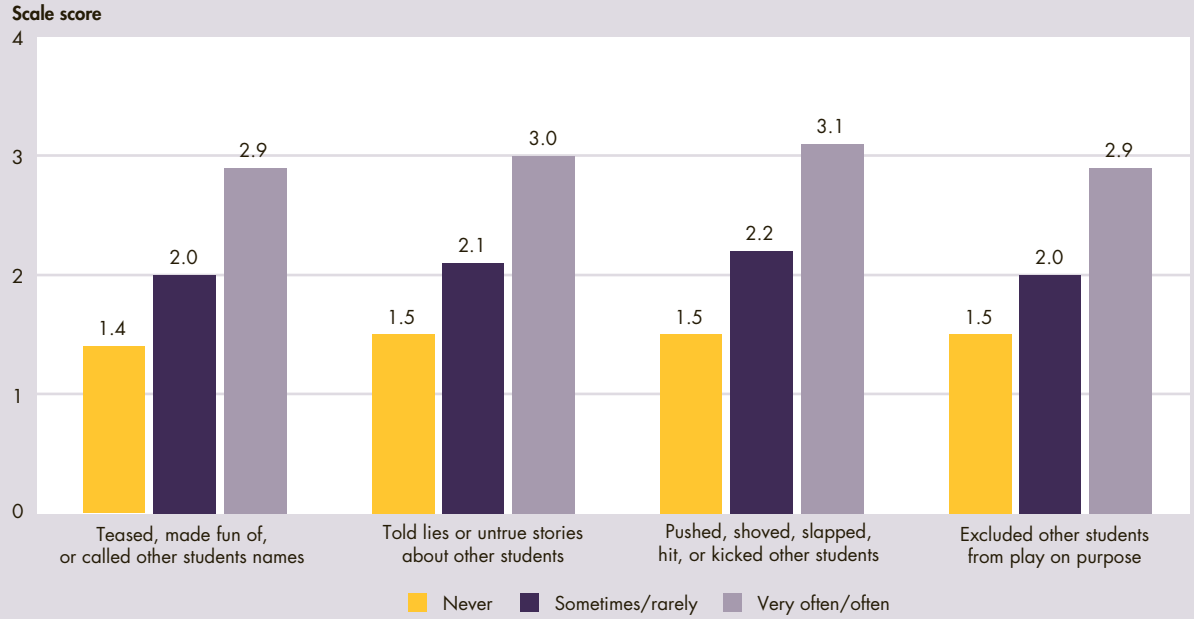


NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). The interpersonal skills scale is based on teachers' reports on the student's skill in forming and maintaining friendships; getting along with people who are different; comforting or helping other children; expressing feelings, ideas, and opinions in positive ways; and showing sensitivity to the feelings of others. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child interacted with others in a positive way more often.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

- Third-graders who were identified as perpetrators of each type of incident explored in this feature received the lowest ratings from their teachers on the approaches to learning, self-control, and interpersonal skills scales, indicating that they demonstrated these positive behaviors less often than their peers. For example, the mean rating on the interpersonal skills scale for students who were reported to frequently tell lies or untrue stories about other students was a 2.0, whereas students who were reported to do so sometimes or rarely had a mean rating of 2.7, and students who were reported to never do so had a mean rating of 3.4.

Indicator SPECIAL8 **Fall 2010 first-time kindergartners' mean externalizing problem behaviors ratings in 3rd grade by frequency of victimizing their peers, and type of victimization, spring 2014**



NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). The externalizing problem behaviors scale measured the frequency with which a student argues, fights, gets angry, acts impulsively, disturbs ongoing activities, and talks at inappropriate times. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child exhibited problem behaviors in a negative way more often.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

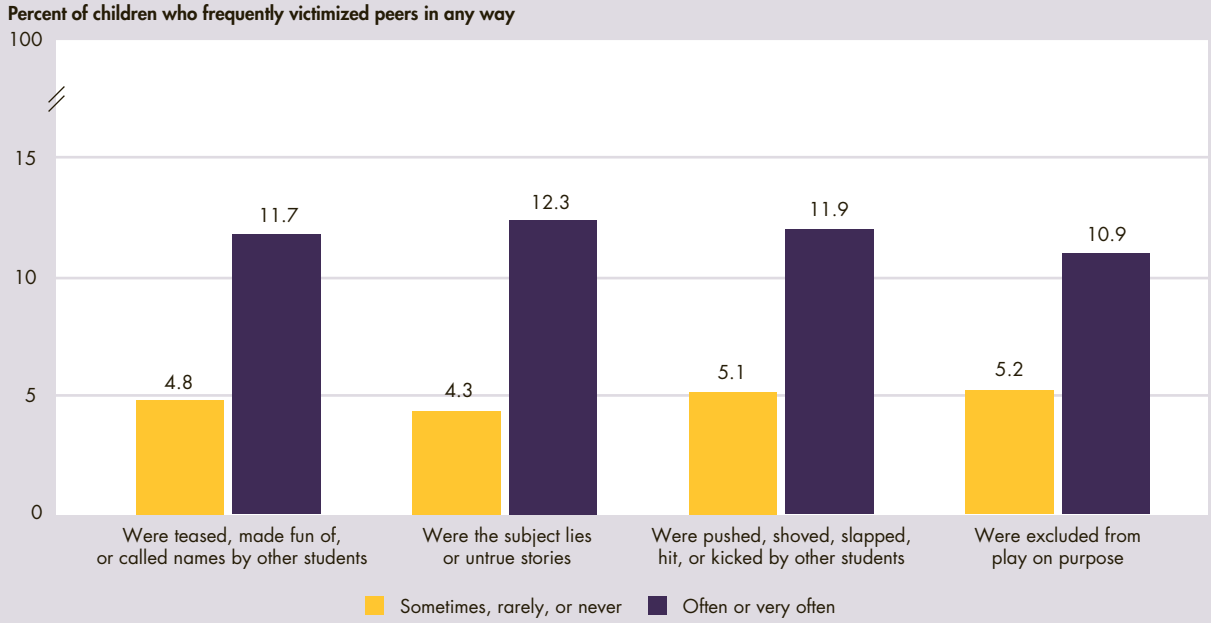
- Third-graders who were identified as perpetrators received the highest ratings from their teachers on the externalizing and internalizing problem behavior scales, indicating that they demonstrated these negative behaviors more often than their peers. For example, the mean rating on the externalizing problem behaviors scale for students who were reported to frequently push, shove, slap, hit, or kick other students was a 3.1, whereas students who were reported to do so sometimes or rarely had a mean rating of 2.2, and students who were reported to never do so had a mean rating of 1.5.

Relationships Between Victimizing Peers and Being Victimized by Peers

In addition to the teacher-reported data described previously, the ECLS-K:2011 students were asked to complete a self-administered, computerized questionnaire on a variety of topics, including the frequency with which they themselves were victimized by their peers. Students are identified in this feature as being frequently victimized by their peers if they reported that they "Often" or "Very often" experienced any one of the four types of incidents discussed previously: (1) being teased, made fun of, or called names; (2) being the subject of lies or untrue stories; (3) being pushed, shoved, slapped, hit, or kicked; and (4) being excluded from play on purpose.

Indicator SPECIAL9

Percentage of fall 2010 first-time kindergartners whose teachers reported that they frequently victimized their peers in any way in 3rd grade by frequency with which students reported experiencing different types of peer victimization, spring 2014



NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). Students were identified as frequently victimizing others in any way if their teacher reported that they "Often" or "Very often" victimized their peers in any of four types of incidents: (1) teasing, making fun of, or calling other students names; (2) telling lies or untrue stories about other students; (3) pushing, shoving, slapping, hitting, or kicking other students; and (4) excluding other students from play on purpose.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011), Kindergarten–3rd Grade Restricted-Use Data File.

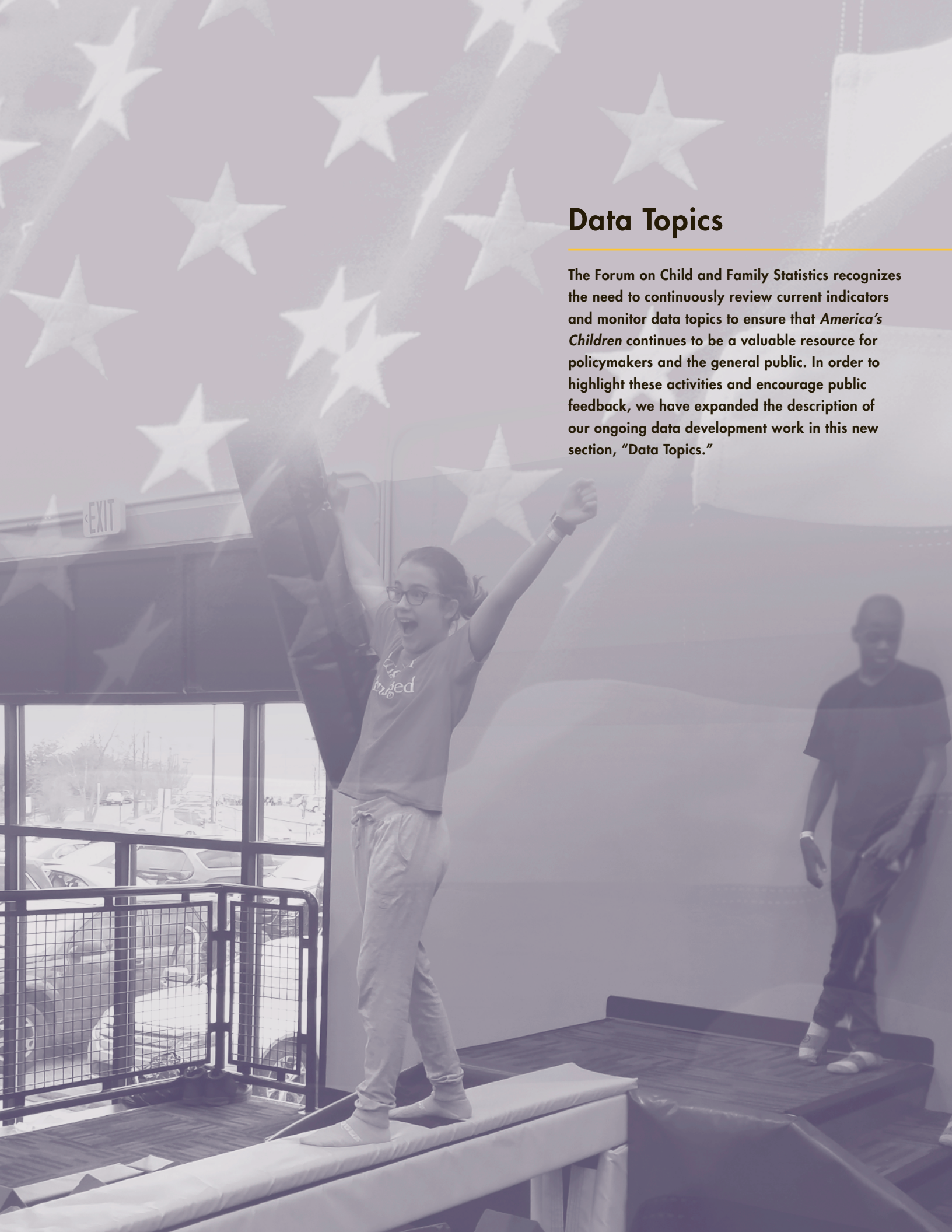
- The percentages of 3rd-graders identified by their teachers as perpetrators of any type of peer victimization incident were higher for students who reported being frequently victimized by their peers than for those who reported being victimized less frequently. For example, 12 percent of 3rd-graders who reported that they were frequently the subject of lies or untrue stories were identified as perpetrators of any type of incident, compared with 4 percent for those who did not report that they were frequently the subject of lies or untrue stories. Similarly, 12 percent of 3rd-graders who reported that they were frequently pushed, shoved, slapped, hit, or kicked by other students were identified as perpetrators of any type of incident, compared with 5 percent for those who did not report that they were frequently victimized in this manner.

The ECLS-K:2011 is the only nationally representative study with self-reported victimization data in the early grades. Data collected in this study offer a new contribution to the existing literature on peer victimization in elementary school. In addition to this special feature in *America's Children 2017,* the newly released *Indicators of School Crime and Safety: 2016* includes a spotlight on the prevalence of 3rd-grade students reporting being victimized by their peers and relationships between peer victimization and academic skills. Beyond the extensive public interest in this topic, the analyses in this special feature and in the *Indicators of School Crime and Safety: 2016* spotlight provide evidence for policymakers and practitioners for use in developing effective programs and policies aimed at identifying and preventing peer victimization and bullying in elementary school. Such prevention programs are a key area of interest to federal, state, and local policymakers.

This section contains references to data that can be found in Tables SPECIAL1–SPECIAL2 on pages 184–187. Endnotes begin on page 75.

Data Topics

The Forum on Child and Family Statistics recognizes the need to continuously review current indicators and monitor data topics to ensure that *America's Children* continues to be a valuable resource for policymakers and the general public. In order to highlight these activities and encourage public feedback, we have expanded the description of our ongoing data development work in this new section, "Data Topics."



Data Topics

This section follows the overall structure of the report and addresses data topics currently at some phase of assessment or development—either as an indicator, special feature, or some other future Forum product.

Family and Social Environment

The continually changing nature of children's lives creates many new variations and forms of family and living arrangements that may be challenging to describe in an indicator format using large national omnibus surveys. More data analysis and data presentation considerations are needed on the following topics:

- *Time use.* Currently, no regular Federal data source examines time spent on the whole spectrum of children's activities. In 2003, the U.S. Bureau of Labor Statistics began the American Time Use Survey (ATUS), which measures the amount of time teens spend doing various activities, such as paid work, childcare, volunteering, and socializing. The National Assessment of Educational Progress (NAEP) provides information about the time 4th-, 8th-, and 12th-grade students spend on homework and internet use. ATUS and NAEP are promising sources that can help us to better understand aspects of youth time use.
- *Social connections and engagement.* The formation of close attachments to family, peers, school, and community have been linked to healthy youth development in numerous research studies. While various federal surveys, such as those sponsored by the National Center for Education Statistics (NCES) (including the National Household Education Surveys [NHES]) and other longitudinal studies programs contain important research information on these domains, they lack the periodicity needed to support a permanent *America's Children* indicator in this complex domain. More research is needed to either determine a more suitable indicator metric and data source, or to identify another indicator structure for data development.
- *Parental incarceration.* An increasing body of research shows that children's overall health and well-being is adversely affected by parental incarceration. The Bureau of Justice Statistics (BJS) is currently addressing data on this topic.

Economic Circumstances

Economic security depends on the interaction of a range of financial measures; therefore, development of a composite measure is needed. While this year's report continues to provide information on poverty, income, and food security, additional measures are needed on the following:

- *Economic well-being.* Economic well-being over time should be anchored in a broader range of financial health measures, rather than just annual income. Multiple measures of family income or consumption, some of which might incorporate estimates of family wealth and various assets, could produce more reliable estimates of changes in children's economic well-being over time. An additional consideration would be to examine the effect of local economic conditions, which could jeopardize or build economic well-being over time. The U.S. Census Bureau expects that the Survey of Income and Program Participation (SIPP) will provide valuable information about economic well-being.

Health Care

This report provides information on a limited number of key indicators on health care. Information on more comprehensive aspects of health care is needed in order to better understand the effect of health care on children's well-being. Additional measures are needed on the following:

- *Adequacy of health insurance coverage.* This report contains information on whether children had health insurance coverage at the time of interview. Information is also needed on patterns of insurance coverage and on the characteristics of the child's insurance plan to determine whether the plan is adequate to meet health care needs. The SIPP may be able to provide information about source of insurance providers.

Physical Environment and Safety

More data than those presented in the current report are needed to better understand and monitor children's physical environment and safety. Additional information is needed on the following:

- *Exposure to violence.* Research suggests that witnessing violence can have detrimental effects similar to the effects of being a direct victim of violence. BJS and the Office of Juvenile Justice and Delinquency Prevention are developing new survey topics. BJS continues to evaluate these new data as potential sources for future indicators relating to exposure to violence.

- *Homelessness.* The scope of information on unsheltered and sheltered homelessness among households with children has improved significantly through the use of homeless service providers' administrative data found in the Annual Homeless Assessment Reports from the Department of Housing and Urban Development (HUD). Another HUD initiative seeks to develop survey methods to measure housing insecurity among those housed. NCES has just published new data on homelessness and housing disruptions in the report *Condition of Education 2017*. These studies offer new information about children lacking stable housing.

Behavior

Data that more adequately monitor the behaviors of youth are of interest to agencies. For example, agencies may explore the following topics further:

- *Activities promoting health and development.* Youth participation in a broad range of activities (e.g., volunteering, part-time employment, after-school activities) has been associated with positive developmental outcomes. Additional research is needed to ascertain how such activities relate to success in later life. The Forum is currently considering the Centers for Disease Control and Prevention's Youth Risk Behavior Surveillance System (YRBSS) and the Environmental Protection Agency's Exposure Factors Handbook as potential sources for future indicators that can broaden our understanding of this topic.
- *Youth in the justice system.* The youth perpetrators of serious violent crime indicator has been updated in this year's *America's Children* report. However, the Forum is considering ways to enhance this indicator by incorporating data from the *Indicators of School Crime and Safety* report. Recent data from this report have addressed such critical information as the involvement of youth in the justice systems and the characteristics of youthful offenders. These data come from the Office of Juvenile Justice and Delinquency Prevention. Also, BJS may explore additional data sources that contain data on the number and characteristics of youth arrestees and detainees prosecuted in both juvenile and adult courts, and in the Nation's jails, prisons, and juvenile facilities.

Education

It is vital to understand children's early development because what children experience at that stage has lasting implications for the rest of their lives. The Forum has specifically addressed the area of social emotional development among young children through a contract awarded to Child Trends; deliverables for this project are posted on the childstats.gov website.

- *Early childhood development.* Although this report offers indicators of young children's exposure to reading and early childhood education, a regular source of data is needed to track the cognitive, emotional, and social skills of preschoolers and young children over time. The NHES was updated in 2016 to include several measures of young children's learning and development. Due to limited periodicity for the NHES, new survey questions may be more suitable for special features in the *America's Children* report.

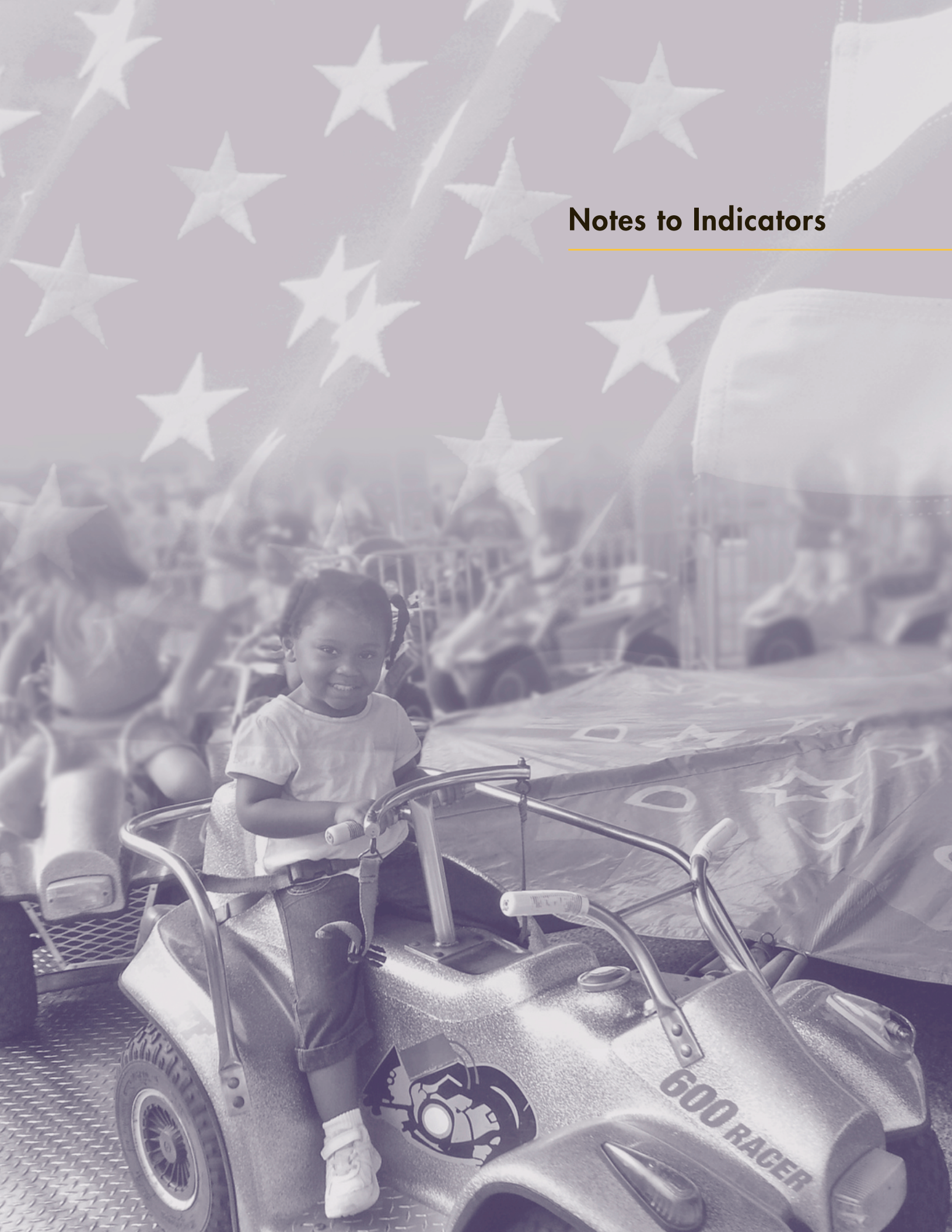
Health

Identifying key dimensions of health can be challenging due to the difficulties in reaching consensus on relevant definitions and measurements.

- *Disability.* There is longstanding interest in developing an improved measure of child disability based on the functional difficulties experienced by children. Survey data from the Individuals with Disabilities Education Act (IDEA) are collected annually and provide information on participants by student characteristics, nature of the disability, and the child's environment. Agencies are currently assessing the suitability of these survey data to support future indicators.

Taken together, these developmental efforts reflect both near-term objectives and long-term strategy in maintaining the value of *America's Children.* We welcome feedback in terms of these specific initiatives as well as on the value of the full *America's Children* report.

Notes to Indicators



Notes to Indicators

[1] Federal surveys now give respondents the option of reporting more than one race. Therefore, two basic ways of defining a race group are possible. A group such as Black may be defined as those who reported Black and no other race (the race-alone or single-race concept) or as those who reported Black regardless of whether they also reported another race (the race-alone or-in-combination concept). This indicator shows data using the first approach (race-alone). Use of the single-race population does not imply that it is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[2] The number of children living with two unmarried parents is calculated by subtracting the number who live with two married parents from the total number who live with two parents.

[3] For more information, refer to America's Families and Living Arrangements 2014 detailed tables, available at https://www.census.gov/topics/families/families-and-households.html.

[4] The percentage of children living with other relatives only and those living with nonrelatives are not statistically different from each other.

[5] National Center for Health Statistics. (1995). *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: Author.

[6] McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing.* Hyattsville, MD: National Center for Health Statistics.

[7] Martin, J. A., Hamilton, B. E., Ventura, S. J., Osterman, M. J. K., Wilson, E. C., & Mathews, T. J. (2012). Births: Final data for 2010. *National Vital Statistics Reports 61*(1). Hyattsville, MD: National Center for Health Statistics.

[8] Ventura, S. J. (1995). Births to unmarried mothers: United States, 1980–1992. *Vital and Health Statistics, 53*(21). Hyattsville, MD: National Center for Health Statistics.

[9] Ventura, S. J., & Bachrach, C. A. (2000). Nonmarital childbearing in the United States, 1940–1999. *National Vital Statistics Reports, 48*(16). Hyattsville, MD: National Center for Health Statistics.

[10] Mathews, T. J., & MacDorman, M. F. (2012). Infant mortality statistics from the 2008 period linked birth/infant death data set. *National Vital Statistics Reports, 60*(5). Hyattsville, MD: National Center for Health Statistics.

[11] Curtin, S. C., Ventura, S. J., & Martinez, G. M. (2014). *Recent declines in nonmarital childbearing in the United States.* NCHS Data Brief, No. 162. Hyattsville, MD: National Center for Health Statistics.

[12] The birth rate for unmarried women is the number of births per 1,000 unmarried women in a given age group (i.e., ages 20–24). The percentage of all births to unmarried women is the number of births occurring to unmarried women divided by the total number of births. The percentage of all births to unmarried women is affected by the birth rate for married women, the birth rate for unmarried women (who account for about 40 percent of all births), and the proportion of women of childbearing age who are unmarried. The percentage of births to unmarried women increased in recent years because there were rapid increases in the birth rate for unmarried women whereas births for married women changed little.

[13] Martin, J. A., Hamilton, B. E., Osterman, J. K., Driscoll, A. K., & Mathews, T. J. (2017). Births: Final data for 2015. *National Vital Statistics Reports, 66*(1). Hyattsville, MD: National Center for Health Statistics.

[14] To provide a comprehensive picture of the child care arrangements parents use to care for their preschoolers, this indicator draws on the strengths of two different data sets—the National Household Education Surveys Program (NHES) and the Survey of Income and Program Participation (SIPP). Using NHES (FAM3.B) data, the percentage of children in each type of arrangement is shown, to provide total usage rates. Because some children are cared for by more than one type of provider, the numerator is the number of children in the particular arrangement and the denominator is all children. Using SIPP (FAM3.A) data, the historical trend of the primary child care provider is shown because there is an interest in the care arrangement that is used by employed mothers for the greatest number of hours each week. In this case, the numerator is the number of children of employed mothers who spend the greatest number of hours in the particular arrangement each week, and the denominator is all children of employed mothers.

[15] Center-based care includes day care centers, nursery schools, preschools, and Head Start programs. Home-based care or other nonrelative care includes family day care providers, babysitters, nannies, friends, neighbors, and other nonrelatives

providing care in either the child's or provider's home. Other relatives include siblings and other relatives. Mother care includes care by the mother while she worked. To see trends in individual child care arrangement types, refer to Laughlin, L. (2013). Who's minding the kids? Child care arrangements: Spring 2011. *Current Population Reports* (P70–135), U.S. Census Bureau, Washington, DC.

[16] Grieco, E. (2010). Race and Hispanic origin of the foreign-born population in the United States: 2007. *American Community Survey Reports* (ACS-11). U.S. Census Bureau, Washington, DC. Retrieved from http://www.census.gov/prod/2010pubs/acs-11.pdf

[17] Hernandez, D. J., Denton, N. A., & Macartney, S. E. (2008). Children in immigrant families: Looking to America's future. *Social Policy Report, 22*(3):3–11. Retrieved from http://www.srcd.org/sites/default/files/documents/22_3_hernandez_final.pdf

[18] If the child lived with two parents, the education reflected is that of the parent with the highest degree.

[19] Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting how well children could speak English were "Very well," "Well," "Not well," and "Not at all." All those who were reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of children in the 1980s.

[20] The percentage of White-alone, non-Hispanic children ages 5–17 who spoke English less than "Very well" (1.1 percent) was statistically different from the percentage of Black-alone, non-Hispanic children who did so (1.2 percent).

[21] Mathews, T. J., & MacDorman, M. F. (2013). Infant mortality statistics from the 2010 period linked birth/infant death data set. *National Vital Statistics Reports, 62(*8). Hyattsville, MD: National Center for Health Statistics.

[22] Martin, J. A., Hamilton, B. E., Osterman, M. J. K., Curtin, S. C., & Mathews, T. J. (2015). Births: Final data for 2013. *National Vital Statistics Reports, 64*(1). Hyattsville, MD: National Center for Health Statistics.

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[24] Maynard, R. A. (Ed.). (2008). *Kids having kids: Economic costs and social consequences of teen pregnancy.* Washington, DC: Urban Institute Press.

[25] Ventura, S. J., Mathews, T. J., & Hamilton, B. E. (2001). Births to teenagers in the United States, 1940–2000. *National Vital Statistics Reports, 49*(10). Hyattsville, MD: National Center for Health Statistics.

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[29] Strohschein, L. (2005, December). Household income histories and child mental health trajectories. *Journal of Health and Social Behavior, 46*(4), 357–359.

[30] Duncan, G., & Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor.* New York, NY: Russell Sage Press.

[31] Wagmiller, R. L. Jr., Lennon, M. C., Kuang, L., Alberti, P. M., & Aber, J. L. (2006). The dynamics of economic disadvantage and children's life changes. *American Sociological Review, 71*(5), 847–866.

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[33] Following U.S. Office of Management and Budget (OMB) Statistical Policy Directive 14, poverty status is determined by comparing a family's (or an unrelated individual's) income to one of 48 dollar amounts called thresholds. The thresholds vary by the size of the family and the members' ages. In 2015, the poverty threshold for a family with two adults and two children was $24,036. For further details, see http://www.census.gov/data/tables/time-series/demo/income-poverty/historical-poverty-thresholds.html

[34] The percentage of children living in families below 50 percent of poverty in 1990 was not statistically different from the percentage of children living in families below 50 percent of poverty in 2015.

[35] Interagency Technical Working Group. (2010, March). *Observations from the Interagency Technical Working Group on developing a Supplemental Poverty Measure.* Retrieved from https://www.census.gov/content/dam/Census/topics/income/supplemental-poverty-measure/spm-twgobservations.pdf

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[38] Cauthen, N. K. (2002). Policies that improve family income matter for children. *Improving children's economic security: Research findings about increasing family income through employment* Policy Brief No. 1. New York, NY: National Center for Children in Poverty. Retrieved from http://www.nccp.org/publications/pdf/text_480.pdf

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[41] In reports prior to 2006, households with "very low food security among children" were described as "food insecure with hunger among children." The methods used to assess children's food security remained unchanged, so the statistics for 2005 and later years are directly comparable with those for 2004 and earlier years. For further information, see: http://ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security.aspx

[42] Coleman-Jensen, A., Rabbitt, M. P., Gregory, C., & Singh, A. (2016). *Household food security in the United States in 2015* (Economic Research Report No. 215). Washington DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from http://www.ers.usda.gov/publications/pub-details/?pubid=79760

[43] Kaiser Commission on Medicaid and the Uninsured. (2012). *The uninsured and the difference health insurance makes.* Menlo Park, CA: Kaiser Family Foundation.

[44] American Academy of Pediatrics. (2015). 2016 recommendations for preventive pediatric healthcare. *Pediatrics, 137*(1), 25–7.

[45] Title XIX of the Social Security Act, 42 U.S.C. 1396 et seq.

[46] Title XXI of the Social Security Act, 42 U.S.C. 1397aa–1397mm.

[47] Howell, E., & Kenney, G. M. (2012). The impact of the Medicaid/CHIP expansions on children: A synthesis of the evidence. *Medical Care Research and Review, 69*(4), 376–92.

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[51] Bartman, B. A., Moy, E., & D'Angelo, L. J. (1997). Access to ambulatory care for adolescents: The role of a usual source of care. *Journal of Health Care for the Poor and Underserved, 8,* 214–226.

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[172] In the spring of 2014, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). In this feature, all students are referred to as "3rd-graders," even if they were enrolled in a different grade in spring 2014.

[173] For some peer victimization estimates, large percentage differences may not be significantly different due to small sample sizes or large coefficients of variation.

Appendices

Appendix A: Detailed Tables

Tables include data from 1950–2016, when available. Due to space limitations in this printed publication, selected years of data are shown where applicable. Full tables, including data from intervening years, are available on the Forum's Web site at https://www.childstats.gov.

Detailed Tables

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Table POP1

Child population: Number of children (in millions) ages 0–17 in the United States by age, selected years 1950–2016 and projected 2030 and 2050

	Estimated										Projected	
Number (in millions)	**1950**	**1960**	**1970**	**1980**	**1990**	**2000**	**2010**	**2014**	**2015**	**2016**	**2030**	**2050**
All children	47.3	64.5	69.8	63.7	64.2	72.4	74.1	73.6	73.6	73.6	76.3	79.9
Age												
Ages 0–5	19.1	24.3	20.9	19.6	22.5	23.1	24.3	23.9	23.9	24.0	25.4	26.6
Ages 6–11	15.3	21.8	24.6	20.8	21.6	25.0	24.6	24.7	24.7	24.7	25.6	26.6
Ages 12–17	12.9	18.4	24.3	23.3	20.1	24.3	25.3	25.0	25.0	25.0	25.2	26.7

SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and Intercensal estimates for 1980–1989, 1990–1999, and 2000–2009. The data for 2010 to 2016 are based on the population estimates released for July 1, 2016. Data beyond 2016 are derived from the national population projections released in December 2014.

Table POP2

Children as a percentage of the population: Persons in selected age groups as a percentage of the total U.S. population, and children ages 0–17 as a percentage of the dependent population, selected years 1950–2016 and projected 2030 and 2050

	Estimated										Projected	
Age	**1950**	**1960**	**1970**	**1980**	**1990**	**2000**	**2010**	**2014**	**2015**	**2016**	**2030**	**2050**
Percentage of total population												
Ages 0–17	31.0	36.0	34.0	28.0	25.7	25.7	24.0	23.1	22.9	22.8	21.2	20.1
Ages 18–64	61.0	55.0	56.0	60.7	61.8	61.9	63.0	62.4	62.2	62.0	58.2	57.9
Age 65 and older	8.0	9.0	10.0	11.3	12.5	12.4	13.1	14.5	14.9	15.2	20.6	22.1
Children ages 0–17 as a percentage of the dependent population[a]												
Ages 0–17	79.0	79.0	78.0	71.2	67.3	67.4	64.7	61.4	60.7	59.9	50.7	47.6

[a] The dependent population includes all persons age 17 and under and all persons age 65 and older.

SOURCE: U.S. Census Bureau, *Current Population Reports,* Estimates of the population of the United States by single years of age, color, and sex: 1900 to 1959 (Series P-25, No. 311); Estimates of the population of the United States, by age, sex, and race: April 1, 1960, to July 1, 1973 (Series P-25, No. 519); Preliminary estimates of the population of the United States by age, sex, and race: 1970 to 1981 (Series P-25, No. 917); and Intercensal estimates for 1980–1989, 1990–1999, and 2000–2009. The data for 2010 to 2016 are based on the population estimates released for July 1, 2016. Data beyond 2016 are derived from the national population projections released in December 2014.

Table POP3

Race and Hispanic origin composition: Percentage of U.S. children ages 0–17 by race and Hispanic origin, selected years 1980–2016 and projected 2030 and 2050

	Estimated									Projected	
Race and Hispanic origin	**1980**	**1985**	**1990**	**1995**	**2000**	**2005**	**2010**	**2015**	**2016**	**2030**	**2050**
White	82.4	81.2	80.1	78.9	76.8	75.4	73.8	72.8	72.5	69.9	65.8
Black	14.9	15.1	15.4	16.0	15.6	15.5	15.2	15.1	15.1	14.8	14.8
American Indian and Alaska Native (AIAN)	0.9	1.0	1.1	1.3	1.3	1.4	1.6	1.6	1.6	1.5	1.4
Asian and Pacific Islander	1.8	2.7	3.4	3.8	—	—	—	—	—	—	—
Asian	—	—	—	—	3.6	4.1	4.6	5.1	5.2	6.3	7.7
Native Hawaiian and Other Pacific Islander (NHPI)	—	—	—	—	0.2	0.2	0.3	0.3	0.3	0.3	0.3
Two or more races	—	—	—	—	2.5	3.4	4.5	5.2	5.3	7.2	10.0
Hispanic	8.9	10.5	12.3	14.4	17.2	20.1	23.2	24.7	24.9	27.2	31.9
Non-Hispanic											
White	74.0	71.5	68.9	65.7	61.2	57.4	53.7	51.5	51.1	46.6	38.8
Black	14.5	14.6	14.7	15.3	14.8	14.5	14.1	13.8	13.8	13.4	13.1
AIAN	0.8	0.9	1.0	1.0	1.0	0.9	0.9	0.9	0.9	0.8	0.7
Asian and Pacific Islander	1.7	2.5	3.2	3.6	—	—	—	—	—	—	—
Asian	—	—	—	—	3.5	3.9	4.4	4.8	4.9	6.0	7.4
NHPI	—	—	—	—	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Two or more races	—	—	—	—	2.2	2.9	3.7	4.1	4.2	5.8	7.9

— Not available.

NOTE: For data before 2000, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four race groups: White, Black, American Indian or Alaska Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data from 2000 onward. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." The race groups indicated for 2000 and later years represent individuals who reported that race alone. Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, Population Division. These data are available on the U.S. Census Bureau Web site on the Population Estimates and Population Projections pages. The data for 1980 to 2009 are intercensal estimates and incorporate the 1980, 1990, 2000, and 2010 Censuses as benchmarks. The data for 2010 to 2016 are based on the population estimates released for July 1, 2016. Data beyond 2016 are derived from the national population projections released in December 2014.

Table FAM1.A

Family structure and children's living arrangements: Percentage of children ages 0–17 by presence of parents in household and race and Hispanic origin,[a] selected years 1980–2016

Race and Hispanic origin, and family structure	1980	1985	1990	1995	2000	2005[b]	2010[b]	2015	2016
Total									
Two parents	—	—	—	—	—	—	69.4	69.2	68.7
Two married parents	77.0	74.0	73.0	69.0	69.0	67.3	65.7	64.7	64.7
Mother only	18.0	21.0	22.0	23.0	22.0	23.4	23.1	23.1	23.4
Father only	2.0	2.0	3.0	4.0	4.0	4.8	3.4	3.7	4.1
No parent	4.0	3.0	3.0	4.0	4.0	4.5	4.1	3.9	3.8
White, non-Hispanic									
Two married parents	—	—	81.0	78.0	77.0	—	—	—	—
Mother only	—	—	15.0	16.0	16.0	—	—	—	—
Father only	—	—	3.0	3.0	4.0	—	—	—	—
No parent	—	—	2.0	3.0	3.0	—	—	—	—
White-alone, non-Hispanic									
Two parents	—	—	—	—	—	—	77.5	77.5	76.5
Two married parents	—	—	—	—	—	75.9	75.0	74.5	73.9
Mother only	—	—	—	—	—	16.4	15.5	15.5	15.9
Father only	—	—	—	—	—	4.8	3.8	4.1	4.4
No parent	—	—	—	—	—	2.9	3.1	2.9	3.2
Black									
Two married parents	42.0	39.0	38.0	33.0	38.0	—	—	—	—
Mother only	44.0	51.0	51.0	52.0	49.0	—	—	—	—
Father only	2.0	3.0	4.0	4.0	4.0	—	—	—	—
No parent	12.0	7.0	8.0	11.0	9.0	—	—	—	—
Black-alone									
Two parents	—	—	—	—	—	—	39.7	38.7	38.7
Two married parents	—	—	—	—	—	35.0	35.1	34.0	34.1
Mother only	—	—	—	—	—	50.2	49.3	49.4	51.5
Father only	—	—	—	—	—	5.0	3.6	4.2	3.9
No parent	—	—	—	—	—	9.8	7.4	7.7	5.8
Hispanic									
Two parents	—	—	—	—	—	—	67.0	67.0	67.2
Two married parents	75.0	68.0	67.0	63.0	65.0	64.7	60.9	59.8	60.3
Mother only	20.0	27.0	27.0	28.0	25.0	25.4	26.3	25.9	25.3
Father only	2.0	2.0	3.0	4.0	4.0	4.8	2.7	3.0	3.8
No parent	3.0	3.0	3.0	4.0	5.0	5.1	4.0	4.1	3.7

— Not available.

[a] From 1980 to 2002, following the 1977 U.S. Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The U.S. Census Bureau also offered an "Other" category. Beginning in 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All race groups discussed in this table from 2003 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Data are from the expanded CPS sample and use population controls based on Census 2000.

NOTE: Data for 2016 exclude about 291,000 household residents under age 18 who were listed as family reference persons or spouses. The 2014 Annual Social and Economic Supplement (ASEC) of the CPS included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of the 2014 data for this table is the CPS ASEC sample of 98,000 addresses. Prior to 2007, CPS data identified only one parent on the child's record. This meant that a second parent could only be identified if he or she were married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other. In this table, "two parents" reflects all children who have both a mother and father identified in the household, including biological, step, and adoptive parents. Before 2007, "mother only" and "father only" included some children who lived with two unmarried parents. Beginning in 2007, "mother only" and "father only" refer to children for whom only one parent in the household has been identified, whether biological, step, or adoptive. U.S. Census Bureau, Families and Living Arrangements reports and detailed tables (from 1978) are available on the U.S. Census Bureau Web site at https://www.census.gov/topics/families.html.
SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table FAM1.B

Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2016

Characteristic	Total	Two parents[a]			
		Two biological/adoptive parents		Biological/adoptive parent and stepparent	
		Married	Cohabiting	Married	Cohabiting
Total children (in thousands)	73,745	43,991	2,589	3,733	366
Percent of total	100.0	59.7	3.5	5.1	0.5
Percent by number of parents	100.0	86.8	5.1	7.4	0.7
Gender					
Male	50.9	51.5	49.1	51.5	48.1
Female	49.1	48.5	50.9	48.5	51.9
Race and Hispanic origin[b]					
White	72.7	79.4	69.2	76.9	66.7
White, non-Hispanic	51.5	58.9	31.3	57.8	39.6
Black	15.1	7.6	16.6	12.3	21.3
Black, non-Hispanic	13.8	6.9	14.9	11.3	19.4
Asian	5.1	7.2	2.9	2.4	2.5
All other races	7.1	5.8	11.3	8.4	9.6
Hispanic (of any race)	24.7	23.1	44.4	22.6	30.9
Age					
Ages 0–5	32.3	34.4	61.8	9.1	15.8
Ages 6–14	50.4	50.1	33.4	59.3	62.8
Ages 15–17	17.3	15.6	4.8	31.7	21.3
Father's education					
Father not present	27.2	—	—	—	—
Less than high school	8.9	11.2	26.2	13.0	16.9
High school graduate	18.7	22.8	43.6	36.9	40.7
Some college	17.9	23.7	22.3	31.3	31.4
Bachelor's degree or more	27.3	42.3	7.8	18.8	11.2
Mother's education					
Mother not present	7.9	—	—	—	—
Less than high school	11.1	9.9	23.5	12.3	13.7
High school graduate	21.7	19.4	34.3	28.7	36.9
Some college	26.7	25.6	32.6	35.8	29.8
Bachelor's degree or more	32.6	45.1	9.5	23.2	19.7
Poverty status					
Below 100% poverty	20.1	9.5	44.8	12.8	38.0
100%–199% poverty	21.9	17.8	28.6	26.1	27.9
200% poverty and above	58.0	72.7	26.6	61.1	34.2

See notes at end of table.

Table FAM1.B (cont.) **Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2016**

Characteristic	One parent			
	Mother		Father	
	Not cohabiting	Cohabiting	Not cohabiting	Cohabiting
Total (in thousands)	15,304	1,919	2,167	839
Percent of total	20.8	2.6	2.9	1.1
Percent by number of parents	75.7	9.5	10.7	4.1
Gender				
Male	49.4	50.5	52.7	52.6
Female	50.6	49.5	47.3	47.4
Race and Hispanic origin[b]				
White	54.6	72.0	76.5	73.4
White, non-Hispanic	33.0	51.8	56.4	55.2
Black	35.2	17.6	13.6	16.9
Black, non-Hispanic	32.5	15.9	13.0	12.5
Asian	1.6	1.8	1.7	3.6
All other races	8.7	8.7	8.2	6.1
Hispanic (of any race)	27.1	24.0	23.2	23.6
Age				
Ages 0–5	30.5	24.6	19.7	40.5
Ages 6–14	50.9	57.1	54.1	45.8
Ages 15–17	18.7	18.3	26.2	13.7
Father's education				
Father not present	100.0	100.0	—	—
Less than high school	—	—	14.3	13.0
High school graduate	—	—	32.6	44.1
Some college	—	—	28.8	30.8
Bachelor's degree or more	—	—	24.3	12.2
Mother's education				
Mother not present	—	—	100.0	100.0
Less than high school	16.2	12.2	—	—
High school graduate	31.3	29.5	—	—
Some college	34.8	40.5	—	—
Bachelor's degree or more	17.7	17.8	—	—
Poverty status				
Below 100% poverty	39.9	44.1	19.4	27.4
100%–199% poverty	30.2	27.5	25.9	28.2
200% poverty and above	30.0	28.5	54.6	44.5

See notes at end of table.

Table FAM1.B (cont.) **Family structure and children's living arrangements: Detailed living arrangements of children by gender, race and Hispanic origin, age, parent's education, and poverty status, 2016**

Characteristic	No parents				
	Grandparent	Other relatives only—no grandparent	Nonrelative only—not foster	Foster parent(s)	All other[c]
Total (in thousands)	1,556	678	256	222	124
Percent of total	2.1	0.9	0.3	0.3	0.2
Percent by number of parents	54.9	23.9	9.0	7.8	4.4
Gender					
Male	47.3	55.0	52.7	44.1	51.6
Female	52.7	45.0	47.3	55.9	48.4
Race and Hispanic origin[b]					
White	61.9	63.0	71.1	52.3	64.5
White, non-Hispanic	44.0	36.6	54.7	38.3	39.5
Black	23.6	23.0	10.5	28.4	28.2
Black, non-Hispanic	22.9	22.4	10.5	23.4	28.2
Asian	2.1	2.5	10.2	0.0	4.0
All other races	12.3	11.5	8.2	18.9	4.0
Hispanic (of any race)	22.0	30.7	19.1	18.9	25.0
Age					
Ages 0–5	29.5	21.4	29.3	50.9	23.4
Ages 6–14	51.2	50.3	32.8	36.5	46.0
Ages 15–17	19.3	28.5	38.3	12.2	31.5
Father's education					
Father not present	100.0	100.0	100.0	100.0	100.0
Less than high school	—	—	—	—	—
High school graduate	—	—	—	—	—
Some college	—	—	—	—	—
Bachelor's degree or more	—	—	—	—	—
Mother's education					
Mother not present	100.0	100.0	100.0	100.0	100.0
Less than high school	—	—	—	—	—
High school graduate	—	—	—	—	—
Some college	—	—	—	—	—
Bachelor's degree or more	—	—	—	—	—
Poverty status					
Below 100% poverty	29.9	36.4	97.3	99.1	50.8
100%–199% poverty	24.0	24.5	1.2	0.0	18.5
200% poverty and above	46.0	39.2	2.0	0.9	30.6

— Not available.

[a] This category also includes children living with two stepparents.

[b] Following the 1997 U.S. Office of Management and Budget standards for collecting and presenting data on race, the Survey of Income and Program Participation (SIPP) asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. The U.S. Census Bureau also offered an "Other" category. Those who chose more than one race were classified as "Two or more races." Except for the "All other races" category, all race groups discussed in this table refer to people who indicated only one racial identity within the racial categories presented. (Those who were "Two or more races" were included in the "All other races" category, along with American Indians or Alaska Natives, Native Hawaiians or Other Pacific Islanders, and those who chose "Other.") People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] The category "All other" includes children who live with both relatives (other than grandparents) and nonrelatives.

NOTE: Data exclude about 291,000 household residents under age 18 who were listed as family reference persons or spouses. "Cohabiting" means the parent is cohabiting with an unmarried partner. Relatives are anyone who is reported as related to the householder by blood, marriage, or adoption.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table FAM2.A

Births to unmarried women: Birth rates for unmarried women by age of mother, selected years 1980–2015

(Live births per 1,000 unmarried women in specified age group)

Age of mother	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
Total ages 15–44	29.4	32.8	43.8	44.3	44.1	47.2	47.6	46.0	45.3	44.3	43.9	43.4
Age												
Ages 15–17	20.6	22.4	29.6	30.1	23.9	19.4	16.8	14.9	13.7	11.9	10.6	9.6
Ages 18–19	39.0	45.9	60.7	66.5	62.2	57.0	52.0	48.2	45.8	42.1	39.4	36.5
Ages 20–24	40.9	46.5	65.1	68.7	72.2	74.5	70.0	66.7	64.7	63.1	61.6	59.7
Ages 25–29	34.0	39.9	56.0	54.3	58.5	71.5	69.2	67.8	67.2	66.7	67.6	66.9
Ages 30–34	21.1	25.2	37.6	38.9	39.3	50.4	56.3	56.2	56.3	56.6	58.1	60.3
Ages 35–39	9.7	11.6	17.3	19.3	19.7	24.5	29.6	29.9	30.9	31.8	33.4	34.1
Ages 40–44	2.6	2.5	3.6	4.7	5.0	6.2	8.0	8.2	8.5	8.3	8.5	9.0

NOTE: Births to unmarried women were somewhat underreported in Michigan and Texas during the years 1989–1993; data since 1994 have been reported on a complete basis.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table FAM2.B

Births to unmarried women: Percentage of all births that are to unmarried women by age of mother, selected years 1980–2015

Age of mother	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
All ages	18.4	22.0	28.0	32.2	33.2	36.9	40.8	40.7	40.7	40.6	40.2	40.3
Age												
Under age 15	88.7	91.8	91.6	93.5	96.5	98.0	99.3	99.1	99.0	99.2	99.4	99.6
Ages 15–17	61.5	70.9	77.7	83.7	87.7	90.9	95.0	95.3	95.4	95.4	95.7	95.7
Ages 18–19	39.8	50.7	61.3	69.8	74.3	79.7	85.1	85.7	86.0	86.1	86.0	86.3
Ages 20–24	19.3	26.3	36.9	44.7	49.5	56.2	63.1	64.0	64.8	65.4	65.7	65.9
Ages 25–29	9.0	12.7	18.0	21.5	23.5	29.3	33.9	34.4	35.0	35.9	36.7	37.8
Ages 30–34	7.4	9.7	13.3	14.7	14.0	17.0	21.1	21.6	21.9	22.3	22.5	23.1
Ages 35–39	9.4	11.2	13.9	15.7	14.3	15.7	19.6	20.1	20.7	21.2	21.6	22.1
Ages 40 and older	12.1	14.0	17.0	18.1	16.8	18.8	21.7	22.4	23.2	23.7	24.3	24.8

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table FAM3.A

Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Percent												
Total												
Mother care[a]	8.1	7.6	6.4	8.7	6.2	5.4	3.2	3.0	3.2	4.4	4.4	3.6
Father care[a]	15.7	15.1	16.5	20.0	15.9	16.6	17.7	17.1	17.5	17.3	18.6	19.5
Grandparent care	15.9	13.9	14.3	15.8	17.0	15.9	17.5	19.7	18.6	19.6	19.4	20.5
Other relative care[b]	8.2	7.2	8.8	7.7	9.0	5.5	7.4	8.0	6.2	6.6	5.8	5.3
Center-based care[c]	23.1	25.8	27.5	23.1	29.9	25.1	20.4	21.0	24.3	23.8	23.7	24.1
Other nonrelative care[d]	28.2	28.9	25.1	23.3	21.6	28.4	20.2	18.8	17.2	16.0	13.5	13.1
Other[e]	0.8	1.6	1.3	1.6	1.1	2.9	13.7	12.4	13.0	12.0	14.1	14.0
Race and Hispanic origin of mother[f]												
White												
Mother care[a]	—	—	—	—	—	5.8	3.7	3.2	3.5	4.8	4.2	3.8
Father care[a]	—	—	—	—	—	17.8	18.7	18.1	18.4	18.4	19.0	20.1
Grandparent care	—	—	—	—	—	15.5	16.5	17.7	17.9	19.2	19.4	20.3
Other relative care[b]	—	—	—	—	—	4.5	6.5	7.6	4.9	5.5	5.6	4.4
Center-based care[c]	—	—	—	—	—	24.3	19.8	20.1	23.2	22.4	23.2	22.7
Other nonrelative care[d]	—	—	—	—	—	29.0	21.2	20.9	18.4	17.1	14.2	14.3
Other[e]	—	—	—	—	—	2.9	13.6	12.1	13.5	12.4	13.9	14.4
White, non-Hispanic												
Mother care[a]	—	—	—	—	—	6.1	4.0	3.2	3.7	4.9	4.3	4.2
Father care[a]	—	—	—	—	—	17.6	18.9	18.1	19.1	19.3	18.9	19.0
Grandparent care	—	—	—	—	—	15.4	15.3	17.0	16.5	17.5	17.8	19.2
Other relative care[b]	—	—	—	—	—	4.0	5.7	6.2	3.6	3.8	4.0	3.6
Center-based care[c]	—	—	—	—	—	24.8	21.0	22.2	24.3	24.5	24.9	24.5
Other nonrelative care[d]	—	—	—	—	—	29.4	21.1	21.3	19.6	17.7	15.3	15.3
Other[e]	—	—	—	—	—	2.7	13.9	12.0	13.3	12.0	14.4	14.2
Black												
Mother care[a]	—	—	—	—	—	2.1	0.7	1.8	1.2	3.1	4.1	2.8
Father care[a]	—	—	—	—	—	8.8	11.9	12.9	13.5	12.3	14.3	13.7
Grandparent care	—	—	—	—	—	16.0	23.7	25.1	21.6	19.5	20.3	21.1
Other relative care[b]	—	—	—	—	—	9.9	13.2	10.6	12.6	10.9	8.1	12.1
Center-based care[c]	—	—	—	—	—	32.5	25.8	27.0	27.4	29.6	26.5	28.3
Other nonrelative care[d]	—	—	—	—	—	28.3	14.3	13.1	14.3	13.3	11.2	7.4
Other[e]	—	—	—	—	—	2.3	10.2	9.4	9.2	11.1	15.0	14.6
Black, non-Hispanic												
Mother care[a]	—	—	—	—	—	2.2	0.8	1.9	1.2	3.3	3.9	2.9
Father care[a]	—	—	—	—	—	8.9	11.7	12.4	13.2	11.9	13.9	12.1
Grandparent care	—	—	—	—	—	15.7	23.9	24.4	22.9	19.5	21.5	22.0
Other relative care[b]	—	—	—	—	—	10.1	13.0	10.9	12.0	11.3	8.4	11.0
Center-based care[c]	—	—	—	—	—	33.2	26.4	27.5	27.0	29.5	27.2	29.6
Other nonrelative care[d]	—	—	—	—	—	27.9	13.9	13.5	13.7	13.2	9.6	7.1
Other[e]	—	—	—	—	—	1.9	10.3	9.3	9.9	11.2	15.2	15.3
Hispanic												
Mother care[a]	—	—	—	—	—	3.6	1.3	2.6	2.7	3.4	3.4	1.7
Father care[a]	—	—	—	—	—	19.0	17.5	18.6	15.1	14.7	19.7	26.0
Grandparent care	—	—	—	—	—	17.0	23.2	21.9	23.9	27.0	25.9	24.8
Other relative care[b]	—	—	—	—	—	8.7	12.6	14.0	12.0	12.8	11.7	9.3
Center-based care[c]	—	—	—	—	—	20.8	12.4	10.9	19.8	14.2	15.2	13.6
Other nonrelative care[d]	—	—	—	—	—	25.0	21.7	18.2	13.9	14.2	11.5	9.9
Other[e]	—	—	—	—	—	5.8	11.4	13.6	12.6	13.7	11.7	14.6

See notes at end of table.

Table FAM3.A (cont.) **Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011**

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Educational attainment of mother												
Less than high school												
Mother care[a]	—	—	—	—	—	6.3	3.6	1.7	4.1	5.4	2.1	4.0
Father care[a]	—	—	—	—	—	18.2	17.5	14.4	19.2	22.3	24.3	17.0
Grandparent care	—	—	—	—	—	21.2	18.4	23.4	15.5	16.7	17.8	18.2
Other relative care[b]	—	—	—	—	—	10.8	15.2	20.7	12.0	15.4	15.8	16.4
Center-based care[c]	—	—	—	—	—	16.9	12.7	16.3	17.5	12.0	8.0	11.5
Other nonrelative care[d]	—	—	—	—	—	20.8	17.3	13.5	17.4	11.7	13.9	8.3
Other[e]	—	—	—	—	—	4.8	15.2	9.9	14.2	16.2	17.0	24.5
High school diploma or equivalent												
Mother care[a]	—	—	—	—	—	5.6	2.1	3.5	2.5	4.1	3.7	2.3
Father care[a]	—	—	—	—	—	16.6	19.0	20.3	19.7	16.6	21.3	21.8
Grandparent care	—	—	—	—	—	20.5	20.3	23.5	23.2	25.7	22.7	24.0
Other relative care[b]	—	—	—	—	—	5.4	7.8	7.9	6.0	9.4	7.7	8.5
Center-based care[c]	—	—	—	—	—	25.7	18.1	18.8	20.0	18.4	18.2	18.4
Other nonrelative care[d]	—	—	—	—	—	23.2	19.0	14.2	14.5	13.0	11.7	11.7
Other[e]	—	—	—	—	—	2.6	13.6	11.7	13.9	12.7	14.1	13.4
Some college, including vocational/technical/ associate's degree												
Mother care[a]	—	—	—	—	—	4.9	3.5	1.9	3.2	4.3	6.1	3.4
Father care[a]	—	—	—	—	—	18.4	19.3	16.7	19.3	17.7	19.4	22.3
Grandparent care	—	—	—	—	—	14.2	18.5	20.1	20.8	21.9	21.6	21.8
Other relative care[b]	—	—	—	—	—	5.8	7.1	7.4	7.5	6.6	5.1	6.0
Center-based care[c]	—	—	—	—	—	25.6	22.1	18.6	23.2	23.8	22.4	20.6
Other nonrelative care[d]	—	—	—	—	—	27.7	16.6	21.1	15.3	15.5	10.0	13.2
Other[e]	—	—	—	—	—	3.1	12.8	14.1	10.6	10.1	14.8	12.7
Bachelor's degree or higher												
Mother care[a]	—	—	—	—	—	5.2	3.7	4.0	3.5	4.6	3.5	4.4
Father care[a]	—	—	—	—	—	14.4	14.9	15.7	13.7	16.6	15.6	16.2
Grandparent care	—	—	—	—	—	11.4	13.5	14.4	13.9	13.1	15.5	18.0
Other relative care[b]	—	—	—	—	—	3.4	5.0	4.0	3.4	2.7	4.0	1.2
Center-based care[c]	—	—	—	—	—	26.0	23.5	27.5	29.9	30.5	30.3	32.0
Other nonrelative care[d]	—	—	—	—	—	36.9	26.6	24.4	22.6	19.9	17.7	14.7
Other[e]	—	—	—	—	—	2.3	12.6	9.9	13.0	12.7	12.9	13.5
Poverty status												
Below 100% poverty												
Mother care[a]	—	11.3	—	9.5	8.1	4.5	3.9	2.9	4.1	7.8	3.9	3.5
Father care[a]	—	15.0	—	26.7	16.2	20.1	18.7	14.5	19.9	19.8	16.2	20.8
Grandparent care	—	19.4	—	16.3	20.0	22.4	20.7	23.8	19.7	19.8	23.3	19.6
Other relative care[b]	—	11.3	—	11.4	15.8	7.0	12.3	13.5	10.0	8.8	9.2	11.3
Center-based care[c]	—	21.6	—	21.1	21.0	25.8	14.9	18.3	15.9	18.2	15.4	17.7
Other nonrelative care[d]	—	21.1	—	15.1	18.8	16.5	14.7	18.0	12.6	11.8	12.1	10.6
Other[e]	—	0.8	—	2.7	1.2	3.5	14.6	8.8	17.6	13.7	18.9	16.4
100% poverty and above												
Mother care[a]	—	7.3	—	8.5	5.9	5.5	3.1	2.9	3.1	3.8	4.5	3.4
Father care[a]	—	15.1	—	19.4	16.0	16.4	17.7	17.6	17.3	17.1	19.0	19.1
Grandparent care	—	13.4	—	15.6	16.0	15.1	17.2	19.3	18.7	19.7	18.7	20.8
Other relative care[b]	—	6.8	—	7.3	8.0	5.3	6.8	7.3	5.7	6.2	5.2	4.0
Center-based care[c]	—	27.8	—	25.1	32.3	24.8	21.2	21.1	25.1	24.8	25.6	25.6
Other nonrelative care[d]	—	29.6	—	24.2	21.8	29.9	20.9	19.4	18.4	16.7	13.9	13.8
Other[e]	—	1.6	—	1.5	1.1	2.8	12.9	12.2	11.7	11.4	12.7	13.3

See notes at end of table.

Table FAM3.A (cont.) **Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011**

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Region[g]												
Northeast												
Mother care[a]	—	—	—	—	—	5.3	2.7	2.3	2.9	3.5	2.0	2.4
Father care[a]	—	—	—	—	—	22.4	19.0	21.5	21.4	19.3	18.1	19.7
Grandparent care	—	—	—	—	—	12.9	19.2	18.7	18.8	20.6	18.0	19.1
Other relative care[b]	—	—	—	—	—	8.0	9.9	7.3	4.4	5.0	4.1	5.3
Center-based care[c]	—	—	—	—	—	24.4	15.9	18.4	24.5	23.2	24.1	22.0
Other nonrelative care[d]	—	—	—	—	—	23.9	19.9	17.9	14.7	15.9	16.2	16.4
Other[e]	—	—	—	—	—	3.0	13.2	13.7	13.1	12.3	17.0	15.1
South												
Mother care[a]	—	—	—	—	—	4.3	3.0	3.3	2.1	4.2	2.8	3.3
Father care[a]	—	—	—	—	—	9.3	13.9	12.9	13.4	14.1	14.5	15.5
Grandparent care	—	—	—	—	—	17.1	18.1	21.8	20.9	20.9	22.3	22.3
Other relative care[b]	—	—	—	—	—	5.3	5.7	7.6	7.8	6.5	5.1	5.5
Center-based care[c]	—	—	—	—	—	30.7	27.7	26.8	28.0	28.0	28.3	27.5
Other nonrelative care[d]	—	—	—	—	—	30.0	18.2	18.1	15.9	13.0	10.6	9.8
Other[e]	—	—	—	—	—	3.1	13.4	9.3	11.8	13.1	16.2	16.2
Midwest												
Mother care[a]	—	—	—	—	—	6.3	3.3	2.0	3.5	5.4	5.6	3.5
Father care[a]	—	—	—	—	—	19.1	22.2	20.3	21.6	18.7	22.3	20.1
Grandparent care	—	—	—	—	—	15.4	15.6	16.3	15.9	17.1	17.3	17.8
Other relative care[b]	—	—	—	—	—	5.0	8.0	6.6	3.6	6.5	6.1	4.5
Center-based care[c]	—	—	—	—	—	21.1	16.8	19.9	20.7	21.7	22.0	25.4
Other nonrelative care[d]	—	—	—	—	—	30.9	22.2	24.0	22.6	19.4	15.8	17.4
Other[e]	—	—	—	—	—	2.0	11.7	10.9	11.9	11.0	10.2	11.3
West												
Mother care[a]	—	—	—	—	—	5.6	3.8	3.9	4.9	4.3	7.3	5.1
Father care[a]	—	—	—	—	—	18.5	17.9	17.0	17.8	19.9	21.8	25.4
Grandparent care	—	—	—	—	—	17.5	17.9	21.4	18.3	19.5	17.7	21.4
Other relative care[b]	—	—	—	—	—	4.1	7.6	10.5	8.1	8.1	8.0	5.9
Center-based care[c]	—	—	—	—	—	23.1	17.4	15.5	19.9	19.7	18.0	18.3
Other nonrelative care[d]	—	—	—	—	—	27.2	20.7	16.7	17.1	17.5	13.6	11.6
Other[e]	—	—	—	—	—	3.8	14.6	14.8	14.0	10.9	12.8	12.3

See notes at end of table.

Table FAM3.A (cont.) **Child care: Primary child care arrangements for children ages 0–4 with employed mothers by selected characteristics, selected years 1985–2011**

Type of child care (during mother's work hours)	1985	1988	1990	1991	1993	1995	1997	1999	2002	2005	2010	2011
Family structure												
Two married parents												
Mother care[a]	—	—	—	—	—	6.2	3.7	3.4	3.5	4.9	5.1	4.3
Father care[a]	—	—	—	—	—	18.7	20.6	19.9	20.6	19.5	20.9	21.6
Grandparent care	—	—	—	—	—	14.4	14.7	16.4	17.3	17.6	16.5	19.4
Other relative care[b]	—	—	—	—	—	4.8	6.0	6.4	4.7	4.8	4.1	2.6
Center-based care[c]	—	—	—	—	—	23.0	19.6	20.7	22.7	24.0	24.0	23.9
Other nonrelative care[d]	—	—	—	—	—	29.4	20.9	19.7	17.2	16.3	13.7	13.4
Other[e]	—	—	—	—	—	3.1	14.4	13.4	13.8	12.7	15.1	14.7
Mother only												
Mother care[a]	—	—	—	—	—	2.8	1.5	1.9	2.5	3.0	2.5	1.8
Father care[a]	—	—	—	—	—	10.4	9.1	10.1	9.8	12.1	13.3	14.5
Grandparent care	—	—	—	—	—	20.5	26.6	29.1	22.7	24.5	26.0	22.9
Other relative care[b]	—	—	—	—	—	7.2	12.3	12.2	10.2	11.0	10.1	11.5
Center-based care[c]	—	—	—	—	—	30.3	23.1	21.5	27.0	23.4	23.0	24.4
Other nonrelative care[d]	—	—	—	—	—	26.1	17.7	17.6	18.4	15.6	13.0	12.5
Other[e]	—	—	—	—	—	2.4	9.5	7.4	9.2	10.2	11.5	12.4

— Not available.

[a] Mother and father care each refer to care while the mother worked.

[b] Other relatives include siblings and other relatives.

[c] Center-based care includes day care centers, nursery schools, preschools, and Head Start programs.

[d] Other nonrelative care includes family day care providers, in-home babysitters, and other nonrelatives providing care in either the child's or provider's home.

[e] Other for 1985–1993 includes children in kindergarten or grade school, in a school-based activity, or in self-care. In 1995, it also includes children with no regular arrangement. Beginning in 1997, Other includes children in kindergarten or grade school, self-care, and with no regular arrangement, but does not include school-based activities, as they were deleted as categorical choices for preschoolers.

[f] From 1995 to 2002, following the 1977 U.S. Office of Management and Budget (OMB) standards for collecting and presenting data on race, the Survey of Income and Program Participation (SIPP) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The U.S. Census Bureau also offered an "Other" category. Beginning in 2004, following the 1997 OMB standards for collecting and presenting data on race, SIPP asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. The U.S. Census Bureau also offered an "Other" category. All race groups discussed in this table from 2004 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[g] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements, including contingent work and self-employment. Data for years 1995 to 2011 were proportionately redistributed to account for tied responses for the primary arrangement so that they total to 100 percent and are comparable to earlier years.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Table FAM3.B **Child care: Percentage of children ages 3–6, not yet in kindergarten, in center-based care arrangements by child and family characteristics and region, selected years 1995–2012**

Characteristic	1995	2001	2005	2007	2012
Total	55.0	56.3	57.1	55.3	60.6
Race and Hispanic origin[a]					
White, non-Hispanic	56.9	58.9	59.0	58.4	63.0
Black, non-Hispanic	59.5	63.0	66.5	65.2	68.0
Asian or Pacific Islander, non-Hispanic	59.4	63.4	72.5	65.1	67.8
Hispanic	37.2	39.8	43.5	38.9	51.5
Poverty status					
Below 100% poverty	45.6	46.6	47.2	40.6	45.2
100%–199% poverty	43.2	48.7	46.5	45.1	51.0
200% poverty and above	65.8	64.0	66.2	65.3	71.9
Family type					
Two parents[b]	54.8	56.5	56.9	55.4	61.4
Two parents, married	—	57.3	58.3	56.8	63.6
Two parents, unmarried	—	46.4	42.8	39.8	47.3
One parent	56.0	55.8	57.7	54.3	57.4
No parents	50.5	55.9	59.6	57.2	64.6
Mother's highest level of education[c]					
Less than high school	34.8	38.0	34.9	28.7	42.0
High school diploma or equivalent	47.6	47.3	48.6	43.1	49.1
Some college, including vocational/ technical/associate's degree	56.8	61.4	56.2	54.4	57.9
Bachelor's degree or higher	74.5	70.0	72.9	71.3	79.2
Mother's employment status[c]					
35 hours or more per week	60.2	62.9	63.7	65.4	67.1
Less than 35 hours per week	62.1	61.4	60.8	61.7	66.3
Looking for work	51.8	46.2	42.0	37.8	57.9
Not in the labor force	46.5	46.9	50.2	43.9	51.0
Region[d]					
Northeast	56.3	63.8	67.0	66.3	69.4
South	58.4	59.1	56.4	55.0	63.4
Midwest	53.8	55.5	54.4	55.8	58.1
West	49.9	47.4	54.2	47.6	53.0

— Not available.

[a] In 1995 and 2001, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In 2005 and later years, the revised 1997 OMB standards were used. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. For 2005 and later years, when separate reporting was possible, respondents who reported the child being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Included in the total but not shown separately are American Indian or Alaska Native respondents and respondents of two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Refers to adults' relationship to child and does not indicate marital status. Data for 2007 and 2012 include same-sex parents.

[c] Children without mothers or female guardians in the home are not included in estimates.

[d] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. The 2012 National Household Education Survey (NHES:2012) was a self-administered paper-and-pencil questionnaire that was mailed to respondents, while NHES administrations prior to 2012 were administered via telephone with an interviewer. Measurable differences in estimates between 2012 and prior years could reflect actual changes in the population, or the changes could be due to the mode change from telephone to mail. Some data have been revised from previously published figures.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program.

Table FAM3.C Child care: Child care arrangements of grade school children ages 5–14 with employed mothers by age, selected years 1995–2011

Type of child care (during mother's work hours)	1995	1997	1999	2002	2005	2010	2011
Ages 5–8							
Mother care[a]	6.4	5.5	4.8	3.8	6.4	7.3	5.1
Father care[a]	27.5	30.0	28.5	22.0	25.4	29.5	26.3
Grandparent care	20.2	24.0	25.5	20.3	20.7	21.6	20.9
Other relative care	6.9	10.4	9.2	7.7	6.8	7.8	6.5
Center-based care[b]	8.7	16.6	15.2	14.0	14.0	12.4	13.9
Enrichment activities[c]	25.8	15.8	18.6	15.6	16.2	14.4	17.9
Other nonrelative care[d]	26.3	20.7	20.0	14.2	11.2	11.0	10.1
Self care	4.8	4.3	3.1	2.8	2.2	2.2	2.4
Ages 9–11							
Mother care[a]	5.9	5.3	4.5	4.2	5.7	6.0	5.4
Father care[a]	25.9	26.9	25.6	19.9	22.2	25.1	24.1
Grandparent care	17.2	19.9	19.7	16.1	15.2	17.9	20.9
Other relative care	6.5	7.9	6.3	5.8	6.5	6.3	6.1
Center-based care[b]	—	5.4	5.9	4.4	6.2	3.4	4.2
Enrichment activities[c]	38.6	25.3	25.1	21.6	18.3	20.9	21.1
Other nonrelative care[d]	15.8	15.9	14.8	9.9	8.7	8.2	6.3
Self care	17.0	21.1	15.8	15.1	11.2	10.5	10.2
Ages 12–14							
Mother care[a]	3.7	3.6	3.9	3.6	4.2	4.9	3.7
Father care[a]	20.1	20.5	20.6	16.2	17.0	20.2	20.3
Grandparent care	8.0	12.6	11.6	9.7	8.9	9.8	11.4
Other relative care	3.4	4.9	4.1	3.5	3.5	4.0	3.0
Center-based care[b]	—	1.0	1.3	1.2	1.6	1.4	1.1
Enrichment activities[c]	41.9	23.0	24.0	20.2	15.3	18.9	17.8
Other nonrelative care[d]	3.6	6.8	4.9	3.9	4.3	4.0	3.1
Self care	43.0	48.2	42.9	39.3	37.2	35.7	32.5

— Not available.

[a] Mother and father care each refer to care while the mother worked.

[b] Center-based care includes day care centers, nursery schools, preschools, and Head Start programs.

[c] Enrichment activities include sports, lessons, clubs, and before- and after-school programs.

[d] Other nonrelative includes family day care providers, in-home babysitters, and others providing care in the child's or provider's home.

NOTE: Employed mothers are those with wage and salary employment or other employment arrangements, including contingent work and self-employment. The sum of children by arrangement may exceed 100 percent because of multiple arrangements.

SOURCE: U.S. Census Bureau, Survey of Income and Program Participation.

Table FAM4

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,[a] parent's education, poverty status, and other characteristics, selected years 1998–2016

Characteristic	1998			2002[b]			2006[b]		
	Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent	
		Native-born child	Foreign-born child		Native-born child	Foreign-born child		Native-born child	Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	56,237	9,883	2,298	55,264	11,518	2,654	54,976	12,706	2,599
Percent of all children[c]	80	14	3	76	16	4	75	17	4
Gender of child									
Male	—	—	—	51	51	52	51	52	52
Female	—	—	—	49	49	48	49	49	49
Age of child									
Under 1 year	—	—	—	6	7	1	6	7	1
Ages 1–2	—	—	—	11	14	3	11	15	4
Ages 3–5	—	—	—	16	19	10	16	19	10
Ages 6–8	—	—	—	17	17	14	16	16	15
Ages 9–11	—	—	—	18	17	20	16	16	20
Ages 12–14	—	—	—	18	14	25	17	15	22
Ages 15–17	—	—	—	17	11	28	18	12	28
Race and Hispanic origin of child[d]									
White	—	—	—	80	72	70	—	—	—
White-alone	—	—	—	—	—	—	79	72	68
White, non-Hispanic	—	—	—	73	21	17	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	—	70	18	16
White-alone or in combination with one or more races	—	—	—	—	—	—	82	75	69
Black	—	—	—	17	9	9	—	—	—
Black-alone	—	—	—	—	—	—	16	9	10
Black-alone or in combination with one or more races	—	—	—	—	—	—	18	9	11
Asian	—	—	—	1	17	20	—	—	—
Asian-alone	—	—	—	—	—	—	1	15	19
Asian-alone or in combination with one or more races	—	—	—	—	—	—	1	17	19
Hispanic	—	—	—	8	55	55	10	57	55
All remaining single races and all race combinations	—	—	—	—	—	—	4	5	3
Education of parent[e]									
Less than high school	12	37	45	10	36	41	10	33	39
High school graduate	34	23	22	31	23	21	30	24	24
Some college or associate's degree	30	18	11	32	18	12	32	19	11
Bachelor's degree or greater	23	23	22	27	23	27	29	25	27
Poverty status[f]									
Below 100% poverty	17	25	39	14	20	27	15	20	30
100% poverty and above	83	75	61	—	—	—	—	—	—
100%–199% poverty	—	—	—	20	29	33	19	28	31
200% poverty and above	—	—	—	66	51	40	65	52	39
Presence of parents									
Two married parents present[g]	69	82	78	69	81	81	68	82	80
Living with mother only	26	15	20	26	16	16	27	15	16
Living with father only	5	3	3	5	3	4	5	3	3

See notes at end of table.

Table FAM4 (cont.) **Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,[a] parent's education, poverty status, and other characteristics, selected years 1998–2016**

Characteristic	1998			2002[b]			2006[b]		
	Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent	
		Native-born child	Foreign-born child		Native-born child	Foreign-born child		Native-born child	Foreign-born child
Presence of adults other than parents									
Other relatives only	17	26	29	17	26	31	17	25	31
Nonrelatives only	6	4	4	6	5	5	6	4	3
Both relatives and nonrelatives	1	1	2	1	2	3	1	2	1
No other relatives or nonrelatives	77	68	65	77	68	61	75	70	64

Characteristic	2010[b]			2014			2016		
	Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent	
		Native-born child	Foreign-born child		Native-born child	Foreign-born child		Native-born child	Foreign-born child
Number of children ages 0–17 living with one or both parents (in thousands)	54,613	14,640	2,424	52,807	15,789	2,264	52,695	15,952	2,262
Percent of all children[c]	73	20	3	72	21	3	71	22	3
Gender of child									
Male	51	51	49	51	51	49	51	51	50
Female	49	49	51	49	49	51	49	49	50
Age of child									
Under 1 year	6	7	1	5	6	1	6	6	1
Ages 1–2	11	14	4	11	12	4	11	12	4
Ages 3–5	17	20	10	16	18	9	16	17	13
Ages 6–8	17	19	13	17	17	14	17	18	13
Ages 9–11	16	15	19	16	17	18	17	18	17
Ages 12–14	16	14	25	17	16	21	17	16	20
Ages 15–17	17	12	29	17	14	33	17	14	32
Race and Hispanic origin of child[d]									
White-alone	78	71	60	76	67	57	76	67	56
White-alone, non-Hispanic	68	17	13	65	16	20	64	16	18
White-alone or in combination with one or more races	82	74	60	81	72	58	81	71	58
Black-alone	16	10	13	16	11	15	16	10	14
Black-alone or in combination with one or more races	18	11	13	19	12	16	19	12	15
Asian-alone	1	14	26	1	16	25	1	16	25
Asian-alone or in combination with one or more races	2	16	26	2	19	25	2	18	25
Hispanic	12	59	50	14	57	41	14	57	44
All remaining single races and all race combinations	5	5	2	7	7	3	7	7	5
Education of parent[e]									
Less than high school	6	26	32	5	24	27	5	23	21
High school graduate	23	24	21	21	22	19	20	23	23
Some college or associate's degree	33	20	14	32	19	14	31	19	13
Bachelor's degree or greater	38	31	34	42	35	41	43	35	44

See notes at end of table.

Table FAM4 (cont.)

Children of at least one foreign-born parent: Percentage of children ages 0–17 by nativity of child and parents,[a] parent's education, poverty status, and other characteristics, selected years 1998–2016

Characteristic	2010[b]			2014			2016		
	Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent		Native-born child and parents	Foreign-born parent	
		Native-born child	Foreign-born child		Native-born child	Foreign-born child		Native-born child	Foreign-born child
Poverty status[f]									
Below 100% poverty	18	26	33	*	*	*	18	23	29
100%–199% poverty	19	27	30	*	*	*	20	28	28
200% poverty and above	63	47	37	*	*	*	62	50	43
Presence of parents									
Two parents present[g]	69	83	79	68	82	81	68	83	81
Living with mother only	27	16	19	27	16	16	28	15	17
Living with father only	4	2	2	5	2	3	5	2	2
Presence of adults other than parents									
Other relatives only	20	28	34	20	28	27	20	28	32
Nonrelatives only	4	3	4	5	3	3	5	3	3
Both relatives and nonrelatives	1	2	2	1	1	1	1	1	2
No other relatives or nonrelatives	75	67	60	74	68	70	74	69	63

— Not available.

* The source of data for these estimates, the Current Population Survey (CPS) Annual Social and Economic Supplements (ASEC) 2014 sample of 98,000 addresses, is not the official source of estimates for income, poverty or health insurance. The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of the 2014 data for this table is the CPS ASEC sample of 98,000 addresses.

[a] Native-born parents means that all of the parents that the child lives with are native-born, while foreign-born means that at least one of the child's parents is foreign-born. Anyone with U.S. citizenship at birth is considered native-born, which includes persons born in the United States and in U.S. outlying areas, and persons born abroad with at least one American parent.

[b] Data are from the expanded CPS sample and use population controls based on Census 2000.

[c] In 2016, all children total 73,745,000. The estimate excludes household residents under age 18 who were listed as family reference persons or spouses.

[d] From 1994 to 2002, following the 1977 U.S. Office of Management and Budget (OMB) standards for collecting and presenting data on race, the CPS asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The U.S. Census Bureau also offered an "Other" category. Beginning in 2003, following the 1997 OMB standards for collecting and presenting data on race, the CPS asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2004, "Asian" refers to Asians and Pacific Islanders; beginning in 2004, "Asian" refers to Asians alone. Data from 2004 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[e] Prior to 2007, this category reflected the education of the parent identified by the parent pointer. Beginning in 2007, it shows the education of the parent with the highest educational attainment if the child lives with two parents.

[f] The poverty status groups are derived from the ratio of the family's income to the family's poverty threshold. Below 100 percent of poverty refers to children living below the poverty threshold, 100–199 percent of poverty refers to children living in low-income households, and 200 percent of poverty and above refers to children living in medium- and high-income households. See ECON1.B for income levels relative to the poverty threshold.

[g] Prior to 2007, this category included only married parents. Beginning in 2007, all children with two parents are included, regardless of whether the parents are married. Prior to 2007, CPS data identified only one parent on the child's record. This meant that a second parent could only be identified if they were married to the first parent. In 2007, a second parent identifier was added to the CPS. This permits identification of two coresident parents, even if the parents are not married to each other. In this table, "two parents" reflects all children who have both a mother and father identified in the household, including biological, step, and adoptive parents. Before 2007, "mother only" and "father only" included some children who lived with a parent who was living with the other parent of the child but was not married to them. Beginning in 2007, "mother only" and "father only" refer to children for whom only one parent has been identified, whether biological, step, or adoptive.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table FAM5

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by selected characteristics, selected years 1979–2015

	Current Population Survey					American Community Survey					
Characteristic	**1979**	**1989**	**1992**	**1995[b]**	**1999[b]**	**2000**	**2005**	**2010**	**2013**	**2014**	**2015**
Children who speak another language at home											
Number (in thousands)	3,826	5,177	6,264	6,657	8,815	9,526	10,507	11,872	11,742	11,788	11,931
Language spoken[c] (in thousands)											
Spanish	2,529	3,550	4,314	5,037	6,339	6,533	7,530	8,456	8,458	8,521	8,568
Other Indo-European	622	727	505	514	433	1,535	1,462	1,568	1,485	1,467	1,528
Asian or Pacific Island languages	160	551	978	504	1,177	1,147	1,140	1,313	1,285	1,270	1,307
Other languages	515	349	467	602	865	311	375	444	514	530	528
Ability to speak English (in thousands)											
Very well	2,576	3,369	4,104	4,226	6,185	6,640	7,701	9,078	9,299	9,385	9,578
Well	783	1,144	1,436	1,538	1,743	1,754	1,818	1,872	1,701	1,652	1,628
Not well	362	568	627	749	758	926	819	717	631	622	615
Not at all	105	96	97	143	130	206	169	116	111	129	110
Percentage of school-age children	8.5	12.3	13.2	14.1	16.7	18.1	19.9	21.9	21.8	21.9	22.2
Race and Hispanic origin[d]											
White	8.7	12.0	12.6	13.3	16.4	—	—	—	—	—	—
White-alone	—	—	—	—	—	14.4	14.7	17.8	18.2	18.5	18.7
White, non-Hispanic	3.2	3.3	3.3	3.6	3.9	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	5.7	5.6	5.6	5.4	5.5	5.6
Black	1.9	3.1	4.3	4.2	5.8	—	—	—	—	—	—
Black-alone	—	—	—	—	—	5.1	6.0	7.0	7.2	7.2	7.4
Black, non-Hispanic	1.3	2.3	3.7	3.0	4.5	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	—	4.4	5.3	6.0	6.2	6.2	6.4
American Indian or Alaska Native	—	16.6	13.6	17.8	20.4	—	—	—	—	—	—
American Indian or Alaska Native-alone	—	—	—	—	—	20.5	20.0	21.2	19.8	20.5	20.5
Asian or Pacific Islander	—	62.2	65.2	60.2	60.4	—	—	—	—	—	—
Asian-alone	—	—	—	—	—	67.1	64.0	62.8	59.0	58.3	58.2
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	—	29.8	29.8	29.3	31.0	33.4	27.9
Other	44.5	43.6	51.7	64.0	—	—	—	—	—	—	—
Some other race alone	—	—	—	—	—	75.4	74.5	75.8	75.3	73.7	74.7
Two or more races	—	—	—	—	—	17.6	14.4	16.0	14.2	14.0	13.7
Hispanic (of any race)	75.1	69.4	71.5	73.8	70.9	68.6	68.9	65.3	63.1	62.6	62.0
Education of parent[e]											
Less than high school graduate	—	—	—	—	—	47.4	55.3	60.7	61.9	62.4	63.1
High school graduate	—	—	—	—	—	15.5	20.4	25.2	27.5	27.9	28.9
Some college	—	—	—	—	—	12.4	13.4	14.8	14.8	14.9	15.2
Bachelor's degree or higher	—	—	—	—	—	12.9	13.2	14.3	13.8	13.7	14.0
Poverty status[f]											
Below 100% poverty	—	—	—	—	—	28.4	30.2	32.5	31.8	33.2	33.2
100% poverty and above	—	—	—	—	—	16.1	17.7	19.2	19.0	19.1	19.6
Nativity status[g]											
Native child and parents	—	—	—	—	—	5.0	5.0	5.4	5.2	5.2	5.3
Foreign-born parent	—	—	—	—	—	72.0	71.8	72.1	70.2	70.0	69.5
Native child	—	—	—	—	—	66.9	67.1	68.6	67.1	67.1	66.6
Foreign-born child	—	—	—	—	—	87.9	88.6	88.2	86.7	86.4	86.4

See notes at end of table.

Table FAM5 (cont.) **Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by selected characteristics, selected years 1979–2015**

	Current Population Survey					American Community Survey					
Characteristic	**1979**	**1989**	**1992**	**1995[b]**	**1999[b]**	**2000**	**2005**	**2010**	**2013**	**2014**	**2015**
Children who speak another language at home—cont.											
Family structure											
Two married parents	—	—	—	—	—	18.5	20.4	22.6	22.7	22.7	23.2
Mother only	—	—	—	—	—	15.8	17.9	20.1	20.4	20.7	20.9
Father only	—	—	—	—	—	19.3	21.1	22.5	22.1	21.8	21.4
No parent	—	—	—	—	—	20.1	20.4	19.9	18.5	19.0	17.9
Region[h]											
Northeast	10.5	12.8	14.9	15.2	17.7	19.1	19.7	21.7	22.7	22.3	22.6
South	6.8	10.6	10.5	11.7	14.3	14.6	16.8	19.3	19.4	20.0	20.2
Midwest	3.7	4.7	5.3	5.9	7.5	9.5	10.8	12.3	12.5	12.3	12.6
West	17.0	23.6	25.3	26.4	28.8	31.0	33.0	34.4	33.7	33.2	33.4
Living in limited English proficient household[i]											
Number (in thousands)	—	—	—	—	—	2,576	2,952	2,986	2,788	2,781	2,759
Percentage of school-age children	—	—	—	—	—	4.9	5.6	5.5	5.2	5.2	5.1
Children who speak another language at home and have difficulty speaking English											
Number (in thousands)	1,250	1,808	2,160	2,431	2,630	2,886	2,806	2,704	2,443	2,402	2,353
Percentage of school-age children	2.8	4.3	4.6	5.2	5.0	5.5	5.3	5.0	4.5	4.5	4.4
Language spoken[c]											
Spanish	2.1	3.1	3.3	4.3	4.3	4.0	4.0	3.6	3.2	3.1	3.0
Other Indo-European	0.2	0.4	0.2	0.2	0.2	0.6	0.6	0.5	0.5	0.5	0.5
Asian or Pacific Island languages	0.1	0.6	0.8	0.4	0.6	0.7	0.6	0.6	0.6	0.6	0.6
Other languages	0.4	0.2	0.3	0.3	0.5	0.1	0.1	0.2	0.1	0.2	0.2
Race and Hispanic origin[d]											
White	2.8	4.2	4.3	4.9	5.2	—	—	—	—	—	—
White-alone	—	—	—	—	—	4.4	3.9	4.4	3.8	3.8	3.7
White, non-Hispanic	0.5	0.7	0.6	0.7	1.0	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	—	1.3	1.3	1.1	1.0	1.1	1.1
Black	0.5	0.7	1.5	1.5	1.3	—	—	—	—	—	—
Black-alone	—	—	—	—	—	1.4	1.4	1.5	1.4	1.4	1.5
Black, non-Hispanic	0.3	0.5	1.2	0.9	1.0	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	—	1.2	1.3	1.3	1.2	1.2	1.2
American Indian or Alaska Native	—	4.5	1.4	3.8	8.2	—	—	—	—	—	—
American Indian or Alaska Native-alone	—	—	—	—	—	4.6	4.1	4.8	2.8	3.4	3.7
Asian or Pacific Islander	—	24.5	25.0	19.4	13.9	—	—	—	—	—	—
Asian-alone	—	—	—	—	—	19.8	17.2	15.5	14.3	14.3	14.0
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	—	10.3	7.3	5.2	8.1	8.8	7.3
Other	19.5	9.0	18.1	27.1	—	—	—	—	—	—	—
Some other race alone	—	—	—	—	—	24.7	20.7	17.7	14.7	13.8	13.0
Two or more races	—	—	—	—	—	4.2	2.6	2.9	2.5	2.5	2.4
Hispanic (of any race)	28.7	26.7	27.9	30.9	23.4	22.8	19.4	15.4	13.0	12.5	11.9
Education of parent[e]											
Less than high school graduate	—	—	—	—	—	17.8	18.7	18.1	15.8	15.7	15.2

See notes at end of table.

Table FAM5 (cont.)

Language spoken at home and difficulty speaking English: Number of children ages 5–17 who speak a language other than English at home by language spoken and ability to speak English, and the percentages of those speaking a language other than English at home and those with difficulty speaking English[a] by selected characteristics, selected years 1979–2015

Characteristic	Current Population Survey					American Community Survey					
	1979	1989	1992	1995[b]	1999[b]	2000	2005	2010	2013	2014	2015
Children who speak another language at home and have difficulty speaking English—cont.											
High school graduate	—	—	—	—	—	4.4	5.2	5.8	5.9	5.6	5.5
Some college	—	—	—	—	—	3.0	2.9	2.6	2.6	2.4	2.5
Bachelor's degree or higher	—	—	—	—	—	2.8	2.6	2.4	2.2	2.3	2.3
Poverty status[f]											
Below 100% poverty	—	—	—	—	—	11.3	10.2	9.3	8.2	8.4	8.1
100% poverty and above	—	—	—	—	—	4.3	4.3	3.9	3.5	3.4	3.5
Nativity status[g]											
Native child and parents	—	—	—	—	—	1.3	1.1	1.0	0.9	0.9	0.9
Foreign-born parent	—	—	—	—	—	21.8	19.4	16.9	14.7	14.2	13.7
Native child	—	—	—	—	—	17.2	15.1	14.0	12.4	11.8	11.0
Foreign-born child	—	—	—	—	—	36.0	34.6	29.7	27.0	28.0	28.9
Family structure											
Two married parents	—	—	—	—	—	5.4	5.4	4.9	4.6	4.5	4.4
Mother only	—	—	—	—	—	4.3	4.2	4.5	4.1	4.0	4.0
Father only	—	—	—	—	—	6.8	6.6	6.1	5.4	5.1	5.0
No parent	—	—	—	—	—	8.6	7.5	6.5	5.3	5.6	4.8
Region[h]											
Northeast	2.9	4.5	4.8	5.0	4.4	5.0	4.5	4.6	4.6	4.6	4.4
South	2.2	3.8	3.3	3.4	3.6	4.4	4.6	4.6	4.3	4.4	4.4
Midwest	1.1	1.2	1.5	2.3	2.0	2.8	3.1	2.9	2.7	2.6	2.6
West	6.5	8.6	9.8	11.4	10.5	10.0	8.9	7.8	6.6	6.1	5.9

— Not available.

[a] Respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were "Very well," "Well," "Not well," and "Not at all." All those reported to speak English less than "Very well" were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of a sample of the children in the 1980s.

[b] Numbers from the Current Population Survey (CPS) in 1995 and after may reflect changes in the survey because of newly instituted computer-assisted interviewing techniques and/or because of the change in the population controls to the 1990 Census-based estimates, with adjustments.

[c] In the 1979 CPS questionnaire, the language spoken at home variable had 10 specific categories: Chinese, Filipino, French, German, Greek, Italian, Polish, Portuguese, Spanish, and Other. In the 1989 CPS questionnaire, the language spoken at home variable had 34 specific categories. In the 1992 to 1999 CPS questionnaires, the language spoken at home variable had 4 categories: Spanish, Asian, Other European, and Other. In the American Community Survey (ACS), respondents are asked the question, and their response is recorded in an open-ended format.

[d] From 1979 to 1999, following the 1977 U.S. Office of Management and Budget (OMB) standards for collecting and presenting data on race, the CPS asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The U.S. Census Bureau also offered an "Other" category. Beginning in 2000, following the 1997 OMB standards for collecting and presenting data on race, the ACS asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, or Native Hawaiian or Other Pacific Islander. In addition, a "Some other race" category was included with OMB approval. Those who chose more than one race were classified as "Two or more races." Except for those who were "Two or more races," all race groups discussed in this table from 2000 onward refer to people who indicated only one racial identity within the racial categories presented. People who responded to the question on race by indicating only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Prior to 2000, "Asian" refers to Asians and Pacific Islanders; beginning in 2000, "Asian" refers to Asians alone. Data from 2000 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[e] Highest level of educational attainment is shown for either parent.

[f] Limited to the population for whom poverty status is determined.

[g] Native-born parents means that all of the parents that the child lives with are native-born, while foreign-born means that at least one of the child's parents is foreign-born. Anyone with U.S. citizenship at birth is considered native born, which includes persons born in the United States and in U.S. outlying areas, and persons born abroad with at least one American parent.

[h] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

[i] A household with limited English proficiency is one in which no person age 14 or over speaks English at least "Very well." That is, no person age 14 or over speaks only English at home, or no person speaks another language at home and speaks English "Very well."

NOTE: All nonresponses to the CPS language questions are excluded from the tabulations, except in 1999. In 1999, imputations were instituted for nonresponse on the language items.

SOURCE: U.S. Census Bureau, Current Population Survey and American Community Survey.

Table FAM6 Adolescent births: Birth rates by race and Hispanic origin[a] and mother's age, selected years 1980–2015

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
All races												
Ages 10–14	1.1	1.2	1.4	1.3	0.9	0.6	0.4	0.4	0.4	0.3	0.3	0.2
Ages 15–17	32.5	31.0	37.5	35.5	26.9	21.1	17.3	15.4	14.1	12.3	10.9	9.9
Ages 18–19	82.1	79.6	88.6	87.7	78.1	68.4	58.2	54.1	51.4	47.1	43.8	40.7
Ages 15–19	53.0	51.0	59.9	56.0	47.7	39.7	34.2	31.3	29.4	26.5	24.2	22.3
White, total												
Ages 10–14	0.6	0.6	0.7	0.8	0.6	0.5	0.3	0.3	0.3	0.2	0.2	0.2
Ages 15–17	25.5	24.4	29.5	29.6	23.3	18.8	15.8	14.1	13.0	11.3	10.2	9.2
Ages 18–19	73.2	70.4	78.0	80.2	72.3	64.0	54.8	50.8	48.3	44.7	42.0	39.3
Ages 15–19	45.4	43.3	50.8	49.5	43.2	36.7	31.9	29.1	27.4	24.9	23.0	21.3
White, non-Hispanic												
Ages 10–14	0.4	—	0.5	0.4	0.3	0.2	0.2	0.2	0.2	0.1	0.1	0.1
Ages 15–17	22.4	—	23.2	22.0	15.8	11.5	10.0	9.0	8.4	7.4	6.7	6.0
Ages 18–19	67.7	—	66.6	66.2	57.5	48.0	42.5	39.9	37.9	35.0	32.9	30.6
Ages 15–19	41.2	—	42.5	39.3	32.6	26.0	23.5	21.7	20.5	18.6	17.3	16.0
Black, total												
Ages 10–14	4.3	4.5	4.9	4.1	2.3	1.6	1.0	0.9	0.8	0.7	0.6	0.5
Ages 15–17	72.5	69.3	82.3	68.5	49.0	34.5	27.3	24.7	22.0	19.0	16.7	15.3
Ages 18–19	135.1	132.4	152.9	135.0	118.8	101.2	84.8	78.8	74.4	67.3	61.9	57.1
Ages 15–19	97.8	95.4	112.8	94.4	77.4	60.1	51.1	47.3	44.0	39.1	35.1	32.0
Black, non-Hispanic												
Ages 10–14	4.6	—	5.0	4.2	2.4	1.6	1.0	0.9	0.8	0.7	0.6	0.6
Ages 15–17	77.2	—	84.9	70.4	50.1	34.1	27.4	24.6	21.9	18.9	16.6	15.3
Ages 18–19	146.5	—	157.5	139.2	121.9	100.2	85.6	78.8	74.1	67.0	61.5	56.7
Ages 15–19	105.1	—	116.2	97.2	79.2	59.4	51.5	47.3	43.9	39.0	34.9	31.8
American Indian or Alaska Native, total												
Ages 10–14	1.9	1.7	1.6	1.6	1.1	0.8	0.5	0.5	0.5	0.4	0.3	0.3
Ages 15–17	51.5	47.7	48.5	44.6	34.1	26.3	20.1	18.2	17.0	15.9	13.2	12.7
Ages 18–19	129.5	124.1	129.3	122.2	97.1	78.0	66.1	61.6	60.5	53.3	48.6	45.8
Ages 15–19	82.2	79.2	81.1	72.9	58.3	46.0	38.7	36.1	34.9	31.1	27.3	25.7
American Indian or Alaska Native, non-Hispanic												
Ages 10–14	—	—	1.8	1.8	1.2	1.0	0.8	0.8	0.7	0.6	0.5	0.4
Ages 15–17	—	—	53.9	49.3	40.3	34.5	28.2	26.4	24.5	22.2	19.0	18.5
Ages 18–19	—	—	143.9	138.5	116.3	103.3	95.0	88.9	88.8	77.8	69.9	66.8
Ages 15–19	—	—	90.1	81.8	69.3	60.8	55.5	52.6	51.2	44.9	39.3	37.6

See notes at end of table.

Table FAM6 (cont.) **Adolescent births: Birth rates by race and Hispanic origin[a] and mother's age, selected years 1980–2015**

(Live births per 1,000 females in specified age group)

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
Asian or Pacific Islander, total												
Ages 10–14	0.3	0.4	0.7	0.7	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Ages 15–17	12.0	12.5	16.0	15.6	11.6	7.7	5.1	4.6	4.1	3.7	3.3	2.7
Ages 18–19	46.2	40.8	40.2	40.1	32.6	26.4	18.7	18.1	17.7	16.1	13.9	12.8
Ages 15–19	26.2	23.8	26.4	25.5	20.5	15.4	10.9	10.2	9.7	8.7	7.7	6.9
Asian or Pacific Islander, non-Hispanic												
Ages 10–14	—	—	0.7	0.7	0.3	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Ages 15–17	—	—	15.7	15.1	11.1	6.7	4.4	3.9	3.5	3.2	2.8	2.3
Ages 18–19	—	—	39.8	39.5	31.5	23.7	17.1	16.3	15.8	14.4	12.4	11.2
Ages 15–19	—	—	26.1	25.0	19.8	13.7	9.9	9.0	8.5	7.8	6.8	6.0
Hispanic[b]												
Ages 10–14	1.7	—	2.4	2.6	1.7	1.3	0.8	0.7	0.6	0.5	0.4	0.4
Ages 15–17	52.1	—	65.9	68.3	55.5	45.8	32.3	28.0	25.5	22.0	19.3	17.4
Ages 18–19	126.9	—	147.7	145.4	132.6	124.4	90.7	81.5	77.2	70.8	66.1	61.9
Ages 15–19	82.2	—	100.3	99.3	87.3	76.5	55.7	49.6	46.3	41.7	38.0	34.9

— Not available.

[a] The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised OMB standards issued in 1997 permitted the option of selecting more than one race. Multiple-race data were reported by 6 states in 2003, 9 states in 2004, 19 states in 2005, 23 states in 2006, 27 states in 2007, 30 states in 2008, 32 states and the District of Columbia (DC) in 2009, 38 states and DC in 2010, 40 states and DC in 2011, 41 states and DC in 2012, 44 states and DC in 2013, and 49 states and DC in 2014 and 2015. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

[b] Persons of Hispanic origin may be of any race. Trends for Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate as well as by immigration. These two factors affect numbers of events, composition of the Hispanic population, and maternal and infant health characteristics. The number of states in the reporting area increased from 22 states in 1980 to 23 states and DC in 1983–1987, 30 states and DC in 1988, 47 states and DC in 1989, 48 states and DC in 1990, 49 states and DC in 1991–1992, and 50 states and DC in 1993. Rates in 1981–1988 were not calculated for Hispanic; Black, non-Hispanic; and White, non-Hispanic because estimates for these populations were not available.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table FAM7.A Child maltreatment: Rate of substantiated maltreatment of children ages 0–17 by selected characteristics, 2008–2015

(Victimization rate per 1,000 children ages 0–17)

Characteristic	2008	2009	2010	2011	2012	2013	2014	2015
Total	9.3	9.0	8.9	8.8	8.8	8.8	9.1	9.2
Gender								
Male	8.7	8.4	8.5	8.4	8.4	8.4	8.7	8.8
Female	9.7	9.4	9.4	9.2	9.2	9.2	9.4	9.6
Race and Hispanic origin[a]								
White, non-Hispanic	7.7	7.3	7.6	7.6	7.7	7.3	8.1	8.1
Black, non-Hispanic	15.2	14.1	13.6	13.7	13.6	13.3	14.4	14.5
American Indian or Alaska Native, non-Hispanic	11.9	10.8	10.7	11.0	11.9	11.7	12.6	13.8
Asian, non-Hispanic	2.1	1.8	1.7	1.6	1.7	1.6	1.7	1.7
Native Hawaiian or Other Pacific Islander, non-Hispanic	10.2	10.5	9.4	8.2	8.3	7.6	8.4	8.8
Two or more races, non-Hispanic	10.3	10.7	9.2	9.5	9.7	10.2	10.4	10.4
Hispanic	8.9	8.2	8.2	8.4	8.2	8.2	8.7	8.4
Age								
Ages 0–3	13.2	12.9	13.8	13.6	13.7	13.8	14.3	14.5
Age <1	20.1	19.1	20.7	20.3	21.1	22.3	23.5	24.2
Ages 1–3	10.9	10.8	11.6	11.4	11.3	11.0	11.2	11.3
Ages 4–7	9.7	9.4	9.6	9.4	9.7	9.9	10.2	10.2
Ages 8–11	8.2	7.8	7.6	7.3	7.4	7.3	7.6	7.7
Ages 12–15	7.6	7.4	7.0	6.7	6.6	6.5	6.6	6.7
Ages 16–17	5.1	5.1	4.9	4.6	4.5	4.4	4.5	4.5

[a] The revised 1997 U.S. Office of Management and Budget standards were used for race and Hispanic origin, where respondents could choose one or more of five racial groups: White, Black or African American, Asian, Native Hawaiian or Other Pacific Islander, or American Indian or Alaska Native. Those reporting more than one race were classified as "Two or more races." In addition, data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

NOTE: The data in this table are rates of maltreatment based on investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The rates are based on unique counts of victims of maltreatment. A unique count includes each child only one time regardless of the number of times the child was determined to be a victim. Maltreatment includes the dispositions of substantiated or indicated. This is not comparable to child maltreatment estimates in previous editions of *America's Children,* which were based on duplicated rather than unduplicated counts, and also included alternative response victims as maltreated. Data may include state resubmissions and may not match previously published data. Rates are based on the number of states submitting data to the National Child Abuse and Neglect Data System (NCANDS) each year; states include the District of Columbia and Puerto Rico. The number of states reporting may vary slightly from year to year, and not all states report in all years. Additional technical notes are available in the annual reports entitled *Child Maltreatment.* These reports are available on the Internet at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

Table FAM7.B Child maltreatment: Percentage of substantiated maltreatment of children ages 0–17 by maltreatment type and age, 2015

Characteristic	Physical abuse	Neglect	Medical neglect	Sexual abuse	Psychological abuse	Other abuse	Unknown
Overall	17.2	75.3	2.2	8.4	6.2	6.9	0.0
Age							
Ages 0–3	15.8	81.9	2.6	1.3	4.6	7.8	0.0
Age <1	19.6	79.3	3.1	0.4	3.2	7.7	0.0
Ages 1–3	13.1	83.8	2.2	2.0	5.5	7.9	0.0
Ages 4–7	16.4	76.9	1.7	7.2	6.5	7.0	0.0
Ages 8–11	17.5	73.0	1.9	10.4	7.5	6.7	0.0
Ages 12–15	19.6	65.6	2.5	18.8	7.4	5.9	0.0
Ages 16–17	20.7	65.0	2.6	18.7	6.6	5.6	0.0
Unknown or missing	24.4	65.7	2.9	9.4	16.8	5.2	0.1

NOTE: Based on data from 50 states, the District of Columbia, and the Commonwealth of Puerto Rico. The data in this table are rates of victimization based on the number of investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. This is a duplicated count of maltreatments, based on a unique count of victims. This is a change from prior years when a child was counted each time the child was determined to be a victim. Rows total to more than 100 percent because a single child may be the victim of multiple types of maltreatment. Substantiated maltreatment includes the dispositions of substantiated or indicated. This is a change from prior years when substantiated maltreatment included dispositions of substantiated, indicated, and alternative response victim. States vary in their definition of abuse and neglect. The category of unknown includes unborn, missing data, and children older than age 17. Additional technical notes are available in the annual reports entitled *Child Maltreatment.* These reports are available on the Internet at http://www.acf.hhs.gov/programs/cb/research-data-technology/statistics-research/child-maltreatment.

SOURCE: Administration for Children and Families, National Child Abuse and Neglect Data System.

Table ECON1.A **Child poverty: Percentage of all children ages 0–17 living below selected poverty thresholds by selected characteristics, selected years 1980–2015**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2013[a]	2014	2015
Below 100% poverty										
Total	18.3	20.7	20.6	20.8	16.2	17.6	22.0	21.5	21.1	19.7
Gender										
Male	18.1	20.3	20.5	20.4	16.0	17.4	22.2	21.5	21.2	19.5
Female	18.6	21.1	20.8	21.2	16.3	17.8	21.9	21.5	21.1	19.9
Age										
Ages 0–5	20.7	23.0	23.6	24.1	18.3	20.2	25.8	24.1	23.9	21.3
Ages 6–17	17.3	19.5	19.0	19.1	15.2	16.3	20.2	20.3	19.8	19.0
Race and Hispanic origin[b]										
White, non-Hispanic	11.8	12.8	12.3	11.2	9.1	10.0	12.3	13.4	12.3	12.1
Black, non-Hispanic	42.3	43.3	44.5	41.5	31.0	34.5	39.1	33.4	37.3	33.6
Hispanic	33.2	40.3	38.4	40.0	28.4	28.3	34.9	33.0	31.9	28.9
Region[c]										
Northeast	16.3	18.5	18.4	19.0	14.5	15.5	18.5	18.2	17.8	18.4
South	22.5	22.8	23.8	23.5	18.4	19.7	24.3	24.2	23.8	22.1
Midwest	16.3	20.7	18.8	16.9	13.1	15.9	20.5	20.1	18.8	17.2
West	16.1	19.3	19.8	22.1	16.9	17.5	22.2	20.8	21.2	19.0
Children in married-couple families, total	10.1	11.4	10.3	10.0	8.0	8.5	11.6	10.1	10.6	9.8
Ages 0–5	11.6	12.9	11.7	11.1	8.7	9.9	13.4	11.5	11.6	10.1
Ages 6–17	9.4	10.5	9.5	9.4	7.7	7.7	10.7	9.4	10.2	9.6
White, non-Hispanic	7.5	8.2	6.9	6.0	4.7	4.5	6.4	6.6	6.4	6.0
Black, non-Hispanic	19.7	17.2	17.8	12.0	8.5	12.4	16.0	10.3	13.3	11.0
Hispanic	23.0	27.2	26.6	28.4	20.8	20.1	25.1	19.6	21.2	19.5
Children in female-householder families, no husband present, total	51.4	54.1	54.2	50.7	40.5	43.1	47.1	47.4	46.4	42.6
Ages 0–5	65.4	65.7	65.9	61.9	50.7	52.9	58.7	55.3	55.1	49.5
Ages 6–17	46.2	49.1	48.4	45.2	36.3	38.9	41.9	43.8	42.4	39.5
White, non-Hispanic	38.6	39.1	41.4	34.9	29.3	33.8	36.0	39.6	35.7	34.8
Black, non-Hispanic	64.9	66.7	65.1	61.5	48.9	50.2	52.6	49.9	52.9	46.9
Hispanic	64.8	73.0	68.9	66.0	50.5	51.0	56.8	53.2	53.3	48.7
Below 50% poverty										
Total	6.9	8.6	8.8	8.5	6.7	7.7	9.9	9.9	9.3	8.9
Gender										
Male	6.9	8.6	8.8	8.4	6.6	7.3	10.0	10.1	9.3	8.8
Female	6.9	8.6	8.8	8.5	6.8	8.1	9.8	9.7	9.3	9.0
Age										
Ages 0–5	8.3	10.0	10.7	10.8	8.1	9.1	12.0	12.0	11.2	10.2
Ages 6–17	6.2	7.8	7.8	7.2	6.0	7.0	8.9	8.9	8.4	8.3
Race and Hispanic origin[b]										
White, non-Hispanic	4.3	5.0	5.0	3.9	3.7	4.1	5.1	6.3	5.4	5.8
Black, non-Hispanic	17.7	22.1	22.7	20.5	14.9	17.3	20.1	16.6	18.5	16.2
Hispanic	10.8	14.1	14.2	16.3	10.2	11.5	15.0	14.6	12.9	11.5
Region[c]										
Northeast	4.7	6.5	7.6	8.6	6.4	7.5	8.9	7.7	7.7	7.9
South	9.7	10.9	11.3	10.1	7.9	9.0	10.5	11.0	10.9	10.3
Midwest	6.3	9.5	8.9	6.6	5.5	6.5	9.8	10.2	7.8	7.6
West	5.1	5.6	6.1	7.8	6.2	7.0	9.8	9.6	9.0	8.3

See notes at end of table.

Table ECON1.A (cont.) **Child poverty: Percentage of all children ages 0–17 living below selected poverty thresholds by selected characteristics, selected years 1980–2015**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2013[a]	2014	2015
Below 50% poverty—cont.										
Children in married-couple families, total	3.1	3.5	2.7	2.6	2.2	2.4	3.5	3.1	3.1	3.0
Ages 0–5	3.7	4.0	3.2	2.9	2.2	2.8	4.1	3.7	3.6	3.1
Ages 6–17	2.8	3.1	2.4	2.5	2.2	2.2	3.2	2.8	2.9	3.0
White, non-Hispanic	2.5	2.6	2.0	1.5	1.5	1.2	1.8	2.6	2.1	2.4
Black, non-Hispanic	4.2	5.2	3.9	2.5	2.9	4.5	5.7	2.1	4.0	4.2
Hispanic	6.2	7.4	6.7	8.6	4.5	5.2	7.5	4.8	5.4	4.4
Children in female-householder families, no husband present, total	22.3	27.0	28.7	24.4	19.7	22.5	25.3	25.5	23.9	22.1
Ages 0–5	31.4	35.8	37.7	34.3	28.4	29.4	33.3	33.7	30.6	29.0
Ages 6–17	18.8	23.2	24.2	19.7	16.1	19.6	21.7	21.8	20.8	19.0
White, non-Hispanic	15.3	17.5	21.1	14.5	13.4	16.4	18.6	20.3	18.0	18.1
Black, non-Hispanic	31.0	38.0	37.1	32.6	23.9	26.5	28.2	26.7	27.5	23.1
Hispanic	24.7	31.1	33.1	33.1	26.0	29.1	31.5	30.5	28.1	25.9
Below 150% poverty										
Total	29.9	32.3	31.4	32.2	26.7	28.2	33.4	33.2	32.5	31.4
Gender										
Male	29.6	32.2	31.3	31.7	26.6	28.0	33.6	33.4	32.7	31.0
Female	30.3	32.3	31.6	32.7	26.8	28.3	33.3	33.1	32.4	31.8
Age										
Ages 0–5	33.2	35.6	34.6	35.5	29.3	31.5	37.1	35.8	36.3	33.3
Ages 6–17	28.4	30.5	29.7	30.5	25.4	26.5	31.6	32.0	30.8	30.5
Race and Hispanic origin[b]										
White, non-Hispanic	21.7	22.6	21.4	20.1	16.4	17.2	20.5	21.9	20.7	20.2
Black, non-Hispanic	57.3	59.5	57.8	56.5	45.4	48.7	54.0	48.5	50.8	48.5
Hispanic	52.7	57.8	56.0	59.4	47.3	45.9	51.7	51.5	48.7	46.8
Region[c]										
Northeast	27.0	28.1	26.7	28.8	23.4	24.9	27.5	27.4	27.5	27.8
South	35.8	36.7	36.0	35.8	29.5	31.2	36.9	36.4	35.9	34.9
Midwest	26.0	31.0	28.7	26.8	21.8	25.0	31.1	31.5	29.8	28.2
West	27.9	30.4	31.4	35.0	29.3	28.8	34.2	33.7	33.0	31.0
Children in married-couple families, total	20.6	22.2	20.1	20.0	16.2	17.0	21.0	19.9	20.1	18.8
Ages 0–5	23.7	25.7	22.2	21.3	17.8	19.8	23.3	21.6	22.4	19.7
Ages 6–17	19.1	20.3	18.8	19.2	15.5	15.6	19.8	19.0	19.0	18.4
White, non-Hispanic	16.5	17.1	14.7	13.4	10.0	10.0	12.9	13.3	12.7	12.2
Black, non-Hispanic	34.6	37.1	31.6	25.3	20.0	22.9	27.0	22.4	26.2	21.1
Hispanic	43.4	47.3	46.6	49.8	39.4	38.5	42.3	39.5	38.3	36.7
Children in female-householder families, no husband present, total	66.7	68.1	67.6	65.7	57.6	58.9	63.2	62.7	62.1	60.1
Ages 0–5	79.1	77.4	77.1	75.3	67.2	68.8	72.9	69.1	70.1	67.6
Ages 6–17	62.0	64.1	62.9	61.0	53.7	54.7	58.9	59.9	58.5	56.7
White, non-Hispanic	53.6	54.4	56.1	50.1	45.1	47.8	50.1	53.4	52.0	49.8
Black, non-Hispanic	79.9	79.6	77.4	76.2	66.1	66.9	70.4	66.8	66.8	65.1
Hispanic	80.7	84.8	80.8	81.7	70.3	67.4	72.9	69.9	70.6	67.8

See notes at end of table.

Table ECON1.A (cont.) **Child poverty: Percentage of all children ages 0–17 living below selected poverty thresholds by selected characteristics, selected years 1980–2015**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2013[a]	2014	2015
Below 200% poverty										
Total	42.3	43.5	42.4	43.3	37.5	38.9	43.7	43.2	42.9	41.8
Gender										
Male	42.3	43.2	42.5	43.1	37.5	38.6	43.7	43.0	43.3	41.4
Female	42.4	43.7	42.3	43.5	37.6	39.3	43.6	43.4	42.4	42.1
Age										
Ages 0–5	46.8	47.1	46.0	46.7	41.0	42.4	47.4	45.9	46.4	44.2
Ages 6–17	40.3	41.6	40.5	41.5	35.9	37.3	41.9	41.9	41.2	40.6
Race and Hispanic origin[b]										
White, non-Hispanic	33.8	33.6	32.3	30.5	25.5	26.2	29.1	30.4	29.2	28.9
Black, non-Hispanic	70.1	70.9	68.1	68.0	58.9	61.2	65.1	60.0	62.4	60.0
Hispanic	67.2	70.3	69.5	72.9	62.6	60.7	64.8	63.8	62.3	60.8
Region[c]										
Northeast	39.1	37.5	36.3	38.2	33.0	33.9	35.9	37.5	36.7	36.0
South	47.8	48.6	47.7	48.4	41.6	42.5	47.4	46.3	46.9	45.0
Midwest	39.1	42.5	39.6	36.9	31.2	35.3	41.2	40.6	39.3	39.3
West	40.5	41.7	42.7	46.1	40.5	40.5	45.5	44.6	43.8	42.7
Children in married-couple families, total	33.2	33.9	31.4	31.1	26.4	27.0	30.8	28.7	29.5	28.3
Ages 0–5	38.1	38.1	34.5	33.2	29.2	30.2	33.4	31.0	32.2	29.8
Ages 6–17	30.8	31.6	29.6	29.9	25.1	25.4	29.4	27.6	28.2	27.6
White, non-Hispanic	28.3	27.8	25.4	23.3	18.2	18.1	20.5	20.1	19.9	20.0
Black, non-Hispanic	50.9	52.5	44.7	38.3	35.3	35.3	40.4	31.7	37.0	30.8
Hispanic	60.5	62.8	62.1	66.0	55.5	54.1	56.0	53.5	52.8	51.3
Children in female-householder families, no husband present, total	78.2	77.4	77.6	76.4	69.7	71.2	73.9	74.5	74.3	72.1
Ages 0–5	87.9	84.5	85.4	84.3	78.6	80.2	82.4	79.6	80.5	79.1
Ages 6–17	74.5	74.4	73.7	72.5	66.0	67.4	70.1	72.3	71.5	69.0
White, non-Hispanic	67.8	66.6	68.0	62.6	57.1	60.2	62.0	66.8	64.8	61.6
Black, non-Hispanic	89.1	87.1	85.7	86.9	78.4	78.8	80.1	79.4	78.8	77.5
Hispanic	87.3	89.9	89.1	88.6	82.5	80.6	83.5	79.0	82.2	79.7

[a] The source for the redesigned income in this column is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample (about 30,000 households) that received the redesigned income questions. The 2014 CPS ASEC included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split panel design. The redesigned income questions were used for the entire 2015 CPS ASEC sample.

[b] From 1980 to 2002, following the 1977 U.S. Office of Management and Budget standards for collecting and presenting data on race, the CPS asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. An "Other" category was also offered. Beginning in 2003, the CPS allowed respondents to select one or more race categories. All race groups discussed in this table from 2002 onward refer to people who indicated only one racial identity within the categories presented. For this reason, data from 2002 onward are not directly comparable with data from earlier years. People who reported only one race are referred to as the race-alone population. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: Data for 2010 use the Census 2010-based population controls. The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 onward are from the expanded CPS sample. The poverty level is based on money income and does not include noncash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average Consumer Price Index level. In 2015, the poverty threshold for a two parent, two child family was $24,036. The levels shown here are derived from the ratio of the family's income to the family's poverty threshold. For more detail, see U.S. Census Bureau, Series P–60, no. 256, http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-256.pdf.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table ECON1.B

Income distribution: Percentage of children ages 0–17 by family income relative to the poverty threshold, selected years 1980–2015

Characteristic	1980	1985	1990	1995	2000	2005	2010	2013[a]	2014	2015
Poverty status										
Below 50% of poverty threshold	6.9	8.6	8.8	8.5	6.7	7.7	9.9	9.9	9.3	8.9
50%–99% of poverty threshold	11.4	12.1	11.8	12.3	9.5	9.9	12.1	11.6	11.9	10.8
100%–199% of poverty threshold	24.0	22.8	21.8	22.5	21.4	21.3	21.6	21.7	21.7	22.1
200%–399% of poverty threshold	41.1	37.4	36.6	34.2	33.8	31.9	29.4	28.6	28.4	27.6
400%–599% of poverty threshold	11.5	13.6	13.7	13.7	16.3	15.9	14.6	14.8	15.0	15.7
600% of poverty threshold and above	5.1	5.5	7.3	8.8	12.4	13.3	12.3	13.3	13.8	14.9

[a] The source for the redesigned income in this column is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample (about 30,000 households) that received the redesigned income questions. The 2014 CPS ASEC included redesigned questions for income that were implemented to a subsample of the 98,000 addresses using a probability split panel design. The redesigned income questions were used for the entire 2015 CPS ASEC sample.

NOTE: Estimates refer to all children ages 0–17. The table shows income categories derived from the ratio of a family's income to the family's poverty threshold. In 2015, the poverty threshold for a family of four with two children was $24,036. For example, a family of four with two children would be living below 50 percent of the poverty threshold if their income was less than $12,018 (50 percent of $24,036). If the same family's income was at least $24,036 but less than $48,072, the family would be living at 100 percent–199 percent of the poverty threshold. Data for 2010 used the Census 2010-based population controls. The 2004 data have been revised to reflect a correction to the weights in the 2005 ASEC. Data for 1999, 2000, and 2001 use Census 2000 population controls. Data for 2000 onward are from the expanded CPS sample.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement.

Table ECON1.C

Supplemental poverty measure: Percentage of children ages 0–17 living in poverty by race and Hispanic origin and type of poverty measure, 2015

Characteristic	Official poverty measure	Supplemental poverty measure
Total	19.7	16.1
Race and Hispanic origin[a]		
White, non-Hispanic	12.1	10.2
Black, non-Hispanic	33.6	24.1
Asian, non-Hispanic	12.6	14.3
Hispanic (of any race)	28.9	24.5

[a] The term "White, non-Hispanic" is used to refer to people who reported being White and no other race and who are not Hispanic. The term "Black, non-Hispanic" is used to refer to people who reported being Black or African American and no other race and who are not Hispanic, and the term "Asian, non-Hispanic" is used to refer to people who reported only Asian as their race and who are not Hispanic. The use of single-race populations in this table does not imply that this is the preferred method of presenting or analyzing data. The U.S. Census Bureau uses a variety of approaches. From 1980 to 2002, following the 1977 U.S. Office of Management and Budget standards for collecting and presenting data on race, the Current Population Survey (CPS) asked respondents to choose one race from the following: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. An "Other" category was also offered. Beginning in 2003, the CPS allowed respondents to select one or more race categories. People who reported only one race are referred to as the race-alone population. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: These data refer to the civilian noninstitutionalized population. For more information about the supplemental poverty measure, see Renwick, T., & Fox, L., *The Supplemental Poverty Measure: 2015,* Current Population Reports, P60-258, U.S. Census Bureau, September 2016, available at http://www.census.gov/content/dam/Census/library/publications/2016/demo/p60-258.pdf.

SOURCE: U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement, 2016.

Table ECON2

Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time[a] by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2015

Characteristic	1980	1985	1990	1995	2000	2005	2010	2013[b]	2014[c]	2015
All children living with parent(s)										
Total children living with parent(s) (in thousands)	60,683	61,264	63,351	68,090	69,126	70,292	71,732	71,042	70,729	70,906
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,212	2,419	2,352	2,196	2,435	2,286
Total	70	70	72	74	80	78	71	74	75	75
Race and Hispanic origin[d]										
White, non-Hispanic	75	77	79	81	85	84	79	81	82	81
Black, non-Hispanic	50	48	50	54	66	62	53	57	60	62
Hispanic	59	55	60	61	72	74	61	66	69	69
Poverty status										
Below 100% poverty	21	20	22	25	34	32	24	27	31	30
100% poverty and above	81	82	85	86	88	88	83	85	87	86
Age										
Ages 0–5	67	67	68	69	76	75	66	70	72	73
Ages 6–17	72	72	74	76	81	80	73	76	77	77
Children living in families maintained by two married parents										
Total	80	81	85	87	90	89	83	87	88	88
Race and Hispanic origin[d]										
White, non-Hispanic	81	83	86	89	92	91	87	90	90	89
Black, non-Hispanic	73	76	84	85	90	85	76	81	85	86
Hispanic	71	70	74	77	85	85	73	80	82	83
Poverty status										
Below 100% poverty	38	37	44	46	58	57	40	48	55	51
100% poverty and above	84	87	89	91	93	92	89	91	91	92
Age										
Ages 0–5	76	79	83	86	89	87	80	85	86	86
Ages 6–17	81	82	85	87	91	90	84	87	89	88
With both parents working year round, full time	17	20	25	28	33	31	28	32	32	33
Children living in families maintained by single mothers[e]										
Total	33	32	33	38	49	48	41	42	45	46
Race and Hispanic origin[d]										
White, non-Hispanic	39	39	40	46	53	52	46	45	47	48
Black, non-Hispanic	28	25	27	33	49	45	40	41	44	47
Hispanic	22	22	24	27	38	45	36	40	42	41
Poverty status										
Below 100% poverty	7	7	9	14	20	17	15	16	17	16
100% poverty and above	59	59	60	61	67	70	65	65	69	68
Age										
Ages 0–5	20	20	21	24	36	37	31	32	35	38
Ages 6–17	38	37	40	45	55	53	47	47	49	49

See notes at end of table.

Table ECON2 (cont.) **Secure parental employment: Percentage of children ages 0–17 living with at least one parent employed year round, full time[a] by family structure, race and Hispanic origin, poverty status, and age, selected years 1980–2015**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2013[b]	2014[c]	2015
Children living in families maintained by single fathers[e]										
Total	57	60	64	67	69	71	55	63	63	63
Race and Hispanic origin[d]										
White, non-Hispanic	61	62	68	72	74	74	62	68	67	67
Black, non-Hispanic	41	59	53	64	52	65	41	50	54	60
Hispanic	53	53	59	58	68	67	52	62	60	62
Poverty status										
Below 100% poverty	15	23	21	24	21	32	18	28	24	28
100% poverty and above	68	69	74	79	79	80	69	74	76	75
Age										
Ages 0–5	48	57	58	54	65	66	50	56	59	62
Ages 6–17	59	62	67	74	70	73	58	66	64	64

[a] Year-round, full-time employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks.

[b] The source of the calendar year 2013 data for this table is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample that received income questions consistent with the 2013 CPS ASEC.

[c] Beginning in 2014, income and poverty data from the ASEC are based on a redesigned questionnaire and differ from the income and poverty data shown in this table for earlier years.

[d] For data from 1980 to 2002, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the totals, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. For all years, data on race and Hispanic or Latino ethnicity are collected separately. Persons of Hispanic or Latino ethnicity may be of any race.

[e] Data refer to parents who are never-married, divorced, widowed, separated, and married, spouse absent. Includes some families where both parents are present in the household but living as unmarried partners.

SOURCE: Bureau of Labor Statistics, Current Population Survey, Annual Social and Economic Supplement.

Table ECON3 **Food insecurity: Percentage of children ages 0–17 in food-insecure households by selected characteristics and severity of food insecurity, selected years 1995–2015**

Characteristic	1995[a]	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
All children												
In food-insecure households[b]	19.4	16.9	17.2	16.9	22.5	23.2	21.6	22.4	21.6	21.4	20.9	17.9
In households with very low food security among children[c]	1.3	0.8	0.6	0.9	1.5	1.3	1.3	1.1	1.3	1.0	1.2	0.7
Poverty status												
Below 100% poverty												
In food-insecure households[b]	44.4	42.5	43.6	42.9	51.5	51.2	43.7	46.0	45.8	46.4	45.1	43.5
In households with very low food security among children[c]	3.4	2.9	2.1	3.0	4.3	4.2	3.3	3.0	3.4	2.4	3.8	2.1
100%–199% poverty												
In food-insecure households[b]	25.4	26.4	26.7	27.5	33.7	34.5	32.3	31.7	32.1	32.3	30.4	27.5
In households with very low food security among children[c]	1.4	0.8	0.8	1.2	2.1	1.8	1.3	1.4	2.2	1.2	1.1	1.0
200% poverty and above												
In food-insecure households[b]	4.8	6.0	6.1	6.1	8.9	9.1	8.6	7.0	7.7	6.8	6.8	5.5
In households with very low food security among children[c]	0.2	0.3	0.1	0.2	0.3	0.2	0.5	0.2	0.3	‡	0.2	‡
Race and Hispanic origin[d]												
White, non-Hispanic												
In food-insecure households[b]	14.0	12.2	11.8	11.9	16.0	16.7	14.9	16.0	16.9	15.4	15.0	13.7
In households with very low food security among children[c]	0.8	0.5	0.3	0.5	0.6	0.7	0.5	0.6	0.8	0.6	0.8	0.4
Black, non-Hispanic												
In food-insecure households[b]	30.6	29.2	29.3	26.1	34.0	34.6	34.8	32.0	31.5	36.1	34.4	26.9
In households with very low food security among children[c]	2.3	1.9	1.5	1.8	3.2	2.3	2.6	2.2	2.5	2.4	2.1	1.1
Hispanic												
In food-insecure households[b]	33.9	23.7	26.0	26.7	33.9	34.9	32.5	34.5	28.7	29.5	28.8	23.8
In households with very low food security among children[c]	2.6	1.2	0.7	1.9	2.7	2.5	2.5	2.0	1.9	1.5	1.8	1.3
Region[e]												
Northeast												
In food-insecure households[b]	16.8	14.1	14.3	14.6	19.7	19.5	18.0	19.9	17.9	18.8	19.3	16.1
In households with very low food security among children[c]	0.8	1.0	0.5	0.7	1.3	1.8	0.9	0.9	1.2	0.9	1.0	0.6
South												
In food-insecure households[b]	20.5	18.0	19.3	18.3	24.3	25.1	22.9	23.7	23.8	24.8	23.4	19.0
In households with very low food security among children[c]	1.3	0.7	0.6	0.9	1.3	1.2	1.5	1.5	1.4	1.2	1.3	0.7
Midwest												
In food-insecure households[b]	16.2	15.8	16.5	15.4	21.1	21.7	20.0	18.5	20.5	18.6	19.3	16.7
In households with very low food security among children[c]	0.8	0.6	0.6	0.9	1.1	0.6	0.9	1.0	1.5	0.9	0.9	0.8
West												
In food-insecure households[b]	23.2	18.1	16.7	17.7	23.0	23.9	23.6	25.3	21.5	20.5	19.5	18.2
In households with very low food security among children[c]	2.1	1.1	0.6	1.2	2.1	1.9	1.6	0.9	1.1	1.0	1.7	0.9
Parental education												
Parent or guardian with highest education less than high school or GED												
In food-insecure households[b]	41.8	37.3	39.2	38.2	46.2	42.6	41.8	42.5	41.3	38.9	37.3	33.1
In households with very low food security among children[c]	3.0	1.4	2.3	2.4	2.8	3.2	3.2	2.8	2.8	1.6	3.4	‡

See notes at end of table.

Table ECON3 (cont.) **Food insecurity: Percentage of children ages 0–17 in food-insecure households by selected characteristics and severity of food insecurity, selected years 1995–2015**

Characteristic	1995[a]	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Parental education—cont.												
Parent or guardian with highest education high school or GED												
In food-insecure households[b]	24.9	25.1	25.2	23.7	33.6	34.2	29.4	33.4	30.0	34.5	32.5	29.0
In households with very low food security among children[c]	1.2	0.9	0.8	1.6	2.6	2.0	1.8	1.3	2.0	1.7	2.2	0.8
Parent or guardian with highest education some college, including vocational/technical or associate's degree												
In food-insecure households[b]	18.9	18.3	19.3	18.7	25.6	27.0	26.6	25.9	26.7	26.6	27.6	23.4
In households with very low food security among children[c]	1.5	1.1	0.5	1.0	1.6	1.6	1.4	1.6	1.5	1.3	1.3	1.1
Parent or guardian with highest education bachelor's degree or higher												
In food-insecure households[b]	5.1	4.9	4.7	5.8	7.4	9.0	8.3	8.8	9.2	7.9	7.6	6.6
In households with very low food security among children[c]	0.4	0.3	0.1	0.1	0.3	0.3	0.5	0.3	0.5	0.4	0.4	0.4
Family structure												
Married-couple household												
In food-insecure households[b]	13.3	11.3	11.5	11.8	15.8	17.1	15.4	15.6	14.5	14.7	14.0	11.4
In households with very low food security among children[c]	0.8	0.5	0.2	0.6	0.8	0.9	0.9	0.8	0.8	0.7	0.7	0.4
Female-headed household, no spouse												
In food-insecure households[b]	38.6	32.8	33.3	31.8	39.9	38.4	36.9	39.6	38.0	37.1	38.7	33.4
In households with very low food security among children[c]	2.8	1.7	1.6	2.0	3.2	2.7	2.3	1.9	2.5	2.0	2.5	1.5
Male-headed household, no spouse												
In food-insecure households[b]	21.0	18.4	19.5	20.5	30.0	28.6	27.6	26.3	26.0	25.5	22.5	22.3
In households with very low food security among children[c]	1.1	0.7	0.6	0.6	2.0	1.0	‡	‡	1.6	‡	2.3	‡

‡ Reporting standards not met; fewer than 10 households in the survey with this characteristic had very low food security among children.

[a] Statistics for 1995 are not precisely comparable with those for more recent years, due to a change in the method of screening Current Population Survey (CPS) sample households into the food security questions. The effect on 1995 statistics (a slight downward bias) is perceptible only for the category "In food-insecure households." Statistics for 1996, 1997, 1998, and 2000 are omitted because they are not directly comparable with those for other years.

[b] Either adults or children or both were food insecure. At times they were unable to acquire adequate food for active, healthy living for all household members because they had insufficient money and other resources for food.

[c] In these households, eating patterns of one or more children were disrupted, and their food intake was reduced below a level considered adequate by their caregiver. Prior to 2006, the category "with very low food security among children" was labeled "food insecure with hunger among children." The United States Department of Agriculture (USDA) introduced the new label based on recommendations by the Committee on National Statistics.

[d] Race and Hispanic origin are those of the household reference person. From 1995 to 2002, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Beginning in 2003, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." From 2003 onward, statistics for White, non-Hispanics and Black, non-Hispanics exclude persons who indicated "Two or more races." Statistics by race and ethnicity from 2003 onward are not directly comparable with statistics for earlier years, although examination of the size and food security prevalence rates of the multiple-race categories suggests that effects of the reclassification on food security prevalence statistics were small. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[e] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: The food security measure is based on data collected annually in the Food Security Supplement to the CPS. The criteria for classifying households as food insecure reflect a consensus judgment of an expert working group on food security measurement. For detailed explanations, see Bickel, G., Nord, M., Price, C., Hamilton, W., & Cook, J., revised 2000, *Guide to measuring household food security,* U.S. Department of Agriculture, Food and Nutrition Service; and Coleman-Jensen, A., Rabbitt, M. P., Gregory, C., & Singh, A., 2016, *Household food security in the United States in 2015* (ERR-215), U.S. Department of Agriculture, Economic Research Service.

SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by Department of Agriculture, Economic Research Service and Food and Nutrition Service.

Table HC1 **Health insurance coverage: Percentage of children ages 0–17 by health insurance coverage status at time of interview and selected characteristics, selected years 1993–2015**

Characteristic	1993[a]	1995[a]	2000	2005	2010	2011	2012	2013	2014	2015
Uninsured[b]										
Total	13.6	13.0	12.4	9.3	7.8	7.0	6.6	6.6	5.4	4.5
Gender										
Male	13.8	12.8	12.3	9.1	8.0	7.0	6.4	6.7	5.6	4.4
Female	13.4	13.3	12.5	9.4	7.6	6.9	6.7	6.5	5.3	4.6
Age										
Ages 0–5	12.4	11.5	11.7	7.7	6.3	5.0	4.6	5.0	4.1	3.3
Ages 6–11	13.8	12.8	12.3	9.2	7.4	7.0	6.4	6.0	5.2	4.2
Ages 12–17	14.8	14.9	13.3	10.8	9.8	9.0	8.7	8.9	6.9	6.1
Race and Hispanic origin[c]										
White, non-Hispanic	11.0	10.4	8.7	6.5	5.8	4.8	5.2	4.7	4.1	3.4
Black, non-Hispanic	14.7	12.6	12.2	8.9	6.4	5.5	4.4	5.1	3.5	3.2
Hispanic	25.3	24.2	25.8	17.5	13.0	12.3	10.9	11.8	9.7	8.0
Region[d]										
Northeast	9.9	10.2	7.0	5.5	4.4	3.0	3.5	3.7	3.6	2.6
South	18.7	17.1	16.1	12.5	9.7	8.1	8.0	8.0	7.1	5.8
Midwest	8.4	9.1	8.1	6.6	4.9	5.2	5.5	5.1	3.4	3.4
West	14.8	13.7	15.9	10.0	9.9	9.7	7.5	7.9	5.8	4.9
Private health insurance[e]										
Total	66.3	65.5	67.0	62.1	54.1	53.7	53.4	53.2	53.7	54.6
Gender										
Male	66.3	66.2	67.7	62.3	54.0	53.6	54.1	53.3	53.8	54.1
Female	66.3	64.8	66.2	61.9	54.2	53.8	52.7	53.0	53.6	55.1
Age										
Ages 0–5	60.3	59.7	63.1	56.6	48.3	47.8	48.4	47.3	50.2	51.0
Ages 6–11	68.0	66.8	67.5	62.1	54.7	54.2	53.6	53.6	53.1	53.6
Ages 12–17	71.2	70.6	70.3	67.2	59.7	59.4	58.0	58.3	57.6	58.9
Race and Hispanic origin[c]										
White, non-Hispanic	76.9	76.5	77.7	75.0	69.1	68.6	68.5	68.8	68.2	68.9
Black, non-Hispanic	42.2	43.3	47.6	42.3	34.5	35.1	33.3	33.6	34.3	35.6
Hispanic	43.3	40.1	44.6	36.8	29.2	29.1	29.5	28.2	31.4	32.2
Region[d]										
Northeast	72.2	70.3	72.3	69.6	61.4	59.3	60.6	58.7	57.8	61.2
South	60.5	59.9	60.9	54.5	48.8	49.4	47.3	47.2	47.9	49.0
Midwest	72.9	72.5	75.8	69.2	60.4	60.9	61.7	62.2	60.1	61.1
West	62.9	62.4	62.3	60.6	51.4	49.5	50.0	50.5	54.5	52.8

See notes at end of table.

Table HC1 (cont.) **Health insurance coverage: Percentage of children ages 0–17 by health insurance coverage status at time of interview and selected characteristics, selected years 1993–2015**

Characteristic	1993[a]	1995[a]	2000	2005	2010	2011	2012	2013	2014	2015
Public health insurance[f]										
Total	18.2	19.6	18.4	26.3	35.2	37.0	37.6	37.7	38.1	38.7
Gender										
Male	18.1	19.3	17.7	26.3	35.2	37.2	36.9	37.4	37.9	39.2
Female	18.3	19.9	19.1	26.4	35.2	36.9	38.3	38.0	38.3	38.1
Age										
Ages 0–5	25.1	26.7	23.1	33.0	42.3	45.1	44.4	44.5	42.6	43.0
Ages 6–11	16.7	18.6	18.1	26.3	35.3	36.5	37.7	38.1	39.0	40.2
Ages 12–17	12.1	13.0	14.2	19.9	27.6	29.2	30.7	30.6	33.0	32.9
Race and Hispanic origin[c]										
White, non-Hispanic	10.1	11.4	11.5	16.4	22.2	24.5	24.0	23.7	24.8	25.1
Black, non-Hispanic	41.5	42.0	37.3	45.3	56.0	56.5	59.4	58.8	59.2	58.6
Hispanic	30.0	34.0	28.0	43.8	55.5	56.6	57.5	58.2	56.5	58.5
Region[d]										
Northeast	17.4	19.1	19.9	23.4	33.5	36.1	34.3	36.7	37.3	35.3
South	18.1	19.9	19.5	29.3	37.3	39.6	41.4	41.3	41.4	41.7
Midwest	18.3	17.8	14.9	23.2	33.0	32.6	31.4	31.4	34.4	34.6
West	19.0	21.5	19.3	27.1	35.4	38.1	39.7	38.3	36.9	40.0

[a] In 1997, the National Health Interview Survey (NHIS) was redesigned. Data for 1997–2015 are not strictly comparable to prior years of data.

[b] A child was considered to be uninsured if he or she did not have any private health insurance, Medicare, Medicaid, Children's Health Insurance Program (CHIP), state-sponsored or other government-sponsored health plan, or military plan. A child was also defined as uninsured if he or she had only Indian Health Service coverage or had only a private plan that paid for one type of service such as accidents or dental care.

[c] Respondents are asked whether they are of Hispanic origin and about their race separately. Information from these two sources is used to create a four-category race/ethnicity indicator, which distinguishes between "White, non-Hispanic," "Black, non-Hispanic," "Other, non-Hispanic," and "Hispanic" children. For this report, estimates for children who are "Other, non-Hispanic" are not shown separately but are included in the total. For years 1993–1996, race is based on the main race of the child following the 1977 U.S. Office of Management and Budget (OMB) standards for collecting and presenting data on race. From 1997 onward, estimates are presented for children for whom a single race was indicated; following the 1997 OMB standards for collecting and presenting data on race, the National Health Interview Survey asked respondents to choose one or more races from the following: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. The use of the race-alone population in this table does not imply that it is the preferred method of presenting or analyzing data. Data from 1997 onward are not directly comparable with data from earlier years. Persons of Hispanic origin may be of any race.

[d] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

[e] Private health insurance includes children covered by any comprehensive private insurance plan (including health maintenance organizations and preferred provider organizations). These plans include those obtained through an employer, purchased directly, or obtained through local or community programs. Excludes plans that only paid for one type of service such as accidents or dental care.

[f] Public health insurance includes children who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including CHIP.

NOTE: A small percentage of children have coverage other than private or public health insurance. They are not shown separately in the report, but they are included in the total.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HC2

Usual source of health care: Percentage of children ages 0–17 with no usual source of health care[a] by age, type of health insurance, and poverty status, selected years 1993–2015

Characteristic	1993[b]	1995[b]	2000	2005	2010	2011	2012	2013	2014	2015
Ages 0–17										
Total	8.0	6.5	7.0	5.3	5.4	4.0	4.1	4.1	3.6	4.4
Type of insurance										
Private insurance[c]	3.9	3.2	3.4	2.0	2.7	1.5	2.0	2.2	1.7	2.5
Public insurance[c,d]	10.8	6.8	4.8	3.8	4.3	3.1	3.0	3.2	3.1	4.4
No insurance	24.3	22.5	29.7	31.6	28.9	27.8	29.1	24.7	27.2	28.6
Poverty status[e]										
Below 100% poverty	15.7	10.9	12.4	8.6	7.7	5.9	5.5	6.7	6.3	6.6
100%–199% poverty	9.1	8.6	10.9	7.8	8.3	5.9	5.5	5.5	4.8	5.9
200% poverty and above	3.8	3.6	4.0	3.4	3.3	2.4	3.0	2.4	1.9	2.9
Ages 0–5										
Total	5.5	4.4	4.6	3.3	3.6	2.5	2.4	2.8	2.5	3.0
Type of insurance										
Private insurance[c]	2.0	1.7	2.3	0.9	1.6	0.9	1.0	1.1	1.1	2.0
Public insurance[c,d]	7.6	5.1	3.2	2.9	3.3	2.3	2.0	2.7	2.4	3.2
No insurance	19.4	17.3	19.6	22.8	19.8	19.1	21.1	19.0	22.0	18.1
Poverty status[e]										
Below 100% poverty	11.2	7.9	6.9	5.0	5.5	3.2	3.7	4.8	4.6	4.2
100%–199% poverty	6.2	6.0	7.9	4.4	5.0	3.6	2.8	4.2	3.0	4.3
200% poverty and above	1.8	1.9	2.6	2.2	2.0	1.6	1.6	1.1	1.3	1.9
Ages 6–17										
Total	9.4	7.5	8.1	6.3	6.4	4.8	5.0	4.7	4.1	5.1
Type of insurance										
Private insurance[c]	4.9	3.9	3.9	2.4	3.3	1.8	2.4	2.6	2.0	2.7
Public insurance[c,d]	13.8	8.4	6.0	4.4	5.0	3.8	3.7	3.5	3.5	5.0
No insurance	26.5	24.8	34.5	34.7	32.6	30.4	31.6	26.7	29.0	31.9
Poverty status[e]										
Below 100% poverty	18.7	12.8	15.6	10.8	9.1	7.8	6.7	7.8	7.3	8.0
100%–199% poverty	10.8	10.0	12.5	9.4	10.2	7.0	6.8	6.2	5.7	6.7
200% poverty and above	4.8	4.4	4.6	3.9	3.9	2.7	3.6	2.9	2.2	3.4

[a] Usual source of health care is based on the following question: "Is there a place that [child's name] USUALLY goes when [he/she] is sick or needs advice about [his/her] health?" A follow-up question specifies that these places may be a walk-in clinic, doctor's office, clinic, health center, health maintenance organization (HMO), outpatient clinic, or military or Veterans Administration health care facility. Excludes emergency rooms as a usual source of health care.

[b] In 1997, the National Health Interview Survey (NHIS) was redesigned. Data for 1997–2015 are not strictly comparable to prior years of data.

[c] Children with both public and private insurance coverage are placed in the private insurance category.

[d] As defined here, public health insurance for children consists mostly of Medicaid or other public assistance programs, including state plans. Beginning in 1999, the public health insurance category also includes the Children's Health Insurance Program (CHIP). It does not include children with only Medicare, Tricare, or the Civilian Health and Medical Program of the Department of Veterans Affairs (CHAMPVA).

[e] Starting with *America's Children, 2008,* imputed family income was used for data years 1993 and beyond. Missing family income data were imputed for approximately 16 percent to 30 percent of children ages 0–17 in 1993–2015. Therefore, estimates by poverty for 1993–2006 may differ from those in previous editions.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HC3.A

Immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2009–2015

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2009[c]	2011	2013	2015	2009[c]	2011	2013	2015	2009[c]	2011	2013	2015
Total												
Combined series (4:3:1:3*:3:1:4)[d]	44.3	68.5	70.4	72.2	41.3	63.6	64.4	68.7	45.7	71.6	73.8	74.7
Combined series (4:3:1:3:3:1:4)[e]	63.6	68.5	72.6	75.6	60.7	63.6	66.8	72.0	64.8	71.6	76.0	78.5
Combined series (4:3:1:3:3:1)[f]	69.9	77.6	77.7	79.6	68.4	75.2	73.0	76.7	70.4	79.2	80.1	82.0
Combined series (4:3:1:3:3)[g]	71.9	—	—	—	69.5	—	—	—	72.7	—	—	—
Combined series (4:3:1:3)[h]	73.4	81.9	81.1	82.6	70.6	78.6	76.1	78.5	74.4	84.0	83.8	85.9
DTP (4 doses or more)[i]	83.9	84.6	83.1	84.6	80.1	81.0	77.8	80.2	85.7	86.8	86.0	87.1
Polio (3 doses or more)[j]	92.8	93.9	92.7	93.7	92.0	93.6	89.2	91.8	93.3	94.2	94.4	94.6
MMR (1 dose or more)[k]	90.0	91.6	91.9	91.9	88.8	91.3	90.5	90.3	90.6	91.7	92.5	92.9
Hib (3 doses or more)[l]	83.6	94.0	92.8	93.2	82.0	92.7	89.6	90.5	84.3	95.3	94.6	94.7
Hepatitis B (3 doses or more)	92.4	91.1	90.8	92.6	92.3	91.8	88.3	92.5	92.7	91.2	92.0	92.7
Varicella (1 dose or more)[m]	89.6	90.8	91.2	91.8	89.0	90.2	90.3	90.6	90.2	90.9	91.6	92.5
PCV (3 doses or more)[n]	92.6	93.6	92.4	93.3	91.2	93.4	88.8	91.2	93.5	94.0	94.2	94.6
PCV (4 doses or more)[n]	80.4	84.4	82.0	84.1	74.8	80.6	74.5	78.9	83.2	86.9	86.1	87.2
Hepatitis A (2 doses or more)[o]	46.6	52.2	54.7	59.6	47.3	50.7	53.5	56.0	46.2	53.4	56.1	61.7
Rotavirus (2 doses or more)[p]	43.9	67.3	72.6	73.2	37.7	61.1	64.3	66.8	47.1	71.1	76.9	76.8
White, non-Hispanic												
Combined series (4:3:1:3*:3:1:4)[d]	45.2	68.8	72.1	72.7	43.2	59.8	61.3	64.1	45.6	71.8	74.9	75.4
Combined series (4:3:1:3:3:1:4)[e]	64.1	68.8	74.2	75.7	61.7	59.8	63.4	67.1	64.5	71.8	77.0	78.8
Combined series (4:3:1:3:3:1)[f]	69.2	77.3	78.5	79.3	67.7	72.8	72.0	72.1	69.4	78.9	80.0	81.9
Combined series (4:3:1:3:3)[g]	71.9	—	—	—	70.1	—	—	—	72.1	—	—	—
Combined series (4:3:1:3)[h]	73.9	82.0	82.8	82.9	72.0	76.7	76.4	74.1	74.1	83.7	84.3	86.1
DTP (4 doses or more)[i]	85.8	85.0	85.3	85.2	81.2	78.6	78.5	77.6	86.6	87.1	86.9	87.3
Polio (3 doses or more)[j]	93.3	93.9	93.7	93.1	92.0	92.4	90.6	89.0	93.5	94.4	94.4	94.2
MMR (1 dose or more)[k]	90.8	91.1	91.5	91.8	89.7	89.3	89.1	89.0	91.0	91.5	92.1	92.7
Hib (3 doses or more)[l]	82.9	94.1	93.7	93.3	80.1	91.0	89.3	88.7	83.3	95.2	94.7	94.4
Hepatitis B (3 doses or more)	92.3	90.3	91.0	92.0	91.3	89.6	89.0	92.1	92.6	90.8	91.3	92.1
Varicella (1 dose or more)[m]	89.2	89.6	90.0	91.2	87.4	87.1	87.1	88.8	89.8	90.1	90.7	91.8
PCV (3 doses or more)[n]	93.2	93.4	93.1	93.2	90.6	91.9	87.5	88.3	93.8	94.0	94.3	94.5
PCV (4 doses or more)[n]	83.4	85.3	84.1	85.0	77.0	77.5	71.7	74.9	84.7	87.6	87.5	87.8
Hepatitis A (2 doses or more)[o]	46.2	50.0	53.4	58.7	43.1	45.0	47.7	51.7	46.7	51.9	55.3	61.2
Rotavirus (2 doses or more)[p]	46.4	68.3	74.8	74.6	35.8	57.4	63.4	64.1	48.5	71.5	77.5	77.5
Black, non-Hispanic												
Combined series (4:3:1:3*:3:1:4)[d]	39.6	63.7	65.0	69.1	37.8	61.0	60.4	65.8	43.5	68.0	69.1	73.2
Combined series (4:3:1:3:3:1:4)[e]	58.2	63.7	67.2	73.8	55.1	61.0	63.4	71.7	62.8	68.0	77.0	78.1
Combined series (4:3:1:3:3:1)[f]	66.6	75.3	71.5	79.1	63.6	73.5	66.2	77.4	71.2	77.9	76.9	82.4
Combined series (4:3:1:3:3)[g]	67.9	—	—	—	63.8	—	—	—	73.1	—	—	—
Combined series (4:3:1:3)[h]	68.9	78.9	73.3	80.6	65.0	74.9	67.8	78.9	74.0	83.9	79.2	84.1
DTP (4 doses or more)[i]	78.6	81.3	74.7	82.0	75.5	78.0	69.6	78.8	83.6	85.9	80.2	85.5
Polio (3 doses or more)[j]	90.9	93.9	91.2	93.3	89.8	93.5	87.8	91.9	94.0	94.7	94.8	95.2
MMR (1 dose or more)[k]	88.2	90.8	90.9	90.7	86.7	90.0	89.8	89.1	91.8	92.1	91.3	94.3
Hib (3 doses or more)[l]	80.4	93.0	90.7	92.1	77.7	91.4	87.9	90.7	83.9	95.1	93.7	94.2
Hepatitis B (3 doses or more)	91.6	92.1	91.1	93.3	91.8	93.1	88.4	92.4	92.8	91.8	93.8	95.0
Varicella (1 dose or more)[m]	88.2	91.2	92.1	91.8	87.5	91.3	90.7	89.9	91.5	91.3	93.1	94.5
PCV (3 doses or more)[n]	91.5	93.4	90.8	92.5	89.7	93.1	88.7	91.6	95.4	94.2	92.7	95.0
PCV (4 doses or more)[n]	73.2	81.3	76.1	81.4	70.0	80.6	71.8	78.6	78.1	83.3	79.8	85.2
Hepatitis A (2 doses or more)[o]	41.3	50.9	49.1	59.3	40.1	46.8	47.1	56.7	42.5	56.9	52.6	60.6
Rotavirus (2 doses or more)[p]	38.0	62.5	62.1	69.7	32.6	56.8	55.1	63.1	44.6	68.9	71.0	77.5

See notes at end of table.

Table HC3.A (cont.) **Immunization: Percentage of children ages 19–35 months vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2009–2015**

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2009[c]	2011	2013	2015	2009[c]	2011	2013	2015	2009[c]	2011	2013	2015
Hispanic												
Combined series (4:3:1:3*:3:1:4)[d]	45.9	69.5	69.3	71.7	43.5	67.9	68.6	72.9	48.5	71.1	70.2	70.1
Combined series (4:3:1:3:3:1:4)[e]	67.1	69.5	71.8	75.8	65.5	67.9	71.6	75.9	68.2	71.1	72.6	75.7
Combined series (4:3:1:3:3:1)[f]	72.8	77.9	78.0	80.0	71.2	77.9	76.9	79.9	73.6	78.0	80.5	80.3
Combined series (4:3:1:3:3)[g]	73.9	—	—	—	72.3	—	—	—	74.7	—	—	—
Combined series (4:3:1:3)[h]	74.7	81.9	81.0	82.6	73.0	82.0	79.7	81.8	75.3	81.9	83.7	84.4
DTP (4 doses or more)[i]	82.9	84.1	82.3	84.5	86.6	84.2	81.0	82.6	83.0	83.9	84.8	85.9
Polio (3 doses or more)[j]	92.5	93.8	91.6	94.5	93.5	94.8	88.4	93.6	91.5	93.2	96.2	95.2
MMR (1 dose or more)[k]	89.3	92.4	92.1	92.3	91.0	93.7	91.1	91.4	88.4	91.0	93.6	93.5
Hib (3 doses or more)[l]	86.4	94.4	92.7	94.0	85.0	94.9	90.8	92.5	87.9	95.2	96.0	95.5
Hepatitis B (3 doses or more)	92.6	91.5	89.7	93.2	92.6	93.0	87.1	93.1	92.4	91.0	93.6	92.7
Varicella (1 dose or more)[m]	90.7	92.0	92.0	92.7	89.8	92.1	91.5	91.9	90.8	92.0	92.6	93.5
PCV (3 doses or more)[n]	92.7	94.3	92.2	94.4	93.8	95.3	89.7	94.1	91.9	94.2	95.7	94.2
PCV (4 doses or more)[n]	80.6	84.6	80.4	84.0	84.7	84.1	77.7	82.5	82.1	85.4	83.1	86.1
Hepatitis A (2 doses or more)[o]	49.3	56.3	56.6	60.9	52.1	57.8	59.5	59.0	52.1	54.7	55.0	63.0
Rotavirus (2 doses or more)[p]	43.7	68.3	73.7	72.9	42.0	66.1	69.3	71.8	46.0	71.4	79.4	73.4

— Not available.

[a] Based on family income and household size using U.S. Census Bureau poverty thresholds for the year of data collection.

[b] From 1996 to 2001, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. Beginning in 2002, the revised 1997 OMB standards were used. Persons could select one or more from the following racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races," due to the small sample size. Data on race and Hispanic origin are collected separately but combined for reporting.

[c] The 2009 series estimates were affected by the Hib vaccine shortage and the interim Advisory Committee on Immunization Practices (ACIP) recommendation to suspend the booster dose for healthy children from December 2007 to June 2009, a time when most children in the 2009 National Immunization Survey (NIS) would have been eligible for the booster dose of the Hib vaccine. Coverage with the full series of Hib vaccine increased in 2010, suggesting that children received the booster dose as Hib vaccine supplies became adequate starting in July 2009.

[d] The 4:3:1:3*:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; the full series of *Haemophilus influenzae* type b (Hib) vaccines (3 doses (or more) or 4 doses (or more) depending on product type received—includes primary series plus the booster dose); 3 doses (or more) of hepatitis B vaccines; 1 dose (or more) of varicella vaccine; and 4 doses (or more) of heptavalent pneumococcal conjugate vaccines (PCV).

[e] The 4:3:1:3:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; 1 dose (or more) of varicella vaccine; and 4 doses (or more) of heptavalent pneumococcal conjugate vaccine (PCV). The collection of coverage estimates for this series began in 2009.

[f] The 4:3:1:3:3:1 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; 3 doses (or more) of hepatitis B vaccines; and 1 dose (or more) of varicella vaccine. The collection of coverage estimates for this series began in 2002. See footnote c concerning changes to Hib vaccine coverage in 2009.

[g] The 4:3:1:3:3 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines; and 3 doses (or more) of hepatitis B vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

[h] The 4:3:1:3 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; and 3 doses (or more) of *Haemophilus influenzae* type b (Hib) vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

[i] The diphtheria, tetanus toxoids, and pertussis vaccine (DTP) consists of 4 doses or more of any diphtheria, tetanus toxoids, and pertussis vaccines, including diphtheria and tetanus toxoids, and any acellular pertussis vaccine.

[j] Poliovirus vaccine (3 doses or more).

[k] Measles-mumps-rubella (MMR) vaccine (1 dose or more) was used beginning in 2005. The previous coverage years reported measles-containing vaccines.

[l] *Haemophilus influenzae* type b (Hib) vaccine (3 doses or more) regardless of brand type.

[m] Varicella vaccine (1 dose or more) is recommended at any visit at or after age 12 months for susceptible children (i.e., those who lack a reliable history of chickenpox).

[n] The heptavalent pneumococcal conjugate vaccine (PCV) is recommended for all children ages less than 5 years. The series consists of doses at ages 2, 4, and 6 months, and a booster dose at ages 12–15 months.

[o] Hepatitis A vaccine (2 doses or more) is recommended for all children ages 12–23 months. ACIP expanded this recommendation in May 2006. NIS data prior to 2008 for children ages 19–35 months are not available for Hepatitis A vaccine.

[p] Estimates of rotavirus coverage reflect early vaccinations, primarily among children born during the first 2 years of the licensure of rotavirus vaccine.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Immunization Survey.

Table HC3.B

Immunization: Percentage of adolescents ages 13–17 years vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2009–2015

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2009	2011	2013	2015	2009	2011	2013	2015	2009	2011	2013	2015
Total												
MMR (2 doses or more)[c]	89.1	91.1	91.8	90.7	87.8	90.3	91.7	89.5	89.3	91.4	91.8	90.9
HepB (3 doses or more)[d]	89.9	92.3	93.2	91.1	88.3	91.4	93.2	90.3	90.3	92.6	93.1	91.1
Var (1 dose or more)[e]	87.0	92.3	94.9	94.9	82.9	91.1	94.7	94.8	87.6	92.6	95.2	94.7
Var (2 doses or more)[f]	48.6	68.3	78.5	83.1	46.2	67.2	77.3	85.4	48.7	68.4	79.0	82.2
Td or Tdap (1 dose or more)[g]	76.2	85.3	89.1	89.6	71.8	81.5	88.6	89.5	77.0	86.5	89.2	89.6
Tdap (1 dose or more)[h]	55.6	78.2	86.0	86.4	52.8	74.0	85.2	85.0	56.1	79.5	86.4	87.0
MenACWY (1 dose or more)[i]	53.6	70.5	77.8	81.3	52.5	69.0	78.4	82.6	53.8	70.7	77.5	80.5
HPV (1 dose or more)—females only[j]	44.3	53.0	57.3	62.9	51.9	62.1	66.8	70.0	42.5	50.1	54.6	60.4
HPV (3 doses or more)—females only[k]	26.7	34.8	37.6	41.9	25.5	626.6	41.5	44.4	26.8	33.4	36.4	41.3
HPV (1 dose or more)—males only[l]	—	8.3	34.6	50.0	—	14.1	46.7	61.1	—	6.7	30.8	46.0
HPV (3 doses or more)—males only[m]	—	1.3	13.9	28.1	—	2.5	16.7	31.0	—	1.1	13.0	27.4
White, non-Hispanic												
MMR (2 doses or more)[c]	90.2	91.4	92.8	91.7	86.7	88.5	93.3	89.4	90.4	91.9	92.7	91.9
HepB (3 doses or more)[d]	90.2	92.8	93.8	92.5	87.4	90.7	94.6	90.8	90.5	93.1	93.7	92.5
Var (1 dose or more)[e]	88.5	92.9	95.3	95.4	79.3	91.2	95.6	95.0	88.9	93.2	95.5	95.3
Var (2 doses or more)[f]	48.8	67.3	77.7	82.8	34.2	60.8	73.1	82.3	49.1	68.1	78.5	82.8
Td or Tdap (1 dose or more)[g]	76.5	85.1	88.8	88.9	68.6	77.5	88.7	86.4	77.1	86.2	89.0	89.4
Tdap (1 dose or more)[h]	55.8	78.6	85.9	86.6	49.5	70.7	84.9	83.3	56.1	79.6	86.3	87.3
MenACWY (1 dose or more)[i]	53.1	68.4	75.6	79.5	47.1	58.5	72.3	75.8	53.3	69.7	76.2	80.0
HPV (1 dose or more)—females only[j]	43.9	47.5	53.1	59.2	52.5	53.6	53.9	63.2	43.0	46.7	53.4	59.3
HPV (3 doses or more)—females only[k]	29.1	33.0	34.9	39.6	—	32.5	34.1	36.4	—	33.0	35.0	40.3
HPV (1 dose or more)—males only[l]	—	5.6	26.7	43.8	—	8.9	30.9	44.8	—	5.3	26.1	43.4
HPV (3 doses or more)—males only[m]	—	0.8	11.1	25.2	—	—	11.4	19.8	—	0.7	11.2	26.2
Black, non-Hispanic												
MMR (2 doses or more)[c]	86.3	90.6	91.1	91.9	84.4	90.7	90.6	91.6	86.9	90.8	91.5	91.8
HepB (3 doses or more)[d]	88.9	91.7	93.2	92.5	86.6	91.3	92.5	92.5	89.8	92.3	94.0	92.3
Var (1 dose or more)[e]	82.4	91.3	94.3	95.3	79.8	91.1	92.8	95.1	82.8	91.2	95.4	95.3
Var (2 doses or more)[f]	43.9	65.3	77.9	84.9	44.4	64.7	77.6	85.6	44.2	65.3	77.8	84.3
Td or Tdap (1 dose or more)[g]	72.5	83.1	87.4	91.4	69.5	79.1	84.8	89.3	74.8	85.4	88.9	92.2
Tdap (1 dose or more)[h]	52.7	75.7	84.1	86.0	47.7	72.1	82.5	84.2	55.6	77.7	84.7	86.4
MenACWY (1 dose or more)[i]	53.0	72.1	77.0	81.7	52.0	72.0	72.4	83.0	53.8	71.5	79.6	80.5
HPV (1 dose or more)—females only[j]	44.6	56.0	55.8	66.9	51.6	60.2	64.0	72.3	40.7	52.5	50.8	62.7
HPV (3 doses or more)—females only[k]	23.1	31.7	34.2	40.8	—	36.6	39.0	43.4	—	28.0	31.6	39.2
HPV (1 dose or more)—males only[l]	—	10.6	42.2	54.0	—	10.2	44.3	60.2	—	10.4	41.3	51.9
HPV (3 doses or more)—males only[m]	—	—	15.7	26.0	—	—	15.1	27.3	—	—	16.0	26.0

See notes at end of table.

Table HC3.B (cont.) **Immunization: Percentage of adolescents ages 13–17 years vaccinated for selected diseases by poverty status[a] and race and Hispanic origin,[b] selected years 2009–2015**

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2009	2011	2013	2015	2009	2011	2013	2015	2009	2011	2013	2015
Hispanic												
MMR (2 doses or more)[c]	87.6	90.6	90.2	88.1	90.6	91.7	91.2	88.9	85.4	89.4	89.5	87.1
HepB (3 doses or more)[d]	90.0	91.7	92.8	87.4	90.3	93.0	93.0	88.6	89.8	90.7	92.2	85.9
Var (1 dose or more)[e]	85.5	91.0	94.5	93.1	84.6	92.5	95.3	94.3	85.6	89.6	94.0	91.6
Var (2 doses or more)[f]	49.7	71.4	80.3	82.3	49.7	73.8	80.2	87.0	49.4	69.4	80.7	77.8
Td or Tdap (1 dose or more)[g]	76.7	86.7	90.5	89.8	74.2	85.0	90.1	91.7	77.4	88.3	90.3	88.1
Tdap (1 dose or more)[h]	55.6	78.4	87.1	85.3	55.8	76.1	86.6	86.6	54.8	80.6	87.2	84.3
MenACWY (1 dose or more)[i]	55.9	75.3	83.4	85.0	56.2	77.2	86.5	86.8	55.9	73.6	80.0	82.0
HPV (1 dose or more)—females only[j]	45.5	65.0	67.5	68.4	52.2	69.2	76.1	72.9	42.0	61.9	60.4	62.6
HPV (3 doses or more)—females only[k]	23.4	41.6	44.8	46.2	—	44.9	47.2	48.9	—	39.5	42.2	44.4
HPV (1 dose or more)—males only[l]	—	14.9	49.6	58.9	—	20.4	59.1	70.8	—	11.2	42.7	48.3
HPV (3 doses or more)—males only[m]	—	2.7	20.3	35.0	—	3.2	22.3	39.4	—	—	18.6	31.0

— Not available.

[a] Based on family income and household size using U.S. Census Bureau poverty thresholds for the year of data collection.

[b] The revised 1997 U.S. Office of Management and Budget Standards for Data on Race and Ethnicity were used. Persons could select one or more from the following racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races" due to the small sample size. Data on race and Hispanic origin are collected separately but combined for reporting.

[c] Data collection for 2006 and 2007 was only performed during the fourth quarter of each year.

[d] Includes 2 doses (or more) of measles-mumps-rubella vaccine received at any age.

[e] Includes 3 doses (or more) of hepatitis B vaccine received at any age.

[f] Includes 1 dose (or more) of varicella vaccine received at any age and without a history of varicella disease.

[g] Includes 2 doses (or more) of varicella vaccine received at any age and without a history of varicella disease.

[h] Includes 1 dose (or more) of tetanus toxoid-diphtheria vaccine (Td) or tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since age 10.

[i] Includes 1 dose (or more) of tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) since age 10.

[j] Includes 1 dose (or more) of meningococcal conjugate vaccine (MenACWY) and meningococcal-unknown type vaccine.

[k] Includes 1 dose (or more) of nine valent, quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

[l] Includes 3 doses (or more) of nine valent, quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

[m] Includes 1 dose (or more) of nine valent or quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among males only.

[n] Includes 3 doses (or more) of nine valent or quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among males only.

NOTE: Data include routinely recommended vaccines (Tdap, MenACWY, HPV) and early childhood vaccines (MMR, HepB, Var) for catch-up coverage estimates. A revised adequate provider data definition was implemented in 2014 NIS-Teen. See: http://www.cdc.gov/vaccines/imz-managers/coverage/nis/teen/apd-report.html. Estimates prior to 2014 are not directly comparable to those from 2014 and beyond.

SOURCE: Centers for Disease Control and Prevention, National Center for Immunization and Respiratory Diseases, National Immunization Survey—Teen.

Table HC4.A/B **Oral health: Percentage of children ages 2–17 with a dental visit in the past year by age and selected characteristics, selected years 1997–2015**

Characteristic	1997	2000	2005	2010	2011	2012	2013	2014	2015
Ages 2–4									
Total	44.7	44.1	48.0	52.3	57.5	57.3	62.2	61.3	63.2
Poverty status[a]									
Below 100% poverty	46.0	47.0	43.0	54.8	56.3	58.7	64.2	62.4	67.7
100%–199% poverty	39.1	42.7	43.6	51.4	59.3	54.0	58.5	58.7	59.2
200% poverty and above	46.4	43.7	51.7	51.6	57.3	58.0	62.8	62.0	62.9
Type of insurance[b]									
Private insurance[c]	46.0	44.8	51.5	50.5	56.8	56.5	61.2	61.6	61.2
Public insurance[c,d]	49.9	46.3	45.5	57.9	59.9	61.1	66.0	61.9	67.5
No insurance	30.5	37.3	31.3	30.4	47.6	35.1	37.6	47.4	‡
Race and Hispanic origin[e]									
White, non-Hispanic	44.5	45.1	49.5	47.8	53.6	53.7	59.8	57.6	60.1
Black, non-Hispanic	49.3	43.3	47.9	58.3	59.5	64.6	61.3	66.2	70.5
American Indian or Alaska Native	48.6	71.8	63.8	‡	73.8	87.9	79.3	60.5	‡
American Indian or Alaska Native, non-Hispanic	54.8	73.4	69.7	‡	‡	88.5	76.7	80.0	‡
Asian	41.0	40.3	38.7	43.4	55.0	45.1	48.5	58.0	57.0
Asian, non-Hispanic	38.3	40.2	40.3	40.0	53.5	44.6	48.7	56.2	55.9
Two or more races	—	53.8	51.1	51.9	61.1	51.5	68.5	57.8	65.8
Hispanic	43.0	39.2	43.6	59.4	64.1	62.1	67.8	67.7	67.8
Ages 5–17									
Total	79.2	80.6	82.7	85.4	87.3	88.0	87.7	87.8	89.6
Poverty status[a]									
Below 100% poverty	66.7	66.1	72.7	78.6	81.7	81.4	82.3	82.2	86.1
100%–199% poverty	67.9	71.2	74.7	79.6	82.6	84.7	82.8	82.7	86.2
200% poverty and above	87.4	87.8	88.4	90.1	91.3	91.8	91.8	92.2	92.3
Type of insurance[b]									
Private insurance[c]	85.3	86.9	88.4	90.1	91.0	91.6	92.5	91.8	92.4
Public insurance[c,d]	76.7	74.9	79.5	84.6	87.0	87.5	86.7	86.0	88.8
No insurance	50.2	53.1	53.2	55.6	60.0	61.6	56.4	59.9	62.5
Race and Hispanic origin[e]									
White, non-Hispanic	83.6	85.7	87.0	88.2	89.1	89.6	90.2	90.0	91.0
Black, non-Hispanic	73.3	75.6	78.7	84.4	87.1	87.4	85.0	86.8	88.6
American Indian or Alaska Native	72.1	71.2	78.4	78.4	88.8	90.3	82.9	94.2	87.8
American Indian or Alaska Native, non-Hispanic	73.9	75.2	82.1	70.8	88.0	93.8	85.4	94.4	88.4
Asian	76.1	81.9	76.7	82.1	81.9	85.7	86.7	84.8	88.0
Asian, non-Hispanic	75.7	81.8	76.7	81.7	81.5	85.4	87.2	83.9	87.9
Two or more races	—	77.7	85.2	86.3	86.5	87.7	87.0	84.9	89.4
Hispanic	66.1	65.9	72.8	79.3	84.3	85.0	84.0	84.7	87.6
Ages 5–11									
Total	80.7	81.0	83.8	86.5	88.9	89.3	88.7	88.6	90.7
Poverty status[a]									
Below 100% poverty	70.4	68.5	74.7	80.8	86.3	84.0	85.5	85.1	89.4
100%–199% poverty	71.7	73.4	76.0	81.8	83.7	87.2	84.9	84.4	87.8
200% poverty and above	88.2	87.5	89.4	90.9	92.3	92.4	91.8	92.1	92.5
Type of insurance[b]									
Private insurance[c]	86.4	86.7	88.9	90.5	91.6	92.0	93.2	91.0	92.8
Public insurance[c,d]	77.9	75.4	80.3	85.9	89.0	88.8	88.3	88.5	90.1
No insurance	55.1	58.0	59.4	59.6	65.7	68.9	56.1	64.0	66.1

See notes at end of table.

Table HC4.A/B (cont.) **Oral health: Percentage of children ages 2–17 with a dental visit in the past year by age and selected characteristics, selected years 1997–2015**

Characteristic	1997	2000	2005	2010	2011	2012	2013	2014	2015
Ages 5–11									
Race and Hispanic origin[e]									
White, non-Hispanic	84.4	85.6	86.9	89.2	90.0	89.6	90.6	89.7	91.5
Black, non-Hispanic	77.7	78.2	81.2	87.0	89.5	90.3	86.5	88.6	89.9
American Indian or Alaska Native	75.2	73.6	80.8	79.8	90.7	96.0	85.2	98.4	88.9
American Indian or Alaska Native, non-Hispanic	75.0	80.5	83.7	72.2	87.8	97.1	83.2	‡	‡
Asian	77.3	84.8	80.7	81.9	79.4	88.1	88.2	86.1	88.4
Asian, non-Hispanic	76.5	84.6	80.8	82.0	79.0	87.8	87.8	85.2	88.4
Two or more races	—	81.4	87.0	87.3	89.4	90.3	89.8	84.6	92.4
Hispanic	68.9	66.2	75.7	80.6	88.0	88.0	86.2	87.3	89.7
Ages 12–17									
Total	77.4	80.2	81.6	84.1	85.4	86.5	86.6	86.9	88.4
Poverty status[a]									
Below 100% poverty	61.0	62.7	70.1	75.4	75.7	77.7	77.4	78.4	81.4
100%–199% poverty	62.9	68.3	73.1	77.0	81.1	81.7	80.2	80.5	84.4
200% poverty and above	86.6	88.2	87.4	89.3	90.2	91.1	91.7	92.3	92.1
Type of insurance[b]									
Private insurance[c]	84.0	87.2	87.8	89.6	90.4	91.3	91.8	92.7	91.9
Public insurance[c,d]	74.6	74.1	78.3	82.5	84.0	85.5	84.1	82.7	86.9
No insurance	44.6	47.3	47.4	52.1	54.7	55.7	56.6	56.0	59.7
Race and Hispanic origin[e]									
White, non-Hispanic	82.6	85.8	87.1	87.2	88.1	89.7	89.9	90.3	90.5
Black, non-Hispanic	67.6	72.4	76.3	81.5	84.4	83.9	83.1	84.7	87.3
American Indian or Alaska Native	68.7	69.0	76.1	76.7	85.8	82.2	79.7	89.3	86.3
American Indian or Alaska Native, non-Hispanic	72.8	71.0	80.7	69.7	88.2	87.8	88.2	88.9	‡
Asian	74.6	78.6	71.7	82.3	85.0	82.5	84.8	83.2	87.6
Asian, non-Hispanic	74.8	78.5	71.9	81.4	84.4	82.1	86.5	82.4	87.2
Two or more races	—	71.5	82.2	84.4	83.1	83.6	84.1	85.4	85.0
Hispanic	62.3	65.5	69.1	77.6	79.2	81.4	81.1	81.5	84.9

— Not available.

‡ Reporting standards not met; estimates are considered unreliable.

[a] Missing family income data were imputed for 19 to 31 percent of children ages 2–17 in 1997–2015.

[b] Children with health insurance may or may not have dental coverage.

[c] Children with both public and private insurance coverage are placed in the private insurance category.

[d] Public health insurance for children consists mostly of Medicaid, but also includes Medicare and the Children's Health Insurance Program (CHIP).

[e] For the 1997–1998 race-specific estimates, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards for race were used for the 1999–2014 race-specific estimates and classified persons into one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. From 1999 onward, respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin. Data from 1999 onward are not directly comparable with data from earlier years.

NOTE: From 1997–2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was "About how long has it been since your child last saw a dentist?" Parents were directed to include all types of dentists, such as orthodontists, oral surgeons, and all other dental specialists, as well as dental hygienists.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HC4.C

Oral health: Percentage of children ages 5–17 with untreated dental caries (cavities) by age, poverty status, and race and Hispanic origin, 1988–1994, 1999–2004, 2005–2008, 2009–2010, 2011–2012, and 2013–2014

Characteristic	1988–1994	1999–2004	2005–2008	2009–2010	2011–2012	2013–2014
Ages 5–17						
Total	24.3	23.3	16.4	14.3	16.7	18.1
Poverty status						
Below 100% poverty	39.0	33.5	26.3	21.6	24.3	24.9
100%–199% poverty	29.7	32.2	18.3	18.7	21.1	19.8
200% poverty and above	15.2	14.5	11.9	9.6	9.8	13.9
Race and Hispanic origin[a]						
White, non-Hispanic	19.5	19.7	13.2	11.4	13.5	16.4
Black, non-Hispanic	33.2	28.5	22.0	21.1	21.8	24.0
Asian, non-Hispanic	—	—	—	—	15.5	15.5
Hispanic	—	—	—	18.8	21.9	20.4
Mexican American	38.3	34.1	22.0	21.4	23.9	22.3
Ages 5–11						
Total	27.8	27.1	20.4	15.9	19.4	16.9
Poverty status						
Below 100% poverty	43.4	37.5	30.6	23.4	24.3	22.1
100%–199% poverty	31.7	36.1	22.9	20.1	24.8	18.4
200% poverty and above	18.1	17.3	15.0	10.6	12.9	13.8
Race and Hispanic origin[a]						
White, non-Hispanic	23.0	23.3	17.7	12.4	15.1	14.7
Black, non-Hispanic	34.3	32.1	26.3	18.5	25.9	21.8
Asian, non-Hispanic	—	—	—	—	18.7	16.8
Hispanic	—	—	—	23.8	26.0	20.2
Mexican American	42.5	39.1	25.0	27.4	26.3	21.1
Ages 12–17						
Total	20.0	18.8	11.9	12.5	13.7	19.4
Poverty status						
Below 100% poverty	32.5	28.1	20.3	19.3	24.2	28.6
100%–199% poverty	27.4	26.8	12.4	16.9	17.1	21.5
200% poverty and above	11.7	11.6	8.8	8.5	6.8	13.9
Race and Hispanic origin[a]						
White, non-Hispanic	15.2	15.5	8.6	10.4	11.8	18.2
Black, non-Hispanic	31.9	24.2	17.3	23.9	17.5	26.5
Asian, non-Hispanic	—	—	—	—	12.4	14.2
Hispanic	—	—	—	12.4	17.0	20.7
Mexican American	32.8	27.3	17.9	13.8	20.9	23.7

— Not available.

[a] For 1988–1994, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2010, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but combined for reporting. Persons of Mexican American origin may be of any race. From 1988 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican American origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans.

NOTE: Estimates for 1999–2004, 2005–2008, and 2009–2010 have been revised since previous publication in *America's Children.* Dental caries is evidence of decay on the crown or enamel surface of a tooth (i.e., coronal caries) and includes treated and untreated caries. Decay in the root (i.e., root caries) was not included. The presence of caries was evaluated in primary and permanent teeth for persons ages 5–17. The third molars were not included. Dental caries was identified by an oral examination as part of the NHANES. For more information on the NHANES oral examination, see Dye, B. A., Tan, S., Smith, V., Lewis, B. G., Barker, L. K., & Thornton-Evans, G., Trends in oral health status: United States, 1988–1994 and 1999–2004, *Vital and Health Statistics, 11*(248), Hyattsville, MD: National Center for Health Statistics; Dye, B. A., Barker, L. K., Li, X., Lewis, B. G., & Beltrán-Aguilar, E. D., 2011, Overview and quality assurance for the oral health component of the National Health and Nutrition Examination Survey (NHANES), 2005–08, *Journal of Public Health Dentistry, 71*(1), 54–61; and http://wwwn.cdc.gov/nchs/nhanes/2009-2010/OHXDEN_F.htm and http://wwwn.cdc.gov/nchs/nhanes/2011-2012/OHXDEN_G.htm.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY1 **Outdoor air quality: Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards by race and Hispanic origin, selected years 1999–2015**

Characteristic	1999	2000	2005	2010	2011	2012	2013	2014	2015
All races									
One or more pollutants	75.4	77.3	77.9	72.2	69.9	70.1	60.6	59.4	59.5
Carbon monoxide—8-hour standard	5.7	4.4	0.2	0.0	0.0	0.0	0.0	0.8	0.0
Lead—3-month standard	2.3	1.6	1.6	6.6	6.7	2.6	0.9	0.6	0.4
Nitrogen dioxide—1-hour standard	23.2	19.4	13.7	7.1	3.3	3.0	5.4	6.8	7.7
Ozone—8-hour standard	66.1	67.3	69.0	66.6	66.3	67.2	56.7	53.8	56.0
Particulate matter ($PM_{2.5}$)—annual standard	37.5	52.1	47.5	16.2	14.4	8.4	9.9	8.8	9.3
Particulate matter ($PM_{2.5}$)—24-hour standard	52.8	58.2	54.5	29.0	17.5	17.7	17.2	16.9	15.4
Particulate matter (PM_{10})—24-hour standard	12.3	10.4	6.7	5.2	5.8	8.6	7.4	6.8	5.7
Sulfur dioxide—1-hour standard	31.1	28.8	20.7	8.6	8.0	6.7	7.8	5.3	4.0
White, non-Hispanic									
One or more pollutants	—	71.9	72.4	65.7	63.0	63.9	52.9	51.6	52.2
Carbon monoxide—8-hour standard	—	1.6	0.2	0.0	0.0	0.0	0.0	0.3	0.0
Lead—3-month standard	—	1.6	1.5	3.9	4.0	2.4	0.9	0.9	0.4
Nitrogen dioxide—1-hour standard	—	11.2	7.6	2.8	1.2	1.5	2.5	3.8	3.5
Ozone—8-hour standard	—	61.9	63.5	59.4	58.9	60.9	48.2	45.7	48.2
Particulate matter ($PM_{2.5}$)—annual standard	—	44.7	40.5	11.0	9.1	4.5	5.8	5.0	5.1
Particulate matter ($PM_{2.5}$)—24-hour standard	—	50.3	49.4	22.9	13.1	12.2	12.5	13.1	12.2
Particulate matter (PM_{10})—24-hour standard	—	6.0	5.6	3.8	4.3	6.4	4.9	4.7	4.6
Sulfur dioxide—1-hour standard	—	24.5	18.9	8.3	7.5	6.3	6.8	5.5	3.7
Black, non-Hispanic									
One or more pollutants	—	84.7	84.6	79.3	75.8	75.3	62.1	62.0	62.1
Carbon monoxide—8-hour standard	—	3.3	0.1	0.0	0.0	0.0	0.0	0.5	0.0
Lead—3-month standard	—	2.0	2.0	6.9	7.0	1.8	0.7	0.5	0.4
Nitrogen dioxide—1-hour standard	—	23.0	16.9	7.1	1.8	3.0	4.8	5.4	6.2
Ozone—8-hour standard	—	72.6	73.3	73.0	72.4	72.2	58.5	57.2	57.6
Particulate matter ($PM_{2.5}$)—annual standard	—	69.8	64.4	21.1	15.3	6.0	5.6	8.0	7.4
Particulate matter ($PM_{2.5}$)—24-hour standard	—	70.0	65.1	33.6	15.9	14.6	11.3	15.3	12.1
Particulate matter (PM_{10})—24-hour standard	—	10.4	5.1	3.1	4.3	6.8	3.4	4.6	2.9
Sulfur dioxide—1-hour standard	—	39.4	31.9	14.3	12.0	11.2	11.0	8.4	5.3
Asian or Pacific Islander, non-Hispanic									
One or more pollutants	—	92.3	91.5	82.7	77.8	81.8	74.5	72.1	73.8
Carbon monoxide—8-hour standard	—	9.4	0.2	0.0	0.0	0.0	0.0	0.8	0.0
Lead—3-month standard	—	1.9	1.3	10.0	9.9	4.4	1.5	0.4	0.1
Nitrogen dioxide—1-hour standard	—	32.9	19.2	13.1	6.5	3.8	9.0	10.2	13.0
Ozone—8-hour standard	—	76.1	76.9	76.7	74.4	76.5	70.8	67.8	70.2
Particulate matter ($PM_{2.5}$)—annual standard	—	66.0	54.8	18.2	16.1	11.8	20.1	11.7	13.1
Particulate matter ($PM_{2.5}$)—24-hour standard	—	75.1	69.3	38.8	26.9	26.6	26.5	18.7	23.1
Particulate matter (PM_{10})—24-hour standard	—	19.1	10.2	3.9	4.2	7.7	7.3	6.4	5.3
Sulfur dioxide—1-hour standard	—	32.6	20.2	6.0	6.4	5.2	6.6	3.6	3.1

See notes at end of table.

Table PHY1 (cont.) **Outdoor air quality: Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards by race and Hispanic origin, selected years 1999–2015**

Characteristic	1999	2000	2005	2010	2011	2012	2013	2014	2015
American Indian or Alaska Native, non-Hispanic									
One or more pollutants	—	51.0	58.2	51.9	51.1	51.1	44.5	41.7	38.6
Carbon monoxide—8-hour standard	—	1.7	0.2	0.0	0.0	0.0	0.0	0.3	0.0
Lead—3-month standard	—	0.4	0.6	1.6	1.9	1.4	0.2	0.5	0.1
Nitrogen dioxide—1-hour standard	—	11.1	6.4	2.4	1.2	2.1	1.6	4.7	2.6
Ozone—8-hour standard	—	40.7	48.2	45.6	45.5	47.6	39.0	34.0	34.7
Particulate matter ($PM_{2.5}$)—annual standard	—	25.4	24.9	5.7	6.8	3.5	4.6	3.1	3.7
Particulate matter ($PM_{2.5}$)—24-hour standard	—	32.0	32.8	14.9	9.0	11.1	11.5	9.5	7.6
Particulate matter (PM_{10})—24-hour standard	—	7.1	8.9	8.2	10.3	12.0	12.8	11.1	8.2
Sulfur dioxide—1-hour standard	—	14.8	13.1	7.1	6.2	5.7	5.1	2.8	2.0
Hispanic									
One or more pollutants	—	88.2	86.8	81.6	81.4	79.3	74.7	73.0	71.3
Carbon monoxide—8-hour standard	—	14.2	0.1	0.0	0.0	0.0	0.0	2.0	0.0
Lead—3-month standard	—	1.1	1.6	12.3	12.2	3.3	1.1	0.2	0.3
Nitrogen dioxide—1-hour standard	—	43.1	28.2	16.4	8.7	6.1	11.8	13.8	16.8
Ozone—8-hour standard	—	81.8	81.2	78.1	78.9	77.4	72.0	67.3	69.4
Particulate matter ($PM_{2.5}$)—annual standard	—	61.4	54.7	25.3	26.0	18.3	19.8	17.3	19.0
Particulate matter ($PM_{2.5}$)—24-hour standard	—	74.1	59.1	38.9	26.9	30.8	29.5	26.2	23.1
Particulate matter (PM_{10})—24-hour standard	—	24.6	10.3	10.0	10.4	15.1	15.3	12.9	10.0
Sulfur dioxide—1-hour standard	—	34.6	17.8	6.2	7.2	5.1	8.7	3.3	3.9

—Not available.

NOTE: Percentages are based on the number of children living in counties where measured air pollution concentrations were higher than the level of a Primary National Ambient Air Quality Standard at least once during the year. The indicator is calculated with reference to the current levels of the air quality standards (as of December 2016) for all years shown. The Environmental Protection Agency (EPA) periodically reviews air quality standards and may change them based on updated scientific findings. Measuring concentrations above the level of a standard is not equivalent to violating the standard. The level of a standard may be exceeded on multiple days before the exceedance is considered a violation of the standard. Data have been revised since previous publication in *America's Children*. Values have been recalculated based on updated data in the Air Quality System. For more information on the air quality standards that are used in calculating these percentages, please see https://www.epa.gov/criteria-air-pollutants/naaqs-table. The revised 1997 U.S. Office of Management and Budget standards for race were used for the 2000–2015 race-specific estimates. A person's race is described by one or more of four racial groups: White, Black or African American, American Indian or Alaska Native, or Asian or Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race.

SOURCE: Environmental Protection Agency, Office of Air and Radiation, Air Quality System.

Table PHY2.A

Secondhand smoke: Percentage of children ages 4–17 with specified blood cotinine levels by age and race and Hispanic origin, selected years 1988–2012

Characteristic	1988–1994	1999–2000	2001–2002	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012
Ages 4–17, any detectable cotinine at or above 0.05 ng/mL								
Total[a]	84.4	64.2	52.6	61.1	48.9	50.0	39.6	37.3
White, non-Hispanic	83.7	62.7	48.8	63.3	48.9	53.8	39.1	36.9
Black, non-Hispanic	94.7	83.6	80.6	78.2	69.6	62.0	63.7	60.6
Mexican American	76.5	48.2	44.4	38.0	33.2	28.0	25.6	25.3
Ages 4–17, blood cotinine above 1.0 ng/mL								
Total[a]	22.5	16.9	16.1	17.1	11.6	15.3	9.0	8.1
White, non-Hispanic	23.1	20.0	18.0	19.5	11.5	19.3	8.9	8.7
Black, non-Hispanic	33.7	22.3	22.6	21.5	21.2	15.4	20.7	16.5
Mexican American	8.3	4.9	‡	‡	4.1	‡	3.5	1.6
Ages 4–11, any detectable cotinine at or above 0.05 ng/mL								
Total[a]	84.5	64.4	55.1	63.7	51.4	52.6	41.7	40.5
White, non-Hispanic	83.3	‡	53.7	67.7	52.3	57.4	42.0	37.4
Black, non-Hispanic	94.7	86.2	81.3	81.5	69.7	65.1	67.6	68.7
Mexican American	76.7	48.6	45.3	37.6	32.0	29.1	27.6	29.6
Ages 4–11, blood cotinine above 1.0 ng/mL								
Total[a]	24.3	17.7	18.1	18.7	12.3	16.7	9.4	9.7
White, non-Hispanic	25.6	21.0	20.8	22.3	11.8	21.7	9.1	10.1
Black, non-Hispanic	34.2	23.5	24.1	22.7	25.0	18.9	25.8	20.6
Mexican American	8.9	4.7	‡	3.6	‡	‡	2.6	‡
Ages 12–17, any detectable cotinine at or above 0.05 ng/mL								
Total[a]	84.3	63.9	49.6	57.9	46.0	47.0	37.2	33.8
White, non-Hispanic	84.3	62.5	43.1	58.2	45.1	49.6	36.1	36.4
Black, non-Hispanic	94.8	79.9	79.5	73.9	69.5	58.7	59.2	50.9
Mexican American	76.3	47.5	43.2	38.6	34.7	26.6	23.0	20.0
Ages 12–17, blood cotinine above 1.0 ng/mL								
Total[a]	20.1	16.0	13.6	15.0	10.8	13.7	8.4	6.3
White, non-Hispanic	19.7	18.6	14.8	16.3	11.2	16.4	‡	7.2
Black, non-Hispanic	33.1	20.7	20.7	20.0	17.1	11.6	‡	11.7
Mexican American	7.4	5.1	‡	‡	5.2	7.2	‡	1.1

‡ Reporting standards not met; the estimate is considered unreliable.

[a] Totals include data for racial/ethnic groups not shown separately.

NOTE: Cotinine levels are reported for nonsmoking children only (non-smoker defined as those with cotinine less than or equal to 10 ng/mL). "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994. The average (geometric mean) blood cotinine level in children living in homes where someone smoked was 1.0 ng/mL in 1988–1994[1] and in 2003–2006.[2] For 1988–1994, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2012, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data on race and Hispanic origin are collected separately but combined for reporting. Beginning in 2007, the National Health and Nutrition Examination Survey allows for reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years. Persons of Mexican American origin may be of any race.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

[1] Mannino, D. M., Caraballo, R., Benowitz, N., & Repace, J. (2001). Predictors of cotinine levels in U.S. children: Data from the Third National Health and Nutrition Examination Survey. *CHEST, 120,* 718–724.

[2] Marano, C., Schober, S. E., Brody, D. J., & Zhang, C. (2009). Secondhand tobacco smoke exposure among children and adolescents: United States, 2003–2006. *Pediatrics, 124*(5), 1299–1305.

Table PHY2.B

Secondhand smoke: Percentage of children ages 4–17 with any detectable blood cotinine level by age, race and Hispanic origin and poverty status, 2011–2012

Characteristic	Ages 4–11	Ages 12–17	Ages 4–17
Total[a]	40.5	33.8	37.3
Race and Hispanic origin[b]			
White, non-Hispanic	37.4	36.4	36.9
Black, non-Hispanic	68.7	50.9	60.6
Mexican American	29.6	20.0	25.3
Poverty status			
Below 100% poverty	64.6	46.0	57.7
100% poverty and above	30.6	29.4	30.0

[a] Totals include data for racial/ethnic groups not shown separately.

[b] For 2011–2012, the revised 1997 U.S. Office of Management and Budget Standards for Data on Race and Ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data on race and Hispanic origin are collected separately but combined for reporting. Beginning in 2007, the National Health and Nutrition Examination Survey allows for the reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years. Persons of Mexican American origin may be of any race.

NOTE: Cotinine levels are reported for nonsmoking children only (non-smoker defined as those with cotinine less than or equal to 10 ng/mL). "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 nanograms per milliliter (ng/mL), the detectable level of cotinine in the blood in 1988–1994.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY3

Drinking water quality: Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2015

Characteristic	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Type of standard violated												
All health-based standard	17.8	14.3	10.4	9.4	9.2	8.1	7.5	8.3	4.9	10.5	8.1	8.3
Lead and copper	2.8	1.8	2.1	1.9	1.9	1.7	1.6	1.2	1.1	0.8	0.7	0.9
Total coliforms	9.2	7.7	4.0	4.2	3.5	2.9	3.1	3.1	2.1	2.5	3.0	3.4
Chemical and radionuclide	0.8	0.7	1.2	0.8	1.0	0.9	0.7	0.7	0.6	0.7	0.7	1.0
Surface water treatment	5.9	5.0	3.6	3.2	3.0	2.5	2.2	3.0	1.1	4.8	1.4	1.4
Nitrate/nitrite	0.2	0.1	0.2	0.2	0.4	0.7	0.3	0.6	0.2	0.6	0.3	0.1
Disinfection byproducts	—	—	—	—	—	—	—	—	—	1.5	2.8	2.4

Characteristic	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Type of standard violated											
All health-based standard	11.1	10.2	7.7	6.4	7.2	7.4	4.9	8.0	6.6	6.2	7.0
Lead and copper	0.8	0.6	0.4	0.5	0.8	0.3	0.2	0.2	0.2	0.2	0.2
Total coliforms	3.3	2.7	2.4	2.3	2.5	2.4	2.4	2.4	2.7	2.6	2.7
Chemical and radionuclide	0.9	1.2	1.1	1.0	1.1	0.8	0.8	0.6	0.4	0.4	0.2
Surface water treatment	4.3	4.0	2.5	1.2	1.9	2.8	0.6	3.7	0.9	0.6	0.7
Nitrate/nitrite	0.1	0.5	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.4
Disinfection byproducts	2.1	1.6	1.5	1.4	1.3	1.3	1.1	1.1	2.3	2.6	2.8

— Not available.

NOTE: Revisions to the following standards were made between 2002 and 2006: disinfection byproducts (2002 for larger systems and 2004 for smaller systems), surface water treatment (2002), radionuclides (2003), and arsenic (included in the Chemical and radionuclide category, in 2006). No other revisions to the standards have taken effect during the period of trend data (beginning with 1993). Indicator values reflect the standards in place for each year depicted. Data have been revised since previous publication in *America's Children.* Values for years prior to 2015 have been recalculated based on updated data in the Safe Drinking Water Information System.

SOURCE: Environmental Protection Agency, Office of Water, Safe Drinking Water Information System.

Table PHY4.A

Lead in the blood of children: Selected blood lead levels of children ages 1–5, 1976–1980, 1988–1994, 1999–2002, 2003–2006, 2007–2010, and 2011–2014

Characteristic	1976–1980	1988–1994	1999–2002	2003–2006	2007–2010	2011–2014
Percent of children with blood lead level ≥ 5 µg/dL	99.8	25.6	8.6	4.1	2.6	1.2
50th percentile (µg/dL)	15.0	3.0	1.9	1.6	1.3	0.8
95th percentile (µg/dL)	29.0	10.8	6.3	4.6	3.9	2.6

NOTE: The reference level of 5 µg/dL was the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. The Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.
SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY4.B

Lead in the blood of children: Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL by race and Hispanic origin and poverty status, 2003–2008 and 2009–2014

Characteristic	2003–2008	2009–2014
Total[a]	3.8	1.5
Race and Hispanic origin[b]		
White, non-Hispanic	2.5	1.4
Black, non-Hispanic	10.6	2.9
Mexican American	2.1	1.1
Poverty status		
Below 100% poverty	7.7	3.0
100% poverty and above	2.2	0.7

[a] Totals include data for racial/ethnic groups not shown separately.
[b] For 2003–2014, the revised 1997 U.S. Office of Management and Budget Standards for Data on Race and Ethnicity were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data on race and Hispanic origin are collected separately but combined for reporting. Beginning in 2007, the National Health and Nutrition Examination Survey allows for reporting of both total Hispanics and Mexican Americans; however, estimates reported here are for Mexican Americans to be consistent with earlier years. Persons of Mexican American origin may be of any race.
NOTE: The reference level of 5 µg/dL was the 97.5th percentile of blood lead levels for children ages 1–5 in 2005–2008. The Centers for Disease Control and Prevention (CDC) currently uses this reference level to identify children with elevated blood lead levels.
SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

Table PHY5 **Housing problems: Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2015[a]**

Household type	1978	1983	1989	1993	1995	2001	2003	2005	2007	2009	2011	2013	2015
All households with children													
Number of households (in millions)	32.3	33.6	35.4	35.4	37.2	38.6	38.4	38.7	38.1	38.5	37.6	37.2	35.5
Percent with													
Any problems	30.0	33.0	33.0	34.0	36.0	36.1	36.9	40.3	43.0	44.5	46.4	40.4	38.7
Inadequate housing[b]	9.0	8.0	9.0	7.0	7.0	6.7	5.8	5.4	5.1	5.1	5.5	5.0	6.3
Crowded housing	9.0	8.0	7.0	6.0	7.0	6.3	6.2	6.3	6.2	6.2	7.1	6.4	6.5
Cost burden greater than 30%[c]	15.0	21.0	24.0	26.0	28.0	28.5	30.1	34.2	37.2	39.3	40.7	34.9	32.4
Cost burden greater than 50%[c]	6.0	11.0	9.0	11.0	12.0	11.2	11.5	14.5	15.8	17.5	18.3	15.7	15.1
Severe problems[d]	8.0	12.0	10.0	11.0	12.0	11.1	11.3	13.8	15.1	16.9	17.6	15.0	14.0
Very-low-income renter households with children[e]													
Number of households (in millions)	4.2	5.1	5.9	6.6	6.5	6.0	6.4	6.5	6.3	6.8	7.6	7.0	7.0
Percent with													
Any problems	79.0	83.0	77.0	75.0	77.0	79.4	77.5	82.2	82.5	84.3	86.1	83.6	85.5
Inadequate housing[b]	18.0	18.0	18.0	14.0	13.0	15.4	12.8	12.2	11.4	11.0	12.0	11.3	12.5
Crowded housing	22.0	18.0	17.0	14.0	17.0	15.4	14.5	14.2	14.1	13.5	15.4	14.7	14.1
Cost burden greater than 30%[c]	59.0	68.0	67.0	67.0	69.0	69.5	70.4	75.9	75.9	80.2	81.1	78.5	81.5
Cost burden greater than 50%[c]	31.0	38.0	36.0	38.0	38.0	37.7	36.2	44.9	44.1	49.4	50.9	47.7	50.8
Severe problems[d]	33.0	42.0	31.0	33.0	31.0	30.2	29.0	35.9	34.6	40.5	42.8	40.3	41.5
Rental assistance[f]	23.0	23.0	33.0	33.0	33.0	30.3	28.1	27.7	27.7	25.0	24.7	26.2	24.8

[a] Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection. The comparability of data over time is limited by questionnaire changes in 1997 and 2007 and a redesign and new longitudinal sample drawn in 2015.

[b] Inadequate housing refers to housing with "moderate or severe physical problems." The most common problems meeting the definition are lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats. Problems appearing in public halls of multifamily structures are no longer counted beginning in 2007. See definition in Appendix A and changes in Appendix C of the American Housing Survey summary volume, *American Housing Survey for the United States: 2007,* Current Housing Reports, Series H150/07, U.S. Census Bureau, 2008.

[c] Cost burden refers to expenditures on housing and utilities that exceed the specified proportion, 30 percent or 50 percent, of reported income.

[d] For households not reporting housing assistance, having severe problems is defined as a cost burden of greater than 50 percent of income or the presence of severe physical problems.

[e] Very-low-income households are those with incomes at or below one-half of the median income, adjusted for family size, in a geographic area.

[f] Renters are either in a public housing project or have a subsidy (i.e., pay a lower rent because a Federal, state, or local government program pays part of the cost of construction, mortgage, or operating expenses).

SOURCE: U.S. Census Bureau and the U.S. Department of Housing and Urban Development, American Housing Survey. Tabulated by U.S. Department of Housing and Urban Development.

Table PHY6 Youth victims of serious violent crimes: Rate and number of victimizations for youth ages 12–17 by age, race and Hispanic origin, and gender, selected years 1980–2015

Characteristic	1980	1990	2000	2005	2010	2011	2012	2013	2014	2015[a]
Rate per 1,000 youth ages 12–17										
Age										
Ages 12–17	37.6	43.2	15.3	13.8	7.2	8.5	5.9	9.0	7.0	6.9
Ages 12–14	33.4	41.2	14.3	10.5	7.3	7.4	4.4	9.7	6.5	8.8
Ages 15–17	41.4	45.2	16.3	17.2	7.0	9.5	7.4	8.4	7.5	5.0
Race and Hispanic origin[b]										
White	34.1	37.0	14.0	—	—	—	—	—	—	—
White, non-Hispanic[c]	—	—	—	10.5	6.7	6.9	4.1	8.0	5.8	6.5
Black	60.2	77.0	22.8	—	—	—	—	—	—	—
Black, non-Hispanic[c]	—	—	—	24.9	14.0	17.8	‡	‡	‡	‡
Hispanic[d]	—	—	—	17.9	‡	9.0	9.0	10.7	7.6	‡
Other	21.7	37.3	‡	—	—	—	—	—	—	—
Gender										
Male	54.8	60.5	21.0	18.5	9.0	9.6	7.7	9.9	8.6	7.6
Female	19.7	24.9	9.4	9.0	5.3	7.3	3.9	8.1	5.4	6.2
Number of victimizations of youth ages 12–17										
Age										
Ages 12–17	877,100	866,300	368,000	350,900	174,800	206,800	147,100	226,100	176,100	171,100
Ages 12–14	364,400	412,100	172,800	133,700	88,400	89,400	55,300	120,900	82,200	108,900
Ages 15–17	512,700	454,100	195,200	217,200	86,400	117,400	91,800	105,200	93,900	62,200
Race and Hispanic origin[b]										
White	658,500	593,600	265,900	—	—	—	—	—	—	—
White, non-Hispanic[c]	—	—	—	161,000	93,500	94,900	56,200	109,300	78,000	84,700
Black	206,200	238,100	88,400	—	—	—	—	—	—	—
Black, non-Hispanic[c]	—	—	—	95,000	51,300	65,500	‡	‡	‡	‡
Hispanic[d]	—	—	—	83,400	‡	46,400	50,500	59,900	44,300	‡
Other	12,300	34,500	‡	—	—	—	—	—	—	—
Gender										
Male	652,000	623,500	258,100	239,800	111,700	120,300	98,800	127,000	110,200	95,500
Female	225,100	242,800	109,900	111,100	63,100	86,500	48,300	99,100	65,900	75,600

— Not available.

‡ Reporting standards not met due to insufficient unweighted sample cases.

[a] Homicide data were not available for 2015 at the time of publication. The number of homicides for 2014 is included in the overall total for 2015. In 2014, homicides represented less than 1 percent of serious violent crime, and the total number of homicides of juveniles has been relatively stable over the last decade.

[b] From 1980 to 2002, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following racial groups: White, Black, or Other. "Other" included American Indian or Alaskan Native and Asian or Pacific Islander. Data from 2003 onward are collected under the 1997 OMB standards. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total, but not shown separately, are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] Homicide data are collected using the FBI's Supplementary Homicide Reports (SHR), for which Hispanic origin is not available. Homicide is included here, but the victim may have been Hispanic.

[d] Victimization estimates for Hispanics exclude homicides because homicide data are collected using the FBI's SHR, for which Hispanic origin is not available.

NOTE: Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred, or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Because of changes made in the victimization survey, data prior to 1992 were adjusted to make them comparable with data collected under the redesigned methodology. Estimates may vary from previous publications due to updating of more recent homicide and victimization numbers.

SOURCE: Bureau of Justice Statistics, National Crime Victimization Survey and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table PHY7.A

Child injury and mortality: Emergency department visit rates for children ages 1–14 by leading causes of injury visits, 2000–2001 through 2012–2013

(Emergency department visits per 1,000 children ages 1–4 and ages 5–14)

Characteristic	2000–2001	2002–2003	2004–2005	2006–2007	2008–2009	2010–2011	2012–2013
Ages 1–4							
All injury visits[a]	155.8	143.5	161.8	139.5	153.7	164.0	142.7
All initial injury visits[b]	—	134.4	152.8	127.0	140.9	151.2	129.4
Leading causes of injury visits[c]							
Cut or pierced from instrument or object	9.1	5.6	6.7	6.0	4.9	7.7	5.8
Fall	46.9	40.8	58.5	47.1	57.3	64.2	47.7
Motor vehicle traffic	7.4	6.6	6.8	7.2	5.1	7.5	4.2
Natural or environmental factors[d]	11.0	9.6	11.4	8.0	11.3	10.3	8.7
Overexertion	3.4	1.5	3.1	2.8	3.9	‡	‡
Poisoning	6.9	5.4	9.7	5.5	6.3	7.1	4.0
Struck by/against an object or person	30.5	24.7	17.5	15.9	17.7	17.4	17.3
Ages 5–14							
All injury visits[a]	123.0	116.6	120.8	103.7	115.4	114.3	104.3
All initial injury visits[b]	—	109.5	114.7	93.0	104.1	105.7	92.4
Leading causes of injury visits[c]							
Cut or pierced from instrument or object	7.9	7.3	7.1	5.7	6.3	4.7	6.1
Fall	30.3	24.8	29.9	25.6	29.8	31.5	24.0
Motor vehicle traffic	10.4	6.8	9.0	6.9	6.2	6.3	5.3
Natural or environmental factors[d]	6.7	6.4	7.6	5.2	6.4	6.2	6.9
Overexertion	2.5	3.8	4.1	4.4	5.2	5.2	4.7
Poisoning	1.7	1.4	1.9	1.7	1.1	1.7	‡
Struck by/against an object or person	29.8	28.4	22.1	18.2	20.0	20.9	18.1

— Not available.

‡ Reporting standards not met; estimate is considered unreliable.

[a] Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause of injury code.

[b] In 2012–2013, 91 percent of injury-related emergency department visits among children ages 1–4 and 89 percent of injury-related emergency department visits among children ages 5–14 were an initial visit.

[c] Data for 2000–2001 are for all injury visits. Data from 2002–2003 to 2012–2013 are for initial visits only. Initial visit status was imputed for 2005 and 2006.

[d] Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

NOTE: Estimates have been revised and differ from previous publications. Rates are average annual.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY7.B Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2015

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2010[a]	2013	2014	2015
Ages 1–4										
All causes[b]	63.9	51.8	46.8	40.4	32.4	29.9	26.5	25.5	24.0	24.9
Leading causes of death[c]										
Unintentional injuries	25.9	20.2	17.3	14.4	11.9	10.5	8.6	8.3	7.6	7.8
Cancer	4.5	3.8	3.5	3.1	2.7	2.4	2.1	2.1	2.0	2.2
Birth defects	8.0	5.9	6.1	4.4	3.2	3.3	3.1	3.0	2.5	2.7
Homicide	2.5	2.5	2.6	2.9	2.3	2.4	2.4	2.1	2.3	2.3
Heart disease	2.6	2.2	1.9	1.6	1.2	0.9	1.0	1.1	0.9	0.9
Pneumonia/influenza	2.1	1.6	1.2	1.0	0.7	0.7	0.6	0.6	0.7	0.6
Injury-related causes of death[c]										
All injuries (intentional and unintentional)	28.9	23.0	19.9	17.3	14.5	13.2	11.5	10.8	10.3	10.6
Motor vehicle traffic	7.4	5.9	5.3	4.4	3.7	3.1	2.1	2.1	1.8	2.1
Drowning	5.7	4.4	3.9	3.5	3.3	3.3	2.9	2.6	2.6	2.6
Fire and burns	6.1	4.8	4.0	3.1	2.0	1.4	1.1	0.9	0.8	0.7
Firearms	0.7	0.7	0.6	0.6	0.3	0.4	0.4	0.4	0.4	0.5
Suffocation	1.9	1.4	1.3	1.3	1.2	1.0	1.0	1.2	0.9	1.0
Pedestrian (non-traffic)[d]	1.5	1.1	0.9	0.7	0.6	0.8	0.6	0.6	0.7	0.5
Fall	0.9	0.6	0.6	0.3	0.2	0.2	0.2	0.2	0.2	0.2
Male										
All causes[b]	72.6	58.5	52.4	44.5	35.9	34.0	29.6	28.6	26.7	28.0
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	14.0	12.6	10.5	10.2	9.1	9.4
Cancer	—	—	—	—	3.0	2.7	2.4	2.2	2.2	2.4
Birth defects	—	—	—	—	3.3	3.2	2.8	2.9	2.7	2.8
Homicide	—	—	—	—	2.5	2.6	2.8	2.3	2.4	2.8
Heart disease	—	—	—	—	1.4	1.0	1.1	1.2	0.9	1.0
Pneumonia/influenza	—	—	—	—	0.7	0.7	0.6	0.7	0.7	0.6
Female										
All causes[b]	54.7	44.8	41.0	36.0	28.7	25.6	23.3	22.4	21.3	21.6
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	9.7	8.2	6.6	6.2	6.1	6.0
Cancer	—	—	—	—	2.5	2.1	1.9	1.9	1.8	2.0
Birth defects	—	—	—	—	3.1	3.3	3.5	3.1	2.3	2.7
Homicide	—	—	—	—	2.1	2.1	1.9	2.0	2.2	1.8
Heart disease	—	—	—	—	1.0	0.9	0.9	0.9	0.9	0.9
Pneumonia/influenza	—	—	—	—	0.7	0.7	0.5	0.6	0.7	0.5
Race and Hispanic origin[e]										
White, non-Hispanic	—	45.3	37.6	34.2	28.5	26.7	24.7	23.7	22.6	22.9
Black, non-Hispanic	—	83.1	73.5	67.8	51.7	45.3	40.2	39.5	39.6	41.6
Asian or Pacific Islander	43.2	40.1	38.6	26.5	21.6	18.0	17.9	18.8	13.4	15.0
Asian or Pacific Islander, non-Hispanic	—	—	—	—	22.3	18.4	18.5	19.1	14.0	15.3
Hispanic	—	46.1	43.5	36.3	29.6	28.7	22.7	20.8	18.7	19.8

See notes at end of table.

Table PHY7.B (cont.) **Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2015**

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2010[a]	2013	2014	2015
Ages 5–14										
All causes[b]	30.6	26.5	24.0	22.2	18.0	16.3	12.9	13.0	12.7	13.2
Leading causes of death[c]										
Unintentional injuries	15.0	12.6	10.4	9.2	7.3	5.9	4.0	3.7	3.6	3.7
Cancer	4.3	3.5	3.1	2.7	2.5	2.5	2.2	2.2	2.1	2.1
Suicide	0.4	0.8	0.8	0.9	0.7	0.7	0.7	1.0	1.0	1.0
Birth defects	1.6	1.4	1.5	1.2	1.0	1.0	0.7	0.8	0.8	0.8
Homicide	1.2	1.2	1.3	1.5	0.9	0.8	0.6	0.7	0.7	0.7
Heart disease	0.9	1.0	0.9	0.8	0.7	0.6	0.5	0.4	0.5	0.5
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.2	0.3	0.2	0.3	0.2	0.2
Injury-related causes of death[c]										
All injuries (intentional and unintentional)	16.7	14.7	12.7	11.5	9.1	7.6	5.5	5.4	5.4	5.6
Motor vehicle traffic	7.5	6.6	5.6	5.1	4.0	3.3	2.0	1.8	1.8	1.9
Drowning	2.5	1.8	1.5	1.2	0.9	0.7	0.6	0.5	0.6	0.6
Fire and burns	1.5	1.4	1.0	0.9	0.7	0.6	0.4	0.4	0.3	0.3
Firearms	1.6	1.8	1.9	1.9	0.9	0.8	0.7	0.8	0.9	0.9
Suffocation	0.9	0.9	0.8	0.8	0.8	0.8	0.7	0.9	0.8	0.8
Pedestrian (non-traffic)[d]	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.1
Fall	0.3	0.2	0.1	0.2	0.1	0.1	0.1	0.1	0.1	0.1
Male										
All causes[b]	36.7	31.8	28.5	26.4	20.9	18.5	14.6	14.6	14.9	15.0
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	8.8	7.2	5.0	4.5	4.6	4.5
Cancer	—	—	—	—	2.7	2.7	2.3	2.2	2.3	2.2
Birth defects	—	—	—	—	1.0	0.9	0.7	0.8	0.9	0.9
Homicide	—	—	—	—	1.1	1.0	0.8	0.8	0.8	0.9
Heart disease	—	—	—	—	0.8	0.6	0.5	0.4	0.5	0.5
Pneumonia/influenza	—	—	—	—	0.2	0.3	0.2	0.3	0.2	0.2
Female										
All causes[b]	24.2	21.0	19.3	17.9	15.0	13.9	11.1	11.2	10.5	11.2
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	5.6	4.7	2.9	2.8	2.5	2.9
Cancer	—	—	—	—	2.2	2.2	2.2	2.1	1.8	2.0
Birth defects	—	—	—	—	1.0	1.0	0.7	0.8	0.8	0.7
Homicide	—	—	—	—	0.7	0.7	0.5	0.5	0.6	0.5
Heart disease	—	—	—	—	0.5	0.6	0.4	0.4	0.4	0.5
Pneumonia/influenza	—	—	—	—	0.2	0.3	0.2	0.3	0.2	0.2

See notes at end of table.

Table PHY7.B (cont.) **Child injury and mortality: Death rates among children ages 1–14 by gender, race and Hispanic origin, and all causes and all injury causes, selected years 1980–2015**

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2010[a]	2013	2014	2015
Ages 5–14—cont.										
Race and Hispanic origin[e]										
White, non-Hispanic	—	23.1	21.5	20.1	17.1	15.3	12.6	12.6	12.1	12.9
Black, non-Hispanic	—	36.5	33.0	32.7	25.0	23.6	18.1	18.3	18.7	19.2
Asian or Pacific Islander	24.2	20.8	16.9	17.5	12.3	12.4	8.2	10.0	8.2	8.8
Asian or Pacific Islander, non-Hispanic	—	—	—	—	12.3	13.0	8.5	10.1	8.5	9.0
Hispanic	—	19.3	20.0	19.9	15.7	13.5	10.2	10.8	11.1	10.5

— Not available.

[a] Rates for 2001–2011 are revised and may differ from rates previously published.

[b] Total includes American Indians or Alaska Natives.

[c] Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2015 is classified according to the Tenth Revision of the International Classification of Diseases.

[d] Includes deaths occurring on private property. Pedestrian deaths on public roads are included in the motor vehicle traffic-related category.

[e] The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indians or Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates, and American Indians are underreported on the death certificate. CA, HI, ID, ME, MT, NY, and WI reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: MI, MN, NH, NJ, OK, SD, WA, and WY. In 2005, the following states began to report multiple-race data: CT, DC (mid-year), FL, KS, NE, SC, and UT. In 2006, NM, OR, RI, and TX began to report multiple-race data. In 2007, DE and OH began to report multiple-race data. In 2008, AR, GA, IL, IN, NV, ND, and VT began to report multiple-race data. In 2010, AZ, KY, and MO began to report multiple-race data. In 2011, IA began to report multiple-race data. In 2012, LA (mid-year), MS, PA, and TN began to report multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states, rather than following the revised 1997 OMB standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the death certificate. Tabulations are restricted to a subset of the states that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of states in the reporting area increased from 44 states and DC in 1989 to 45 states, New York State (excluding New York City), and DC in 1990; 47 states, New York State (excluding New York City), and DC in 1991; 48 states and DC in 1992; and 49 states and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City. Data for Hispanic origin and specified race populations other than White, non-Hispanic and Black, non-Hispanic should be interpreted with caution because of inconsistencies between reporting race and Hispanic origin on death certificates and on censuses and surveys.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table PHY8.A

Adolescent injury and mortality: Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 2000–2001 through 2012–2013

(Emergency department visits per 1,000 adolescents ages 15–19)

Characteristic	2000–2001	2002–2003	2004–2005	2006–2007	2008–2009	2010–2011	2012–2013
All injury visits[a]	172.9	150.2	161.3	148.5	155.4	152.9	135.1
All initial injury visits[b]	—	138.6	147.2	131.7	140.3	137.9	123.5
Leading causes of injury visits[c]							
Cut or pierced from instrument or object	18.1	11.6	12.5	8.7	11.3	9.8	6.5
Unintentional	16.3	10.2	10.7	6.9	9.6	7.0	5.9
Fall[d]	19.4	17.2	23.4	20.4	23.9	21.6	21.5
Motor vehicle traffic[d]	32.0	24.4	22.9	22.7	18.8	21.6	18.0
Natural or environmental factors[d,e]	7.1	5.6	5.8	5.7	6.9	5.2	6.1
Overexertion[d]	7.4	5.6	7.3	7.2	8.9	9.9	9.6
Poisoning	5.7	6.2	5.2	4.6	6.3	4.7	3.1
Unintentional	3.0	3.2	2.2	1.9	‡	3.1	‡
Self-inflicted	2.1	2.7	2.6	1.7	2.7	1.6	‡
Struck by/against an object or person	40.8	32.7	28.8	24.2	30.4	28.2	23.0
Unintentional	30.9	25.7	20.7	18.1	21.0	20.7	16.6
Assault	9.9	6.8	8.1	5.8	9.3	6.9	6.2

— Not available.

‡ Reporting standards not met; estimate is considered unreliable.

[a] Any emergency department visit where there is a valid first-listed injury diagnosis code or a valid first-listed external cause code.

[b] In 2012–2013, 91 percent of injury-related emergency department visits were an initial visit.

[c] Data for 2000–2001 are for all injury visits. Data for 2002–2003 to 2012–2013 are for initial visits only. Initial visit status was imputed for 2005 and 2006.

[d] Falls, motor vehicle traffic, natural or environmental factors, and overexertion were unintentional for 99 to 100 percent of the visits.

[e] Insect or animal bites accounted for the majority of emergency department visits caused by natural or environmental factors.

NOTE: Some estimates have been revised from previous publications. Rates are average annual.

SOURCE: National Center for Health Statistics, National Hospital Ambulatory Medical Care Survey.

Table PHY8.B

Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,[a] and all causes and all injury causes,[b] selected years 1980–2015

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1990	2000	2005[c]	2010[c]	2011[c]	2012	2013	2014	2015
Total (all races)										
All causes	97.9	88.4	67.1	63.8	49.4	48.9	47.2	44.8	45.5	48.3
All injuries	78.1	71.4	51.6	48.7	37.1	36.0	35.3	32.8	33.8	36.5
Unintentional injuries	57.8	42.4	33.4	30.8	20.6	19.9	18.7	17.3	17.7	18.6
Homicide	10.5	16.9	9.5	9.7	8.3	7.8	7.6	6.6	6.7	7.5
Suicide	8.5	11.1	8.0	7.5	7.5	8.3	8.3	8.3	8.7	9.8
Leading mechanisms of injury										
Motor vehicle traffic	42.3	33.0	25.3	22.5	13.1	12.9	12.3	11.0	11.6	12.0
All firearm	14.7	23.5	12.9	12.2	10.6	10.7	10.7	9.7	9.9	11.3
Firearm homicide	7.0	14.0	7.7	8.1	7.1	6.6	6.7	5.8	5.9	6.6
Firearm suicide	5.4	7.5	4.4	3.4	3.0	3.5	3.5	3.5	3.6	4.2
Male										
All races										
All causes	—	—	—	—	93.3	89.5	65.9	62.3	63.3	66.6
All injuries	—	—	—	—	75.5	71.4	52.1	48.3	50.2	53.2
Unintentional injuries	—	—	—	—	45.8	42.0	25.7	23.5	24.9	25.3
Homicide	—	—	—	—	15.5	16.4	12.8	11.4	11.2	12.7
Suicide	—	—	—	—	13.0	11.8	12.5	12.4	13.0	14.2
White, non-Hispanic										
All causes	—	105.7	86.1	82.2	63.9	65.2	61.6	58.6	59.6	61.0
All injuries	—	87.5	69.4	64.9	50.5	51.5	48.5	45.2	46.9	48.7
Unintentional injuries	—	62.6	50.0	46.2	32.6	31.6	29.6	26.5	27.4	27.5
Homicide	—	5.6	3.5	3.5	2.4	2.7	2.3	2.2	2.1	2.8
Suicide	—	20.4	14.8	14.0	14.2	16.2	15.5	15.8	16.6	17.6
Leading mechanisms of injury										
Motor vehicle traffic	—	46.9	36.7	31.5	19.3	19.0	17.8	15.6	16.7	16.3
All firearm	—	20.4	12.3	10.6	9.4	11.2	10.6	10.5	11.1	12.3
Firearm homicide	—	3.9	2.5	2.5	1.7	2.0	1.9	1.7	1.6	2.1
Firearm suicide	—	13.3	8.6	7.2	6.9	8.5	7.9	8.3	8.9	9.3
Black, non-Hispanic										
All causes	—	191.1	134.0	127.9	108.0	102.5	102.2	100.2	99.7	110.1
All injuries	—	165.4	105.9	101.6	86.8	83.2	83.3	79.3	81.0	90.7
Unintentional injuries	—	42.9	35.3	32.4	24.3	23.1	20.5	21.7	24.2	24.9
Homicide	—	109.8	59.0	60.4	54.0	51.4	54.1	48.2	48.8	55.3
Suicide	—	10.7	9.9	7.2	7.1	7.2	7.0	7.4	6.8	9.3
Leading mechanisms of injury										
Motor vehicle traffic	—	27.2	22.8	22.0	15.0	13.7	12.3	13.1	15.3	16.4
All firearm	—	114.3	63.5	62.0	55.2	52.5	56.4	50.5	50.0	58.9
Firearm homicide	—	100.0	53.3	55.4	50.2	47.2	51.2	45.0	45.5	52.3
Firearm suicide	—	8.2	7.3	4.3	3.2	3.5	3.4	3.1	2.8	4.7
Asian or Pacific Islander										
All causes	69.1	73.1	51.0	41.9	29.3	28.8	31.3	29.9	27.9	38.1
All injuries	53.5	62.3	39.1	31.1	20.8	20.2	20.9	19.7	19.1	25.8
Unintentional injuries	38.6	35.1	23.3	19.0	11.2	9.0	11.5	8.0	10.4	12.3
Homicide	‡	14.8	7.5	7.1	‡	‡	‡	‡	‡	‡
Suicide	‡	12.0	8.1	4.4	6.3	7.9	6.4	8.8	6.3	10.4
Leading mechanisms of injury										
Motor vehicle traffic	25.5	24.1	14.7	12.3	7.2	5.3	7.1	5.0	5.8	6.4
All firearm	‡	22.2	8.8	8.6	4.3	4.0	3.9	5.0	4.4	4.4
Firearm homicide	‡	12.6	5.7	6.3	‡	‡	‡	‡	‡	‡
Firearm suicide	‡	8.3	‡	‡	‡	‡	‡	‡	‡	‡

See notes at end of table.

Table PHY8.B (cont.) **Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,[a] and all causes and all injury causes,[b] selected years 1980–2015**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1990	2000	2005[c]	2010[c]	2011[c]	2012	2013	2014	2015
Male—cont.										
Asian or Pacific Islander, non-Hispanic										
All causes	—	—	51.0	43.4	27.9	28.8	32.4	30.5	28.5	38.0
All injuries	—	—	38.8	32.0	19.0	20.2	21.2	19.9	19.1	25.2
Unintentional injuries	—	—	23.0	19.3	10.6	9.0	11.6	8.4	10.6	11.7
Homicide	—	—	7.6	7.3	‡	‡	‡	‡	‡	‡
Suicide	—	—	8.0	4.7	5.9	7.9	6.5	8.4	6.3	10.3
Leading mechanisms of injury										
Motor vehicle traffic	—	—	14.3	12.2	6.4	5.3	7.1	5.2	6.1	5.9
All firearm	—	—	8.7	9.0	3.6	4.0	3.8	5.2	4.0	4.6
Firearm homicide	—	—	5.7	6.5	‡	‡	‡	‡	‡	‡
Firearm suicide	—	—	‡	‡	‡	‡	‡	‡	‡	‡
Hispanic										
All causes	—	131.4	90.5	89.0	61.2	58.5	56.2	50.3	53.7	55.6
All injuries	—	115.9	75.9	73.8	48.2	45.2	43.9	39.1	42.1	43.7
Unintentional injuries	—	54.7	40.8	39.2	21.7	21.9	21.0	19.9	21.3	22.7
Homicide	—	49.7	25.7	25.1	17.9	14.6	13.5	11.7	11.0	11.2
Suicide	—	11.0	8.5	8.6	8.1	7.9	8.8	6.8	8.9	8.9
Leading mechanisms of injury										
Motor vehicle traffic	—	40.7	29.4	28.9	13.9	14.7	13.9	12.8	14.6	15.4
All firearm	—	51.7	27.9	26.7	17.8	15.4	15.4	12.9	13.0	13.7
Firearm homicide	—	39.7	21.9	21.8	14.6	12.2	11.5	9.9	9.8	9.7
Firearm suicide	—	8.6	4.6	3.5	2.8	2.1	3.2	2.2	2.6	3.4
Female										
All races										
All causes	—	—	—	—	39.3	36.6	27.4	26.4	26.8	29.1
All injuries	—	—	—	—	26.4	24.8	17.6	16.5	16.6	19.0
Unintentional injuries	—	—	—	—	20.3	18.9	11.4	10.6	10.1	11.5
Homicide	—	—	—	—	3.1	2.5	2.0	1.6	1.9	2.1
Suicide	—	—	—	—	2.7	3.0	3.9	3.9	4.2	5.1
White, non-Hispanic										
All causes	—	44.2	41.0	37.7	30.1	30.2	29.3	28.2	28.0	30.7
All injuries	—	32.3	29.3	27.1	20.4	20.8	19.9	18.7	17.9	21.4
Unintentional injuries	—	25.8	24.0	21.8	15.3	15.1	14.0	12.8	11.6	13.7
Homicide	—	2.8	1.9	1.5	1.2	1.2	1.0	0.9	1.0	1.2
Suicide	—	4.0	3.0	3.3	3.5	4.1	4.7	4.5	4.8	6.1
Leading mechanisms of injury										
Motor vehicle traffic	—	22.6	20.8	18.0	11.0	10.8	10.4	9.2	8.4	9.6
All firearm	—	3.9	2.2	1.9	1.7	2.0	2.0	1.8	1.7	2.3
Firearm homicide	—	1.3	0.9	0.9	0.7	0.8	0.6	0.4	0.6	0.7
Firearm suicide	—	2.2	1.2	1.0	0.9	1.2	1.4	1.3	1.1	1.6
Black, non-Hispanic										
All causes	—	52.2	44.9	39.0	31.9	33.1	32.6	30.3	30.2	34.2
All injuries	—	29.2	23.1	20.6	16.5	17.6	16.4	15.5	16.7	19.0
Unintentional injuries	—	12.3	13.0	12.7	8.0	8.2	7.3	8.2	8.5	9.6
Homicide	—	14.8	8.6	6.2	7.2	7.1	6.4	4.7	5.7	6.2
Suicide	—	1.9	1.5	1.4	1.2	2.0	2.4	2.3	2.2	3.0
Leading mechanisms of injury										
Motor vehicle traffic	—	9.0	10.5	10.6	5.4	7.1	5.7	5.9	6.8	7.4
All firearm	—	11.5	5.9	4.9	5.6	6.4	6.0	4.1	5.2	5.4
Firearm homicide	—	9.8	5.2	4.3	5.4	5.8	5.5	3.7	4.7	4.9
Firearm suicide	—	‡	‡	‡	‡	‡	‡	‡	‡	‡

See notes at end of table.

Table PHY8.B (cont.) **Adolescent injury and mortality: Death rates among adolescents ages 15–19 by gender, race and Hispanic origin,[a] and all causes and all injury causes,[b] selected years 1980–2015**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1990	2000	2005[c]	2010[c]	2011[c]	2012	2013	2014	2015
Female—cont.										
Asian or Pacific Islander										
All causes	26.7	25.8	20.6	19.4	15.9	14.2	12.7	15.3	18.8	16.2
All injuries	16.7	18.2	11.9	12.6	9.1	7.5	7.3	7.6	10.4	9.5
Unintentional injuries	‡	11.2	7.3	8.1	5.2	4.6	‡	4.8	4.5	5.3
Homicide	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Suicide	‡	‡	‡	‡	‡	‡	3.7	‡	5.0	3.5
Leading mechanisms of injury										
Motor vehicle traffic	‡	10.9	5.5	6.3	‡	4.0	‡	‡	‡	3.2
All firearm	‡	‡	‡	‡	‡	‡	‡	‡	‡	0.3
Firearm homicide	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Firearm suicide	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Asian or Pacific Islander, non-Hispanic										
All causes	—	—	21.3	19.8	16.0	14.2	13.0	15.9	18.3	16.6
All injuries	—	—	12.2	12.5	9.4	7.5	7.5	8.0	10.1	9.5
Unintentional injuries	—	—	7.7	7.7	5.7	4.6	‡	5.2	4.3	5.3
Homicide	—	—	‡	‡	‡	‡	‡	‡	‡	‡
Suicide	—	—	‡	‡	‡	‡	3.9	‡	4.7	3.6
Leading mechanisms of injury										
Motor vehicle traffic	—	—	5.7	5.8	‡	4.0	‡	‡	‡	‡
All firearm	—	—	‡	‡	‡	‡	‡	‡	‡	‡
Firearm homicide	—	—	‡	‡	‡	‡	‡	‡	‡	‡
Firearm suicide	—	—	‡	‡	‡	‡	‡	‡	‡	‡
Hispanic										
All causes	—	35.2	28.7	31.5	20.4	20.4	20.4	20.4	21.6	22.9
All injuries	—	22.7	18.4	20.7	13.7	11.1	12.9	12.5	12.9	14.1
Unintentional injuries	—	12.2	13.1	15.5	8.6	6.6	8.5	7.4	7.9	8.4
Homicide	—	7.2	2.8	2.7	2.1	1.6	1.7	1.7	1.9	2.0
Suicide	—	3.2	2.4	2.2	2.9	2.8	2.5	3.2	3.0	3.6
Leading mechanisms of injury										
Motor vehicle traffic	—	10.4	10.7	13.3	6.7	4.9	7.2	6.0	5.9	6.1
All firearm	—	6.8	2.7	2.0	2.0	1.4	1.3	1.5	1.9	2.1
Firearm homicide	—	4.9	2.0	1.5	1.4	1.1	1.0	1.0	1.4	1.6
Firearm suicide	—	‡	‡	‡	‡	‡	‡	‡	‡	‡

— Not available.

‡ Reporting standards not met; number of deaths too few to calculate a reliable rate.

[a] The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following three racial groups: White, Black, or Asian or Pacific Islander. Death rates for American Indians or Alaskan Natives are not shown separately because the numbers of deaths were too small for the calculation of reliable rates, and American Indians are underreported on the death certificate. CA, HI, ID, ME, MT, NY, and WI reported multiple-race data in 2003. In 2004, the following states began to report multiple-race data: MI, MN, NH, NJ, OK, SD, WA, and WY. In 2005, the following states began to report multiple-race data: CT, DC (mid-year), FL, KS, NE, SC, and UT. In 2006, NM, OR, RI, and TX began to report multiple-race data. In 2007, DE and OH began to report multiple-race data. In 2008, AR, GA, IL, IN, NV, ND, and VT began to report multiple-race data. In 2010, AZ, KY, and MO began to report multiple-race data. In 2011, IA began to report multiple-race data. In 2012, LA (mid-year), MS, PA, and TN began to report multiple-race data. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states, rather than following the revised 1997 OMB standards for a select group of states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the death certificate. Tabulations are restricted to a subset of the states that include the item on the death certificate and that meet a minimal quality standard. The quality of reporting has improved substantially over time, so that the minimal quality standard was relaxed in 1992 for those areas reporting Hispanic origin on at least 80 percent of records. The number of states in the reporting area increased from 44 states and DC in 1989 to 45 states, New York State (excluding New York City), and DC in 1990; 47 states, New York State (excluding New York City), and DC in 1991; 48 states and DC in 1992; and 49 states and DC in 1993–1996. Complete reporting began in 1997. The population data in 1990 and 1991 do not exclude New York City. Data for Hispanic origin and specified race populations other than White, non-Hispanic and Black, non-Hispanic should be interpreted with caution because of inconsistencies between reporting race and Hispanic origin on death certificates and on censuses and surveys.

[b] Cause-of-death information for 1980–1998 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999–2014 is classified according to the Tenth Revision of the International Classification of Diseases.

[c] Rates for 2001–2011 are revised and may differ from rates previously published.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table BEH1 **Regular cigarette smoking: Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2016**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2014	2015	2016
8th grade										
Total	—	—	—	9.3	7.4	4.0	2.9	1.4	1.3	0.9
Gender										
Male	—	—	—	9.2	7.0	3.9	3.5	1.2	1.1	1.0
Female	—	—	—	9.2	7.5	4.0	2.3	1.3	1.4	0.8
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	10.5	9.0	4.6	3.2	1.7	1.4	1.2
Black, non-Hispanic	—	—	—	2.8	3.2	2.1	1.9	1.2	0.9	0.5
Hispanic	—	—	—	9.2	7.1	3.1	2.3	1.3	1.0	0.8
10th grade										
Total	—	—	—	16.3	14.0	7.5	6.6	3.2	3.0	1.9
Gender										
Male	—	—	—	16.3	13.7	7.2	7.2	3.5	2.8	2.2
Female	—	—	—	16.1	14.1	7.7	5.9	2.8	2.8	1.5
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	17.6	17.7	9.1	7.4	4.8	3.5	2.8
Black, non-Hispanic	—	—	—	4.7	5.2	3.9	3.5	2.3	2.1	1.3
Hispanic	—	—	—	9.9	8.8	5.9	4.4	2.3	2.1	1.9
12th grade										
Total	21.3	19.5	19.1	21.6	20.6	13.6	10.7	6.7	5.5	4.8
Gender										
Male	18.5	17.8	18.6	21.7	20.9	14.6	12.3	7.9	6.6	5.6
Female	23.5	20.6	19.3	20.8	19.7	11.9	8.7	5.4	3.9	3.7
Race and Hispanic origin[a]										
White, non-Hispanic	23.9	20.4	21.8	23.9	25.7	17.1	13.5	9.3	7.3	6.1
Black, non-Hispanic	17.4	9.9	5.8	6.1	8.0	5.6	5.3	5.1	4.1	3.5
Hispanic	12.8	11.8	10.9	11.6	15.7	7.7	5.7	4.1	3.7	2.9

— Not available.

[a] A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

SOURCE: Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2017). *Monitoring the Future national survey results on drug use: 1975–2016: Overview, key findings on adolescent drug use.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH2

Alcohol use: Percentage of 8th-, 10th-, and 12th-grade students who reported having five or more alcoholic beverages in a row in the past 2 weeks by grade, gender, and race and Hispanic origin, selected years 1980–2016

Characteristic	1980	1985	1990	1995	2000	2005	2010	2014	2015	2016
8th grade										
Total	—	—	—	12.3	11.7	8.4	7.2	4.1	4.6	3.4
Gender										
Male	—	—	—	12.5	11.7	8.2	6.5	3.5	4.6	3.2
Female	—	—	—	12.1	11.3	8.6	7.8	4.6	4.6	3.6
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	12.1	13.0	9.0	7.1	4.2	4.0	3.6
Black, non-Hispanic	—	—	—	8.3	7.3	6.1	5.3	4.4	4.1	3.4
Hispanic	—	—	—	18.4	16.0	12.1	10.8	5.7	5.4	5.3
10th grade										
Total	—	—	—	22.0	24.1	19.0	16.3	12.6	10.9	9.7
Gender										
Male	—	—	—	24.1	27.6	19.9	17.9	13.1	11.3	9.6
Female	—	—	—	19.7	20.6	17.9	14.6	12.2	10.6	9.8
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	23.8	26.2	21.8	17.2	14.4	13.0	11.6
Black, non-Hispanic	—	—	—	11.1	10.8	9.1	10.7	7.5	6.9	5.8
Hispanic	—	—	—	23.3	25.1	22.4	22.2	15.0	13.2	11.4
12th grade										
Total	41.2	36.7	32.2	29.8	30.0	27.1	23.2	19.4	17.2	15.5
Gender										
Male	52.1	45.3	39.1	36.9	36.7	32.6	28.0	22.3	19.3	17.2
Female	30.5	28.2	24.4	23.0	23.5	21.6	18.4	16.6	14.9	13.5
Race and Hispanic origin[a]										
White, non-Hispanic	44.3	41.5	36.6	32.3	34.6	32.5	27.6	23.8	21.2	19.1
Black, non-Hispanic	17.7	15.7	14.4	14.9	11.5	11.3	13.1	11.3	9.8	8.3
Hispanic	33.1	31.7	25.6	26.6	31.0	23.9	22.1	20.4	18.5	16.7

— Not available.

[a] A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

SOURCE: Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2017). *Monitoring the Future national results on adolescent drug use: Overview of key findings, 2016.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH3.A **Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who reported using illicit drugs in the past 30 days by grade, gender, and race and Hispanic origin, selected years 1980–2016**

Characteristic	1980[a]	1985	1990	1995	2000	2005	2010	2014	2015	2016
8th grade										
Total	—	—	—	12.4	11.9	8.5	9.5	8.3	8.1	6.9
Gender										
Male	—	—	—	12.7	12.0	8.8	10.3	8.2	7.7	6.9
Female	—	—	—	11.9	11.3	8.1	8.6	8.0	8.3	6.7
Race and Hispanic origin[b]										
White, non-Hispanic	—	—	—	18.9	11.2	7.7	7.9	6.4	6.3	5.6
Black, non-Hispanic	—	—	—	9.1	10.8	9.3	8.9	9.1	8.9	9.0
Hispanic	—	—	—	16.7	15.2	11.0	10.8	10.4	9.6	8.8
10th grade										
Total	—	—	—	20.2	22.5	17.3	18.5	18.5	16.5	15.9
Gender										
Male	—	—	—	21.1	25.4	18.3	21.8	18.9	17.0	16.2
Female	—	—	—	19.0	19.5	16.1	15.1	18.1	15.6	15.5
Race and Hispanic origin[b]										
White, non-Hispanic	—	—	—	19.7	23.0	18.2	17.7	17.7	16.4	15.8
Black, non-Hispanic	—	—	—	15.5	17.0	16.4	16.8	21.0	19.5	18.1
Hispanic	—	—	—	20.6	23.7	19.3	19.7	21.8	19.8	17.2
12th grade										
Total	37.2	29.7	17.2	23.8	24.9	23.1	23.8	23.7	23.6	24.4
Gender										
Male	39.6	32.1	18.9	26.8	27.5	26.7	27.5	26.6	25.1	26.8
Female	34.3	26.7	15.2	20.4	22.1	19.3	19.6	20.5	21.8	21.7
Race and Hispanic origin[b]										
White, non-Hispanic	38.8	30.2	20.5	23.8	25.9	25.3	24.3	23.9	23.3	23.3
Black, non-Hispanic	28.8	22.9	9.0	18.3	20.3	16.1	21.6	25.8	23.7	24.4
Hispanic	33.1	27.2	13.9	21.4	27.4	19.6	20.2	24.3	22.9	24.6

— Not available.

[a] Beginning in 1982, the question about stimulant use (i.e., amphetamines) was revised to get respondents to exclude the inappropriate reporting of nonprescription stimulants. The prevalence rate dropped slightly as a result of this methodological change. In 2013, the text for the amphetamines use question was revised again. Data for the any illicit drug index was affected by these changes. Beginning in 2013 for full sample and gender data and in 2014 for race/ethnicity data, data are based on the new version of the question.

[b] A 2-year moving average is presented, based on data from the year indicated and the previous year. For data before 2005, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2006 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. In 2005, half of the sample received the earlier version of the question and half received the later one, and their data were combined. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2006, those in each racial category represent those reporting only one race. Data from 2006 onward are not directly comparable with data from earlier years. Hispanics may be of any race.

NOTE: Use of "any illicit drug" includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor's orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their answers). Some estimates have been revised from previous publications.

SOURCE: Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2016). *Monitoring the Future national survey results on drug use: 1975–2015: Overview, key findings on adolescent drug use.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH3.B

Illicit drug use: Percentage of 8th-, 10th-, and 12th-grade students who reported smoking marijuana in the past 30 days by grade, selected years 1980–2016

Characteristic	1980	1985	1990	1995	2000	2005	2010	2014	2015	2016
8th grade										
Total	—	—	—	9.1	9.1	6.6	8.0	6.5	6.5	5.4
10th grade										
Total	—	—	—	17.2	19.7	15.2	16.7	16.6	14.8	14.0
12th grade										
Total	33.7	25.7	14.0	21.2	21.6	19.8	21.4	21.2	21.3	22.5

— Not available.

SOURCE: Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2017). *Monitoring the Future national survey results on drug use: 1975–2016: Overview, key findings on adolescent drug use.* Ann Arbor: Institute for Social Research, The University of Michigan.

Table BEH4.A

Sexual activity: Percentage of high school students who reported ever having had sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2015

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015
Total	54.1	53.0	53.1	48.4	49.9	45.6	46.7	46.8	47.8	46.0	47.4	46.8	41.2
Gender													
Male	57.4	55.6	54.0	48.9	52.2	48.5	48.0	47.9	49.8	46.1	49.2	47.5	43.2
Female	50.8	50.2	52.1	47.7	47.7	42.9	45.3	45.7	45.9	45.7	45.6	46.0	39.2
Race and Hispanic origin[a]													
White, non-Hispanic	50.0	48.4	48.9	43.6	45.1	43.2	41.8	43.0	43.7	42.0	44.3	43.7	39.9
Black, non-Hispanic	81.5	79.7	73.4	72.7	71.2	60.8	67.3	67.6	66.5	65.2	60.0	60.6	48.5
Hispanic	53.1	56.0	57.6	52.2	54.1	48.4	51.4	51.0	52.0	49.1	48.6	49.2	42.5
Other[b]	43.8	43.4	45.9	45.3	45.6	40.1	41.6	36.4	35.2	37.8	46.3	38.8	36.5
Grade													
9th grade	39.0	37.7	36.9	38.0	38.6	34.4	32.8	34.3	32.8	31.6	32.9	30.0	24.1
10th grade	48.2	46.1	48.0	42.5	46.8	40.8	44.1	42.8	43.8	40.9	43.8	41.4	35.7
11th grade	62.4	57.5	58.6	49.7	52.5	51.9	53.2	51.4	55.5	53.0	53.2	54.1	49.6
12th grade	66.7	68.3	66.4	60.9	64.9	60.5	61.6	63.1	64.6	62.3	63.1	64.1	58.1

[a] From 1991 to 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study[1] has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic; Black, non-Hispanic; and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

[b] Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaska Native," "Asian," or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data are based on the student's response to the question, "Have you ever had sexual intercourse?"

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

[1] Brener, N. D., Kann, L., & McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly, 67,* 227–236.

Table BEH4.B

Sexual activity: Among those who reported having had sexual intercourse during the past 3 months, the percentage of high school students who reported use of birth control pills to prevent pregnancy before the last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2015

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015
Total	20.8	18.4	17.4	16.6	16.2	18.2	17.0	17.6	16.0	19.8	18.0	19.0	18.2
Gender													
Male	16.5	14.7	14.3	13.0	11.8	14.9	13.1	14.6	13.1	16.5	13.4	15.1	15.2
Female	25.0	22.3	20.4	20.5	20.4	21.1	20.6	20.6	18.7	23.0	22.6	22.4	21.3
Race and Hispanic origin[a]													
White, non-Hispanic	23.4	20.4	21.3	20.6	21.0	23.4	22.3	22.3	20.8	26.8	24.0	25.9	23.5
Black, non-Hispanic	16.8	15.1	10.2	11.9	7.7	7.9	7.9	10.0	9.1	8.1	10.1	8.2	9.0
Hispanic	13.2	12.4	11.4	9.5	7.8	9.6	11.2	9.8	9.1	10.8	10.6	9.0	11.8
Other[b]	17.2	16.4	9.9	11.0	14.2	10.7	13.5	13.2	14.0	17.9	10.2	20.7	15.2
Grade													
9th grade	9.1	9.0	10.9	7.8	12.0	7.6	8.7	7.5	8.7	10.2	9.4	11.4	10.9
10th grade	18.3	13.7	12.2	12.0	9.3	15.8	12.7	14.3	11.6	14.7	14.9	16.7	15.9
11th grade	21.1	16.8	15.4	15.6	15.3	18.6	19.6	18.5	15.0	20.7	17.5	19.3	21.5
12th grade	27.0	25.8	25.0	24.0	24.9	26.3	22.6	25.6	23.5	27.6	25.1	23.7	20.1

[a] From 1991 to 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study[1] has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic; Black, non-Hispanic; and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

[b] Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaska Native," "Asian," or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data for birth control pill use are based on the student's response to the question, "The last time you had sexual intercourse, what one method did you or your partner use to prevent pregnancy?" "Birth control pills" was one option, and others were "I have never had sexual intercourse," "No method was used to prevent pregnancy," "An IUD (such as Mirena or ParaGard) or implant (such as Implanon or Nexplanon)," "A shot (such as Depo-Provera), patch (such as Ortho Evra), or birth control ring (such as NuvaRing)," "Withdrawal or some other method," and "Not sure."

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

[1] Brener, N. D., Kann, L., & McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly, 67,* 227–236.

Table BEH4.C

Sexual activity: Among those who reported having had sexual intercourse during the past 3 months, the percentage of high school students who reported condom use during the last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2015

Characteristic	1991	1993	1995	1997	1999	2001	2003	2005	2007	2009	2011	2013	2015
Total	46.2	52.8	54.4	56.8	58.0	57.9	63.0	62.8	61.5	61.1	60.2	59.1	56.9
Gender													
Male	54.5	59.2	60.5	62.5	65.5	65.1	68.8	70.0	68.5	68.6	67.0	65.8	61.5
Female	38.0	46.0	48.6	50.8	50.7	51.3	57.4	55.9	54.9	53.9	53.6	53.1	52.0
Race and Hispanic origin[a]													
White, non-Hispanic	46.5	52.3	52.5	55.8	55.0	56.8	62.5	62.6	59.7	63.3	59.5	57.1	56.8
Black, non-Hispanic	48.0	56.5	66.1	64.0	70.0	67.1	72.8	68.9	67.3	62.4	65.3	64.7	63.4
Hispanic	37.4	46.1	44.4	48.3	55.2	53.5	57.4	57.7	61.4	54.9	58.4	58.3	55.6
Other[b]	49.3	55.6	54.2	57.0	55.9	54.0	57.7	58.9	61.5	57.1	59.7	60.0	48.2
Grade													
9th grade	53.3	61.6	62.9	58.8	66.6	67.5	69.0	74.5	69.3	64.0	62.2	62.7	60.5
10th grade	46.3	54.7	59.7	58.9	62.6	60.1	69.0	65.3	66.1	67.8	63.3	61.7	59.9
11th grade	48.7	55.3	52.3	60.1	59.2	58.9	60.8	61.7	62.0	61.4	61.1	62.3	57.7
12th grade	41.4	46.5	49.5	52.4	47.9	49.3	57.4	55.4	54.2	55.0	56.3	53.0	52.9

[a] From 1991 to 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. In each survey, a single-question format (approved by OMB) was used to ask about both race and ethnicity. In 2005, the national Youth Risk Behavior Survey applied OMB's 1997 revision to the 1977 directive and began asking about race and ethnicity in a two-question format (a methodological study[1] has been conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey). In addition, note that data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data have been combined to create the following standard categories—White, non-Hispanic; Black, non-Hispanic; and Hispanic. Estimates are not shown separately for American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander races due to the small sample size for each of these groups.

[b] Students were coded as "Other" if they (1) did not self-report as Hispanic, and (2) selected "American Indian or Alaska Native," "Asian," or "Native Hawaiian or Other Pacific Islander," or selected more than one response to a question on race.

NOTE: Data for condom use are based on the student's response to the question, "The last time you had sexual intercourse, did you or your partner use a condom?"

SOURCE: Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention, Youth Risk Behavior Surveillance System.

[1] Brener, N. D., Kann, L., & McManus, T. (2003). A comparison of two survey questions on race and ethnicity among high school students. *Public Opinion Quarterly, 67,* 227–236.

Table BEH5 **Youth perpetrators of serious violent crimes: Rate and number of serious violent crimes by youth ages 12–17, selected years 1980–2015**

Characteristic	1980	1985	1990	1995	2000	2005	2006[a]	2010	2014	2015[b]
Rate per 1,000 youth ages 12–17										
Total	34.9	30.2	39.1	36.3	17.2	17.1	17.4	9.5	6.9	7.6
Number of serious violent crimes										
Total (in millions)	3.8	3.4	3.5	3.3	2.2	1.8	2.3	1.3	1.4	1.3
Number involving youth ages 12–17 (in thousands)	812	652	785	811	412	435	443	231	174	188
Percentage involving youth ages 12–17	21.3	19.4	22.4	24.7	18.9	23.9	19.6	17.7	12.1	14.1
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.6	58.7	50.0	44.4	51.6	56.0	44.2

[a] Due to methodological changes in the 2006 National Crime Victimization Survey (NCVS), use caution when comparing 2006 criminal perpetration estimates to those for other years. See *Criminal Victimization, 2007* (https://www.bjs.gov/content/pub/pdf/cv06.pdf) for more information.

[b] Homicide data were not available for 2015 at the time of publication. The number of homicides for 2014 is included in the overall total for 2015. In 2014, homicides represented less than 1 percent of serious violent crime. The total number of homicides by juveniles has been relatively stable over the last decade.

NOTE: The rate is the ratio of the number of crimes (aggravated assault, rape, and robbery, i.e., stealing by force or threat of violence) reported to the NCVS that involved at least one offender perceived by the victim to be 12–17 years of age, plus the number of homicides reported to the police that involved at least one juvenile offender, to the number of juveniles in the population. Because of changes made in the victimization survey, data prior to 1992 are adjusted to make them comparable with data collected under the redesigned methodology. Estimates may vary from previous publications due to updating of more recent homicide numbers.

SOURCE: Bureau of Justice Statistics, National Crime Victimization Survey and Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Table ED1

Family reading to young children: Percentage of children ages 3–5[a] who were read to 3 or more times in the last week by a family member by child and family characteristics, selected years 1993–2012

Characteristic	1993	1995	1996	1999	2001	2005	2007	2012
Total	78.3	83.7	82.5	81.7	84.1	85.7	83.3	82.8
Gender								
Male	77.4	83.3	81.5	81.0	82.1	84.7	80.9	81.5
Female	79.2	84.1	83.6	82.4	86.1	86.8	85.7	84.1
Race and Hispanic origin[b]								
White, non-Hispanic	84.8	89.6	88.9	88.9	89.4	91.9	90.6	90.5
Black, non-Hispanic	65.9	74.2	74.7	72.3	76.7	78.5	78.0	77.0
Asian or Pacific Islander, non-Hispanic	68.8	78.9	81.0	81.1	87.4	84.4	87.5	77.5
Hispanic	58.2	60.2	64.9	61.8	70.7	71.8	67.6	70.9
Poverty status								
Below 100% poverty	67.5	74.8	72.2	69.1	73.7	77.8	70.5	73.7
100%–199% poverty	75.5	82.3	79.0	79.5	80.6	82.7	81.0	80.6
200% poverty and above	86.4	89.1	90.7	88.7	89.8	90.2	89.4	87.9
Family type								
Two parents[c]	81.1	85.2	86.4	84.9	86.7	86.5	84.8	85.1
Two parents, married	—	—	—	—	87.2	87.2	87.5	86.3
Two parents, unmarried	—	—	—	—	81.4	79.1	54.1	76.7
One parent	70.8	79.0	73.6	74.2	75.7	82.8	76.9	77.1
No parents	70.3	86.0	64.9	72.0	83.9	83.1	83.8	74.1
Mother's highest level of education[d]								
Less than high school	59.7	64.6	60.9	62.6	69.0	64.2	55.7	72.1
High school diploma or equivalent	75.5	79.1	79.0	77.0	80.8	82.4	73.7	75.8
Some college, including vocational/ technical/associate's degree	83.3	88.3	88.1	84.9	85.6	88.3	85.8	85.1
Bachelor's degree or higher	90.0	93.9	94.6	92.1	93.9	93.1	94.9	92.9
Mother's employment status[d]								
Worked 35 hours or more per week	77.9	81.2	82.0	80.7	83.5	83.2	81.4	82.9
Worked less than 35 hours per week	81.5	89.9	86.6	83.5	89.4	89.3	90.1	87.2
Looking for work	70.9	77.5	77.3	73.3	76.5	89.4	68.7	81.3
Not in labor force	78.9	83.4	82.0	83.9	83.1	85.1	83.4	83.3
Region[e]								
Northeast	82.4	85.7	85.4	85.5	85.1	89.1	85.8	87.8
South	75.0	82.0	80.5	79.3	83.0	82.7	82.3	80.8
Midwest	81.3	86.5	82.8	86.8	86.5	88.6	87.8	84.4
West	76.4	80.8	82.3	76.1	82.3	85.2	78.8	80.8

— Not available.

[a] Estimates are based on children who have yet to enter kindergarten.

[b] From 1993 to 2001, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For data from 2005 onward, the revised 1997 OMB standards were used. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. For 2005 onward, when separate reporting was possible, respondents who reported that the child was Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Included in the total but not shown separately are American Indian or Alaska Native respondents and respondents of two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] Refers to adults' relationship to child and does not indicate marital status.

[d] Children without mothers in the home are not included in estimates.

[e] Regions: Northeast includes CT, MA, ME, NH, NJ, NY, PA, RI, and VT. South includes AL, AR, DC, DE, FL, GA, KY, LA, MD, MS, NC, OK, SC, TN, TX, VA, and WV. Midwest includes IA, IL, IN, KS, MI, MN, MO, ND, NE, OH, SD, and WI. West includes AK, AZ, CA, CO, HI, ID, MT, NM, NV, OR, UT, WA, and WY.

NOTE: Prior to 2012, National Household Education Survey Program (NHES) questionnaires were administered via landline telephone by an interviewer, NHES:2012 was a self-administered paper-and-pencil questionnaire that was mailed to respondents. Measurable differences in estimates between 2012 and prior years could reflect actual changes in the population, or the changes could be due to the mode change from telephone to mail. Some data have been revised from previous publications.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Household Education Surveys Program.

Table ED2.A/B **Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1990–2015**

Characteristic	1990[a]	2000	2003	2005	2007	2009	2011	2013	2015
4th-graders									
Total	213	226	235	238	240	240	241	242	240
Gender									
Male	214	227	236	239	241	241	241	242	241
Female	213	224	233	237	239	239	240	241	239
Race and Hispanic origin[b]									
White, non-Hispanic	220	234	243	246	248	248	249	250	248
Black, non-Hispanic	188	203	216	220	222	222	224	224	224
American Indian or Alaska Native, non-Hispanic	‡	208	223	226	228	225	225	227	227
Asian or Pacific Islander, non-Hispanic	225	‡	246	251	253	255	256	258	257
Asian, non-Hispanic[c]	—	—	—	—	—	—	257	259	259
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	236	236	231
Hispanic	200	208	222	226	227	227	229	231	230
8th-graders									
Total	263	273	278	279	281	283	284	285	282
Gender									
Male	263	274	278	280	282	284	284	285	282
Female	262	272	277	278	280	282	283	284	282
Race and Hispanic origin[b]									
White, non-Hispanic	270	284	288	289	291	293	293	294	292
Black, non-Hispanic	237	244	252	255	260	261	262	263	260
American Indian or Alaska Native, non-Hispanic	‡	259	263	264	264	266	265	269	267
Asian or Pacific Islander, non-Hispanic	275	288	291	295	297	301	303	306	306
Asian, non-Hispanic[c]	—	—	—	—	—	—	305	309	307
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	269	275	276
Hispanic	246	253	259	262	265	266	270	272	270
Parents' education[d]									
Less than high school	242	253	257	259	263	265	265	267	265
High school diploma or equivalent	255	261	267	267	270	270	271	270	268
Some education after high school	267	277	280	280	283	284	285	285	282
Bachelor's degree or higher	274	286	288	290	292	295	295	296	294

See notes at end of table.

Table ED2.A/B (cont.) **Mathematics and reading achievement: Average mathematics scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1990–2015**

Characteristic	1990[a]	2000	2003	2005	2007	2009	2011	2013	2015
12th-graders[e]									
Total	294[f]	300[f]	—	150	—	153	—	153	152
Gender									
Male	297[f]	302[f]	—	151	—	155	—	155	153
Female	291[f]	299[f]	—	149	—	152	—	152	150
Race and Hispanic origin[b]									
White, non-Hispanic	300[f]	307[f]	—	157	—	161	—	162	160
Black, non-Hispanic	268[f]	273[f]	—	127	—	131	—	132	130
American Indian or Alaska Native, non-Hispanic	‡	294[f]	—	134	—	144	—	142	138
Asian or Pacific Islander, non-Hispanic	311[f]	315[f]	—	163	—	175	—	172	170
Asian, non-Hispanic[c]	—	—	—	—	—	—	—	174	171
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	—	151	‡
Hispanic	276[f]	282[f]	—	133	—	138	—	141	139
Parents' education[d]									
Less than high school	272[f]	278[f]	—	130	—	135	—	137	133
High school diploma or equivalent	283[f]	287[f]	—	138	—	142	—	139	139
Some education after high school	297[f]	299[f]	—	148	—	150	—	152	149
Bachelor's degree or higher	306[f]	312[f]	—	161	—	164	—	164	163

— Not available.

‡ Reporting standards not met (too few cases for a reliable estimate).

[a] Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.

[b] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data from 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Included in the total but not shown separately are respondents who selected two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] For assessment years prior to 2011, separate data for Asians and Native Hawaiians/Pacific Islanders were not collected.

[d] Parents' education is the highest educational attainment of either parent. Data on parents' education are not available for 4th-graders.

[e] In 2003, 2007, and 2011, the mathematics assessment was not conducted at Grade 12.

[f] The National Governing Board introduced changes in the National Assessment of Educational Progress (NAEP) mathematics framework in both the assessment content and administration for assessments beginning in 2005. In addition, the results of the revised assessment are placed on a scale of 0–300, unlike previous assessments, which were placed on a scale of 0–500. Thus, the 12th-grade assessment results from prior to 2005 cannot be compared with those of 2005 and later assessments.

NOTE: Results of the NAEP mathematics assessment are reported as a composite scale that combines the results of separately estimated scales for each of the content areas: (1) number of properties and operations; (2) measurement; (3) geometry; (4) data analysis, statistics, and probability; and (5) algebra. (Note that measurement and geometry make up one of four content areas at Grade 12.) The scale ranges from 0 to 500 for Grades 4 and 8 and 0 to 300 for Grade 12.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

Table ED2.C

Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1992–2015

Characteristic	1992[a]	2000	2002	2003	2005	2007	2009	2011	2013	2015
4th-graders										
Total	217	213	219	218	219	221	221	221	222	223
Gender										
Male	213	208	215	215	216	218	218	218	219	219
Female	221	219	222	222	222	224	224	225	225	226
Race and Hispanic origin[b]										
White, non-Hispanic	224	224	229	229	229	231	230	231	232	232
Black, non-Hispanic	192	190	199	198	200	203	205	205	206	206
American Indian or Alaska Native, non-Hispanic	‡	214	207	202	204	203	204	202	205	205
Asian or Pacific Islander, non-Hispanic	216	225	224	226	229	232	235	235	235	239
Asian, non-Hispanic[c]	—	—	—	—	—	—	—	236	237	241
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	—	216	212	215
Hispanic	197	190	201	200	203	205	205	206	207	208
8th-graders										
Total	260	—	264	263	262	263	264	265	268	265
Gender										
Male	254	—	260	258	257	258	259	261	263	261
Female	267	—	269	269	267	268	269	270	273	270
Race and Hispanic origin[b]										
White, non-Hispanic	267	—	272	272	271	272	273	274	276	274
Black, non-Hispanic	237	—	245	244	243	245	246	249	250	248
American Indian or Alaska Native, non-Hispanic	‡	—	250	246	249	247	251	252	251	252
Asian or Pacific Islander, non-Hispanic	268	—	267	270	271	271	274	275	280	280
Asian, non-Hispanic[c]	—	—	—	—	—	—	—	277	282	281
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	—	254	259	255
Hispanic	241	—	247	245	246	247	249	252	256	253
Parents' education[d]										
Less than high school	243	—	248	245	244	245	248	248	251	249
High school diploma or equivalent	251	—	257	254	252	253	254	254	255	253
Some education after high school	265	—	268	267	265	266	267	267	270	267
Bachelor's degree or higher	271	—	274	273	272	273	274	275	278	276

See notes at end of table.

Table ED2.C (cont.) **Mathematics and reading achievement: Average reading scale scores of 4th-, 8th-, and 12th-graders by child and family characteristics, selected years 1992–2015**

Characteristic	1992[a]	2000	2002	2003	2005	2007	2009	2011	2013	2015
12th-graders										
Total	292	—	287	—	286	—	288	—	288	287
Gender										
Male	287	—	279	—	279	—	282	—	284	282
Female	297	—	295	—	292	—	294	—	293	292
Race and Hispanic origin[b]										
White, non-Hispanic	297	—	292	—	293	—	296	—	297	295
Black, non-Hispanic	273	—	267	—	267	—	269	—	268	266
American Indian or Alaska Native, non-Hispanic	‡	—	‡	—	279	—	283	—	277	279
Asian or Pacific Islander, non-Hispanic	290	—	286	—	287	—	298	—	296	297
Asian, non-Hispanic[c]	—	—	—	—	—	—	—	—	296	297
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	—	—	289	‡
Hispanic	279	—	273	—	272	—	274	—	276	276
Parents' education[d]										
Less than high school	275	—	268	—	268	—	269	—	270	268
High school diploma or equivalent	283	—	278	—	274	—	276	—	276	273
Some education after high school	294	—	289	—	287	—	287	—	288	287
Bachelor's degree or higher	301	—	296	—	297	—	299	—	299	298

— Not available.

‡ Reporting standards not met (too few cases for a reliable estimate).

[a] Testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted.

[b] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data from 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Included in the total but not shown separately are respondents who selected two or more races. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[c] For assessment years prior to 2011, separate data for Asians and Native Hawaiians or Pacific Islanders were not collected.

[d] Parents' education is the highest educational attainment of either parent. Data on parents' education are not available for 4th-graders.

NOTE: In 2000, the assessment was conducted at Grade 4 only. In 2003, 2007, and 2011, the assessment was conducted at Grades 4 and 8 only. The National Assessment of Educational Progress (NAEP) reading assessment scale is a composite combining separately estimated scales for each type of reading (literacy and informational) specified by the reading framework. The scale ranges from 0 to 500.

SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.

Table ED3.A **High school academic coursetaking: Percentage of public high school students enrolled in selected secondary mathematics courses by race and Hispanic origin and gender, 2013–14**

Characteristic	Algebra I		Geometry	Algebra II	Advanced mathematics[a]	Calculus	Advanced Placement Mathematics
	Grades 9–10	Grades 11–12					
Total	37.1	4.1	23.6	19.4	16.8	4.0	4.1
Male	38.0	4.6	23.4	18.7	15.8	4.0	4.1
Female	36.2	3.7	23.8	20.0	17.8	4.0	4.2
Race and Hispanic origin							
White, non-Hispanic	34.3	3.0	23.0	19.8	17.9	4.8	4.7
Black, non-Hispanic	43.0	5.6	23.9	18.0	14.7	1.8	1.7
Hispanic	42.1	6.1	24.9	19.3	13.8	2.4	2.6
Asian, non-Hispanic	22.2	2.1	23.6	21.3	26.9	11.4	13.2
Pacific Islander, non-Hispanic	45.0	4.9	24.0	20.0	16.1	3.6	3.6
American Indian/Alaska Native, non-Hispanic	43.3	7.5	22.9	17.1	10.1	1.7	1.8
Two or more races, non-Hispanic	34.5	4.1	23.9	18.4	16.2	3.7	3.9
Gender							
Male							
White, non-Hispanic	35.0	3.4	22.7	19.2	17.0	4.8	4.7
Black, non-Hispanic	44.1	6.3	23.7	17.2	13.3	1.5	1.4
Hispanic	43.1	6.8	24.6	18.5	12.8	2.3	2.5
Asian, non-Hispanic	23.6	2.4	23.9	20.9	26.1	11.3	13.2
Pacific Islander, non-Hispanic	46.1	5.4	27.9	19.4	14.9	3.4	3.4
American Indian/Alaska Native, non-Hispanic	43.3	7.9	22.4	16.5	9.2	1.6	1.8
Two or more races, non-Hispanic	35.5	4.6	23.7	17.8	15.2	3.7	3.9
Female							
White, non-Hispanic	33.5	2.7	23.3	20.3	18.9	4.7	4.7
Black, non-Hispanic	41.9	4.9	24.2	18.8	16.2	2.0	2.0
Hispanic	41.0	5.4	25.2	20.1	14.8	2.4	2.7
Asian, non-Hispanic	20.8	1.8	23.3	21.7	27.7	11.5	13.2
Pacific Islander, non-Hispanic	43.9	4.4	20.0	20.6	17.4	3.8	3.8
American Indian/Alaska Native, non-Hispanic	43.3	7.1	23.3	17.8	10.9	1.8	1.9
Two or more races, non-Hispanic	33.6	3.7	24.1	19.0	17.2	3.7	3.9

[a] Advanced mathematics courses cover the following topics: trigonometry, trigonometry/algebra, trigonometry/analytic geometry, trigonometry/math analysis, analytic geometry, math analysis, math analysis/analytic geometry, probability and statistics, and precalculus.

NOTE: Data reflect the percentage of students in Grades 9–12 who were enrolled in each course during the 2013–14 school year, except for Algebra I, for which the data reflect the percentage of students in the grade spans listed in the column heading. Race categories exclude persons of Hispanic ethnicity.

SOURCE: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, "2013–14 Mathematics Estimations by Course" and "2013–14 Advanced Placement Enrollment Estimations, by Subject"; and National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary and Secondary Education," 2013–14.

Table ED3.B **High school academic coursetaking: Percentage of public high school students enrolled in selected secondary science courses by race and Hispanic origin and gender, 2013–14**

Characteristic	Biology	Chemistry	Physics	Advanced Placement Science
Total	29.1	18.7	10.3	4.5
Male	28.4	17.8	10.8	4.2
Female	29.7	19.7	9.8	4.8
Race and Hispanic origin				
White, non-Hispanic	28.7	19.1	10.5	4.9
Black, non-Hispanic	29.0	16.9	8.0	2.2
Hispanic	29.7	18.0	10.5	3.1
Asian, non-Hispanic	30.5	24.8	16.1	14.0
Pacific Islander, non-Hispanic	30.6	18.7	9.0	3.9
American Indian/Alaska Native, non-Hispanic	28.3	12.8	5.9	1.9
Two or more races, non-Hispanic	28.7	18.1	9.2	4.4
Gender				
Male				
White, non-Hispanic	27.8	18.2	11.3	4.7
Black, non-Hispanic	28.7	15.7	7.9	1.8
Hispanic	29.4	17.2	10.6	2.8
Asian, non-Hispanic	29.4	24.1	17.1	13.6
Pacific Islander, non-Hispanic	30.2	18.0	9.4	3.4
American Indian/Alaska Native, non-Hispanic	28.0	11.7	6.2	1.7
Two or more races, non-Hispanic	28.0	17.3	9.7	4.1
Female				
White, non-Hispanic	29.6	20.1	9.7	5.2
Black, non-Hispanic	29.4	18.1	8.1	2.7
Hispanic	30.0	18.9	10.3	3.3
Asian, non-Hispanic	31.7	25.5	14.9	14.5
Pacific Islander, non-Hispanic	30.9	19.5	8.7	4.5
American Indian/Alaska Native, non-Hispanic	28.5	14.0	5.5	2.1
Two or more races, non-Hispanic	29.4	18.9	8.7	4.6

NOTE: Data reflect the percentage of students in Grades 9–12 who were enrolled in each course during the 2013–14 school year. Race categories exclude persons of Hispanic ethnicity.

SOURCE: U.S. Department of Education, Office for Civil Rights, Civil Rights Data Collection, "2013–14 Mathematics Estimations by Course" and "2013–14 Advanced Placement Enrollment Estimations, by Subject"; and National Center for Education Statistics, Common Core of Data (CCD), "State Nonfiscal Survey of Public Elementary and Secondary Education," 2013–14.

Table ED4

High school completion: Percentage of young adults ages 18–24[a] who have completed high school by race and Hispanic origin, selected years 1980–2015

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
Total	83.9	85.4	85.6	85.0	86.5	87.6	90.4	90.8	91.3	92.0	92.4	93.0
Race and Hispanic origin[b]												
White, non-Hispanic	87.5	88.2	89.6	89.5	91.8	92.3	93.7	93.8	94.6	94.3	94.2	94.7
Black, non-Hispanic	75.2	81.0	83.2	84.1	83.7	86.0	89.2	90.1	90.0	91.5	91.7	91.9
American Indian or Alaska Native, non-Hispanic	—	—	77.4	80.9	82.4	80.4	84.3	79.5	79.0	91.7	78.7	81.8
Asian or Pacific Islander, non-Hispanic	—	—	94.2	94.8	94.6	95.8	95.1	94.1	94.9	96.5	98.5	97.0
Asian, non-Hispanic	—	—	—	—	—	96.0	95.3	94.1	95.3	96.3	98.8	97.3
Pacific Islander, non-Hispanic	—	—	—	—	—	91.3	92.9	94.1	89.6	99.3	94.3	94.2
Two or more races, non-Hispanic	—	—	—	—	—	89.5	92.1	93.3	91.9	93.6	96.6	94.1
Hispanic	57.1	66.6	59.1	62.6	64.1	70.3	79.4	82.2	82.8	85.0	87.1	88.4

— Not available.

[a] Excludes those still enrolled in high school or a lower education level.

[b] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Under these standards, persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Those reporting more than one race were classified as "Two or more races." For 2003 and after, when separate reporting was possible, respondents who reported being Asian or Native Hawaiian or Other Pacific Islander were combined for continuity purposes. Also, beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: From 1980 to 1991, high school completion was measured by the completion of 4 years of high school rather than the actual attainment of a high school diploma or equivalent. Diploma equivalents include alternative credentials obtained by passing exams such as the GED test.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

Table ED5.A **Youth neither enrolled in school[a] nor working: Percentage of youth ages 16–19 who are neither enrolled in school nor working by age, gender, and race and Hispanic origin, selected years 1985–2016**

Characteristic	1985[b]	1990[b]	1995	2000[c]	2005	2010	2011	2012[d]	2013	2014	2015	2016
Ages 16–19												
Total	11	10	9	8	8	9	8	8	9	9	9	8
Gender												
Male	9	8	8	7	7	9	9	8	9	9	9	9
Female	13	12	11	9	8	9	8	8	9	8	8	8
Race and Hispanic origin[e]												
White, non-Hispanic	9	8	7	6	6	8	7	7	8	8	7	8
Black, non-Hispanic	18	15	14	13	12	12	11	11	11	11	12	10
Hispanic	17	17	16	13	12	11	11	11	11	10	10	10
Ages 16–17												
Total	5	5	4	4	3	3	3	3	5	4	4	5
Gender												
Male	5	4	4	3	3	4	3	3	4	5	5	5
Female	6	5	5	4	3	3	3	3	5	5	4	5
Race and Hispanic origin[e]												
White, non-Hispanic	5	4	3	3	3	3	3	3	4	4	4	5
Black, non-Hispanic	6	6	6	5	4	5	4	4	5	5	5	5
Hispanic	10	10	9	7	5	5	4	4	5	5	5	5
Ages 18–19												
Total	17	15	15	12	13	15	14	14	15	14	13	13
Gender												
Male	13	12	12	11	13	16	15	15	15	14	14	13
Female	20	18	17	13	13	15	14	13	15	13	13	12
Race and Hispanic origin[e]												
White, non-Hispanic	14	12	11	9	10	13	12	12	13	12	11	11
Black, non-Hispanic	30	23	24	21	20	21	19	19	18	19	19	15
Hispanic	24	24	23	18	19	19	18	18	18	16	16	15

[a] School refers to both high school and college.

[b] Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey.

[c] From 2000 to 2011, data incorporate population controls from Census 2000.

[d] Beginning in 2012, data incorporate population controls from Census 2010.

[e] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on 9 months of data.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED5.B

Youth enrolled in school[a] and working: Percentage of youth ages 16–19 who are enrolled in school and working by age, gender, and race and Hispanic origin, selected years 1985–2016

Characteristic	1985[b]	1990[b]	1995	2000[c]	2005	2010	2011	2012[d]	2013	2014	2015	2016
Ages 16–19												
Total	26	28	29	30	25	18	17	18	17	17	18	19
Gender												
Male	26	27	28	29	23	16	15	15	15	15	16	17
Female	26	28	30	32	27	20	20	20	19	20	20	21
Race and Hispanic origin[e]												
White, non-Hispanic	30	33	35	36	31	22	22	22	21	21	22	23
Black, non-Hispanic	12	15	16	19	13	10	10	10	10	11	12	13
Hispanic	15	17	16	19	17	12	11	13	12	14	15	15
Ages 16–17												
Total	29	29	30	31	23	14	13	13	13	14	15	15
Gender												
Male	28	29	29	29	20	12	12	12	12	13	14	14
Female	29	30	31	32	25	15	15	15	15	16	16	17
Race and Hispanic origin[e]												
White, non-Hispanic	34	36	37	37	29	18	18	18	18	18	19	19
Black, non-Hispanic	12	15	16	19	10	*7*	6	*7*	*7*	8	10	9
Hispanic	15	17	14	18	14	8	*7*	9	8	9	10	11
Ages 18–19												
Total	23	26	28	30	28	22	22	22	21	21	22	24
Gender												
Male	23	25	27	28	26	19	19	19	18	18	20	22
Female	23	26	30	31	30	25	25	25	23	24	25	25
Race and Hispanic origin[e]												
White, non-Hispanic	26	30	33	35	33	26	27	26	25	25	25	27
Black, non-Hispanic	12	15	17	18	16	13	13	14	14	14	15	17
Hispanic	15	16	19	20	21	17	16	18	17	19	20	21

[a] School refers to both high school and college.

[b] Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey.

[c] From 2000 to 2011, data incorporate population controls from Census 2000.

[d] Beginning in 2012, data incorporate population controls from Census 2010.

[e] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on 9 months of data.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED5.C **Youth school[a] enrollment and working status: Percentage of youth ages 16–19 by age, school enrollment and working status, gender, and race and Hispanic origin, selected years 1985–2016**

Ages 16–19	1985[b]	1990[b]	1995	2000[c]	2005	2010	2011	2012[d]	2013	2014	2015	2016
All												
Employed and enrolled in school	26	28	29	30	25	18	17	18	17	17	18	19
Employed and not enrolled in school	16	15	13	14	10	7	7	7	8	9	9	9
Not employed and enrolled in school	47	47	49	48	58	66	67	67	66	65	64	64
Not employed and not enrolled in school	11	10	9	8	8	9	8	8	9	9	9	8
Male												
Employed and enrolled in school	26	27	28	29	23	16	15	15	15	15	16	17
Employed and not enrolled in school	17	17	14	15	10	8	8	8	9	10	10	10
Not employed and enrolled in school	48	48	51	50	59	67	68	68	67	66	65	64
Not employed and not enrolled in school	9	8	8	7	7	9	9	8	9	9	9	9
Female												
Employed and enrolled in school	26	28	30	32	27	20	20	20	19	20	20	21
Employed and not enrolled in school	15	14	11	12	9	6	7	6	8	8	8	8
Not employed and enrolled in school	46	46	48	47	56	66	66	66	64	64	64	63
Not employed and not enrolled in school	13	12	11	9	8	9	8	8	9	8	8	8
White, non-Hispanic[e]												
Employed and enrolled in school	30	33	35	36	31	22	22	22	21	21	22	23
Employed and not enrolled in school	17	16	13	13	9	7	8	8	9	9	10	10
Not employed and enrolled in school	44	44	45	45	54	63	63	64	62	62	61	60
Not employed and not enrolled in school	9	8	7	6	6	8	7	7	8	8	7	8
Black, non-Hispanic												
Employed and enrolled in school	12	15	16	19	13	10	10	10	10	11	12	13
Employed and not enrolled in school	10	10	8	10	8	5	5	5	7	7	7	8
Not employed and enrolled in school	60	60	61	59	68	74	75	74	72	71	69	70
Not employed and not enrolled in school	18	15	14	13	12	12	11	11	11	11	12	10
Hispanic												
Employed and enrolled in school	15	17	16	19	17	12	11	13	12	14	15	15
Employed and not enrolled in school	17	20	16	20	13	8	8	8	9	10	10	10
Not employed and enrolled in school	51	46	52	49	58	68	70	69	68	67	66	65
Not employed and not enrolled in school	17	17	16	13	12	11	11	11	11	10	10	10

See notes at end of table.

Table ED5.C (cont.) **Youth school[a] enrollment and working status: Percentage of youth ages 16–19 by age, school enrollment and working status, gender, and race and Hispanic origin, selected years 1985–2016**

Ages 16–17	1985[b]	1990[b]	1995	2000[c]	2005	2010	2011	2012[d]	2013	2014	2015	2016
All												
Employed and enrolled in school	29	29	30	31	23	14	13	13	13	14	15	15
Employed and not enrolled in school	3	3	2	3	2	1	1	1	2	2	3	3
Not employed and enrolled in school	63	63	64	63	72	82	83	82	80	79	78	77
Not employed and not enrolled in school	5	5	4	4	3	3	3	3	5	4	4	5
Male												
Employed and enrolled in school	28	29	29	29	20	12	12	12	12	13	14	14
Employed and not enrolled in school	4	3	3	3	2	1	1	1	2	3	3	3
Not employed and enrolled in school	64	63	65	65	75	83	84	84	81	80	79	79
Not employed and not enrolled in school	5	4	4	3	3	4	3	3	4	5	5	5
Female												
Employed and enrolled in school	29	30	31	32	25	15	15	15	15	16	16	17
Employed and not enrolled in school	3	3	2	3	2	1	1	1	2	2	2	2
Not employed and enrolled in school	63	62	62	61	70	81	81	81	78	78	78	76
Not employed and not enrolled in school	6	5	5	4	3	3	3	3	5	4	4	5
White, non-Hispanic[e]												
Employed and enrolled in school	34	36	37	37	29	18	18	18	18	18	19	19
Employed and not enrolled in school	3	3	2	3	2	1	1	2	3	3	3	3
Not employed and enrolled in school	58	58	58	57	67	78	78	76	75	75	75	73
Not employed and not enrolled in school	5	4	3	3	3	3	3	3	4	4	4	5
Black, non-Hispanic												
Employed and enrolled in school	12	15	16	19	10	7	6	7	7	8	10	9
Employed and not enrolled in school	2	1	1	2	1	1	1	1	1	2	2	2
Not employed and enrolled in school	81	78	77	75	84	88	89	89	87	86	83	84
Not employed and not enrolled in school	6	6	6	5	4	5	4	4	5	5	5	5
Hispanic												
Employed and enrolled in school	15	17	14	18	14	8	7	9	8	9	10	11
Employed and not enrolled in school	5	7	5	5	3	1	1	1	2	2	3	3
Not employed and enrolled in school	70	67	72	70	78	86	88	86	85	84	82	82
Not employed and not enrolled in school	10	10	9	7	5	5	4	4	5	5	5	5

See notes at end of table.

Table ED5.C (cont.) **Youth school[a] enrollment and working status: Percentage of youth ages 16–19 by age, school enrollment and working status, gender, and race and Hispanic origin, selected years 1985–2016**

Ages 18–19	1985[b]	1990[b]	1995	2000[c]	2005	2010	2011	2012[d]	2013	2014	2015	2016
All												
Employed and enrolled in school	23	26	28	30	28	22	22	22	21	21	22	24
Employed and not enrolled in school	29	26	23	24	19	13	14	14	15	16	17	17
Not employed and enrolled in school	31	33	34	34	41	49	50	51	49	49	48	47
Not employed and not enrolled in school	17	15	15	12	13	15	14	14	15	14	13	13
Male												
Employed and enrolled in school	23	25	27	28	26	19	19	19	18	18	20	22
Employed and not enrolled in school	31	29	26	27	21	15	15	15	17	18	19	19
Not employed and enrolled in school	33	34	35	34	41	50	51	51	50	50	48	47
Not employed and not enrolled in school	13	12	12	11	13	16	15	15	15	14	14	13
Female												
Employed and enrolled in school	23	26	30	31	30	25	25	25	23	24	25	25
Employed and not enrolled in school	27	24	21	21	17	12	12	12	14	14	14	15
Not employed and enrolled in school	30	32	33	34	40	48	49	50	48	48	48	47
Not employed and not enrolled in school	20	18	17	13	13	15	14	13	15	13	13	12
White, non-Hispanic[e]												
Employed and enrolled in school	26	30	33	35	33	26	27	26	25	25	25	27
Employed and not enrolled in school	31	28	25	24	18	14	14	15	17	17	18	17
Not employed and enrolled in school	29	31	31	32	39	46	47	48	46	46	46	45
Not employed and not enrolled in school	14	12	11	9	10	13	12	12	13	12	11	11
Black, non-Hispanic												
Employed and enrolled in school	12	15	17	18	16	13	13	14	14	14	15	17
Employed and not enrolled in school	19	19	16	20	16	10	9	9	12	12	14	15
Not employed and enrolled in school	39	43	44	42	48	56	59	58	56	56	53	52
Not employed and not enrolled in school	30	23	24	21	20	21	19	19	18	19	19	15
Hispanic												
Employed and enrolled in school	15	16	19	20	21	17	16	18	17	19	20	21
Employed and not enrolled in school	30	32	26	32	25	16	16	16	17	18	18	19
Not employed and enrolled in school	32	28	33	30	35	49	50	49	49	48	47	46
Not employed and not enrolled in school	24	24	23	18	19	19	18	18	18	16	16	15

[a] School refers to both high school and college.

[b] Data for 1985–1993 are not strictly comparable with data from 1994 onward because of revisions to the questionnaire and data collection methodology for the Current Population Survey.

[c] From 2000–2011, data incorporate population controls from Census 2000.

[d] Beginning in 2012, data incorporate population controls from Census 2010.

[e] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in each racial category represent those reporting only one race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

NOTE: Data relate to the labor force and enrollment status of persons ages 16–19 in the civilian noninstitutionalized population during an "average" week of the school year. The percentages represent an average based on responses to the survey questions for the months that youth are usually in school (January through May and September through December). Results are based on 9 months of data.

SOURCE: Bureau of Labor Statistics, Current Population Survey.

Table ED6

College enrollment: Percentage of high school completers who were enrolled in college the October immediately after completing high school by gender, race and Hispanic origin, and income level, selected years 1980–2015

Characteristic	1980	1985	1990	1995	2000	2005	2010	2011	2012	2013	2014	2015
Total	49.3	57.7	60.1	61.9	63.3	68.6	68.1	68.2	66.2	65.9	68.4	69.2
Gender												
Male	46.7	58.6	58.0	62.6	59.9	66.5	62.8	64.7	61.3	63.5	64.0	65.8
Female	51.8	56.8	62.2	61.3	66.2	70.4	74.0	72.2	71.3	68.4	72.6	72.5
Race and Hispanic origin[a]												
White, non-Hispanic												
Total	49.8	60.1	63.0	64.3	65.7	73.2	70.5	68.3	65.7	68.8	67.7	71.3
3-year moving average[b]	51.5	58.6	63.0	65.4	65.4	70.2	70.1	68.2	67.6	67.4	69.3	69.5
Black, non-Hispanic												
Total	42.7	42.2	46.8	51.2	54.9	55.7	62.0	67.1	56.4	56.7	70.2	55.6
3-year moving average[b]	44.0	39.5	48.9	52.9	56.4	58.2	66.1	62.1	60.5	60.7	60.6	62.6
Hispanic												
Total	52.3	51.0	42.7	53.7	52.9	54.0	59.7	66.6	70.3	59.8	65.2	68.9
3-year moving average[b]	49.6	46.1	52.5	51.6	48.6	57.5	62.3	66.1	65.9	65.5	64.7	67.1
Income level[c]												
Low income	32.5	40.2	46.7	34.2	49.7	53.5	50.7	53.5	50.9	45.5	57.8	69.2
Middle income	42.5	50.6	54.4	56.0	59.5	65.1	66.7	66.2	64.7	63.8	63.6	62.2
High income	65.2	74.6	76.6	83.5	76.9	81.2	82.2	82.4	80.7	78.5	83.6	83.2

[a] For data before 2003, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, and Asian or Pacific Islander. The revised 1997 OMB standards were used for data for 2003 and later years. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 2003, those in a given racial category represent those reporting only that race. Data from 2003 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

[b] Due to some short-term data fluctuations associated with small sample sizes, moving averages are used to produce more stable estimates for the race and Hispanic origin data. A 3-year moving average is the weighted average of the estimates for the year prior to the reported year, the reported year, and the following year. For 2015, a 2-year moving average is used, reflecting an average of the 2014 and 2015 estimates.

[c] Low income refers to the bottom 20 percent of all family incomes, high income refers to the top 20 percent of all family incomes, and middle income refers to the 60 percent in between.

NOTE: Enrollment in college as of October of each year for individuals ages 16–24 who had completed high school earlier in the calendar year. High school completers include GED recipients. Data are based on sample surveys of the civilian noninstitutionalized population. Data have been revised since previous publication in *America's Children.*

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement.

Table HEALTH1.A

Preterm birth and low birthweight: Percentage of infants born preterm by detailed race and Hispanic origin of mother, selected years 1990–2015

Characteristic	1990	2000	2005	2010[a]	2011[a]	2012[a]	2013[a]	2014[a]	2015
Preterm (less than 37 completed weeks of gestation)									
Total	10.6	11.6	12.7	10.0	9.8	9.8	9.6	9.6	9.6
Race and Hispanic origin[b]									
White, non-Hispanic	8.5	10.4	11.7	9.4	9.2	9.1	8.9	8.9	8.9
Black, non-Hispanic	18.9	17.4	18.4	13.8	13.5	13.5	13.2	13.2	13.4
American Indian or Alaska Native	11.8	12.7	14.1	10.6	10.2	10.4	10.2	10.2	10.5
American Indian or Alaska Native, non-Hispanic	12.0	12.6	14.2	10.7	10.3	10.5	10.3	10.4	10.8
Asian or Pacific Islander	10.1	9.9	10.8	9.0	8.8	8.7	8.7	8.5	8.6
Asian or Pacific Islander, non-Hispanic	10.1	9.9	10.7	8.9	8.8	8.7	8.6	8.4	8.6
Chinese	7.3	7.3	—	—	—	—	—	—	—
Japanese	7.7	8.3	—	—	—	—	—	—	—
Filipino	11.4	12.2	—	—	—	—	—	—	—
Hawaiian	11.3	11.7	—	—	—	—	—	—	—
Other Asian or Pacific Islander	10.6	10.1	—	—	—	—	—	—	—
Hispanic	11.0	11.2	12.1	9.1	9.0	9.1	9.1	9.0	9.1
Mexican American	10.6	11.0	11.8	8.7	8.7	8.7	8.8	8.8	8.9
Puerto Rican	13.4	13.5	14.3	11.4	11.3	11.2	10.9	11.0	11.0
Cuban	9.8	10.6	13.2	9.4	9.1	9.5	8.9	9.0	9.3
Central or South American	10.9	11.0	12.0	8.5	8.6	8.6	8.7	8.5	8.7
Other and unknown Hispanic	11.2	12.2	13.6	10.4	9.9	9.9	9.7	9.6	9.6

See notes at end of table.

Table HEALTH1.A (cont.) **Preterm birth and low birthweight: Percentage of infants born preterm by detailed race and Hispanic origin of mother, selected years 1990–2015**

Characteristic	1990	2000	2005	2010[a]	2011[a]	2012[a]	2013[a]	2014[a]	2015
Late preterm (34–36 completed weeks of gestation)									
Total	7.3	8.2	9.1	7.2	7.0	7.0	6.8	6.8	6.9
Race and Hispanic origin[b]									
White, non-Hispanic	6.1	7.6	8.6	6.9	6.8	6.7	6.5	6.5	6.5
Black, non-Hispanic	11.5	10.9	11.8	8.9	8.7	8.6	8.4	8.5	8.6
American Indian or Alaska Native	8.3	9.0	10.2	7.8	7.5	7.6	7.4	7.5	7.7
American Indian or Alaska Native, non-Hispanic	8.4	8.9	10.2	7.9	7.6	7.6	7.5	7.6	8.0
Asian or Pacific Islander	7.5	7.3	8.0	6.7	6.5	6.5	6.4	6.3	6.4
Asian or Pacific Islander, non-Hispanic	7.5	7.3	7.9	6.6	6.5	6.4	6.3	6.2	6.4
Chinese	5.7	5.5	—	—	—	—	—	—	—
Japanese	5.9	6.3	—	—	—	—	—	—	—
Filipino	8.3	8.9	—	—	—	—	—	—	—
Hawaiian	7.6	8.2	—	—	—	—	—	—	—
Other Asian or Pacific Islander	7.9	8.5	—	—	—	—	—	—	—
Hispanic	7.8	8.1	8.8	6.6	6.5	6.6	6.6	6.5	6.6
Mexican American	7.6	8.0	8.6	6.4	6.3	6.4	6.4	6.4	6.5
Puerto Rican	9.0	9.2	9.8	7.9	7.9	7.8	7.6	7.6	7.5
Cuban	6.9	7.6	9.5	6.8	6.5	6.7	6.3	6.2	6.5
Central or South American	7.7	7.8	8.7	6.3	6.3	6.2	6.3	6.2	6.4
Other and unknown Hispanic	8.0	8.6	9.8	7.5	7.1	7.1	7.0	6.9	6.8

— Not available.

[a] Beginning with 2014, the obstetric estimate of gestation at delivery (OE) replaces the gestational age measure based on the date of the last normal menses (LMP) as the new standard for estimating the gestational age of a newborn. Data in this table show the OE for 2010 through 2015; earlier years are based on the LMP. (Martin, J. A., Osterman, M. J. K., Kirmeyer, S. E., & Gregory, E. C. W. [2015]. Measuring gestational age in vital statistics data: Transitioning to the obstetric estimate. *National Vital Statistics Reports, 64*(5). Hyattsville, MD: National Center for Health Statistics.)

[b] The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised OMB standards issued in 1997 permitted the option of selecting more than one race. Multiple-race data were reported by 6 states in 2003, 15 states in 2004, 19 states in 2005, 23 states in 2006, 27 states in 2007, 30 states in 2008, 33 states and the District of Columbia (DC) in 2009, 38 states and DC in 2010, 40 states and DC in 2011, 41 states and DC in 2012, 44 states and DC in 2013, and 49 states and DC in 2014. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

NOTE: Excludes live births with unknown gestational age. Trend data for births to Hispanic and to White, non-Hispanic and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. The number of states in the reporting area was 48 states and DC in 1990, and all 50 states and DC from 1993 onward. Trend data for births to Asian or Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian or Pacific Islander subgroups. Data prior to 2007 use a different definition of gestation and therefore are not comparable with more recent data.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table HEALTH1.B

Preterm birth and low birthweight: Percentage of infants born with low birthweight by detailed race and Hispanic origin of mother, selected years 1980–2015

Characteristic	1980	1990	2000	2005	2010	2011	2012	2013	2014	2015
Low birthweight (less than 2,500 grams, or 5 lb. 8 oz.)										
Total	6.8	7.0	7.6	8.2	8.1	8.1	8.0	8.0	8.0	8.1
Race and Hispanic origin[a]										
White, non-Hispanic	5.7	5.6	6.6	7.3	7.1	7.1	7.0	7.0	7.0	6.9
Black, non-Hispanic	12.7	13.3	13.1	14.0	13.5	13.3	13.2	13.1	13.2	13.3
American Indian or Alaska Native	6.4	6.1	6.8	7.4	7.6	7.5	7.6	7.5	7.6	7.5
American Indian or Alaska Native, non-Hispanic	6.8	6.3	6.7	7.4	7.6	7.6	7.6	7.5	7.6	7.6
Asian or Pacific Islander	6.7	6.5	7.3	8.0	8.5	8.4	8.2	8.3	8.1	8.4
Asian or Pacific Islander, non-Hispanic	7.2	6.4	7.3	8.0	8.5	8.4	8.2	8.3	8.0	8.4
Chinese	5.2	4.7	5.1	—	—	—	—	—	—	—
Japanese	6.6	6.2	7.1	—	—	—	—	—	—	—
Filipino	7.4	7.3	8.5	—	—	—	—	—	—	—
Hawaiian	7.2	7.2	6.8	—	—	—	—	—	—	—
Other Asian or Pacific Islander	6.8	6.6	7.7	—	—	—	—	—	—	—
Hispanic	6.1	6.1	6.4	6.9	7.0	7.0	7.0	7.1	7.1	7.2
Mexican American	5.6	5.5	6.0	6.5	6.5	6.5	6.5	6.6	6.6	6.8
Puerto Rican	9.0	9.0	9.3	9.9	9.6	9.7	9.4	9.4	9.5	9.4
Cuban	5.6	5.7	6.5	7.6	7.3	7.1	7.4	7.3	7.5	7.2
Central or South American	5.8	5.8	6.3	6.8	6.5	6.7	6.6	6.8	6.7	6.7
Other and unknown Hispanic	7.0	6.9	7.8	8.3	8.4	8.0	8.0	8.0	7.9	8.1
Very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.)										
Total	1.2	1.3	1.4	1.5	1.4	1.4	1.4	1.4	1.4	1.4
Race and Hispanic origin[a]										
White, non-Hispanic	0.9	0.9	1.1	1.2	1.2	1.1	1.1	1.1	1.1	1.1
Black, non-Hispanic	2.5	2.9	3.1	3.3	3.0	3.0	2.9	2.9	2.9	2.9
American Indian or Alaska Native	0.9	1.0	1.2	1.2	1.3	1.3	1.3	1.3	1.3	1.3
American Indian or Alaska Native, non-Hispanic	0.8	1.1	1.1	1.2	1.3	1.3	1.3	1.3	1.3	1.3
Asian or Pacific Islander	0.9	0.9	1.1	1.1	1.2	1.2	1.1	1.2	1.2	1.1
Asian or Pacific Islander, non-Hispanic	1.0	0.8	1.0	1.1	1.1	1.2	1.1	1.2	1.1	1.1
Chinese	0.7	0.5	0.8	—	—	—	—	—	—	—
Japanese	0.9	0.7	0.8	—	—	—	—	—	—	—
Filipino	1.0	1.1	1.4	—	—	—	—	—	—	—
Hawaiian	1.1	1.0	1.4	—	—	—	—	—	—	—
Other Asian or Pacific Islander	1.0	0.9	1.0	—	—	—	—	—	—	—
Hispanic	1.0	1.0	1.1	1.2	1.2	1.2	1.2	1.2	1.2	1.2
Mexican American	0.9	0.9	1.0	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Puerto Rican	1.3	1.6	1.9	1.9	1.8	1.8	1.8	1.7	1.9	1.7
Cuban	1.0	1.2	1.2	1.5	1.4	1.3	1.5	1.3	1.5	1.4
Central or South American	1.0	1.1	1.2	1.2	1.1	1.2	1.1	1.2	1.1	1.1
Other and unknown Hispanic	1.0	1.1	1.4	1.4	1.5	1.4	1.4	1.4	1.4	1.4

— Not available.

[a] The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. The revised OMB standards issued in 1997 permitted the option of selecting more than one race. Multiple-race data were reported by 6 states in 2003, 15 states in 2004, 19 states in 2005, 23 states in 2006, 27 states in 2007, 30 states in 2008, 33 states and the District of Columbia (DC) in 2009, 38 states and DC in 2010, 40 states and DC in 2011, 41 states and DC in 2012, 44 states and DC in 2013, and 49 states and DC in 2014 and 2015. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. Note that data on race and Hispanic origin are collected and reported separately.

NOTE: Excludes live births with unknown birthweight. Trend data for births to Hispanic and to White, non-Hispanic and Black, non-Hispanic women are affected by expansion of the reporting area in which an item on Hispanic origin is included on the birth certificate. The number of states in the reporting area increased from 22 states in 1980 to 48 states and DC in 1990, and all 50 states and DC from 1993 onward. Trend data for births to Asian or Pacific Islander and Hispanic women are also affected by immigration. Beginning in 2003, data are no longer available for Asian or Pacific Islander subgroups.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table HEALTH2 Infant mortality: Death rates among infants by detailed race and Hispanic origin of mother, 1983–2014

(Infant deaths per 1,000 live births)

Characteristic	1983[a]	1990[a]	1995	2000	2005[b]	2010[b]	2011[b]	2012[b]	2013[b]	2014[b]
Total	10.9	8.9	7.6	6.9	6.9	6.1	6.1	6.0	6.0	5.8
Race and Hispanic origin[c]										
White, non-Hispanic	9.2	7.2	6.3	5.7	5.8	5.2	5.1	5.0	5.1	4.9
Black, non-Hispanic	19.1	16.9	14.7	13.6	13.6	11.5	11.5	11.2	11.1	10.9
American Indian or Alaska Native	15.2	13.1	9.0	8.3	8.1	8.3	8.2	8.4	7.6	7.6
American Indian or Alaska Native, non-Hispanic	—	—	—	8.2	8.3	8.6	8.5	8.7	7.7	7.7
Asian or Pacific Islander	8.3	6.6	5.3	4.9	4.9	4.3	4.4	4.1	4.1	3.9
Asian or Pacific Islander, non-Hispanic	—	—	—	4.8	4.8	4.2	4.2	4.0	3.9	3.7
Hispanic[d]	9.5	7.5	6.3	5.6	5.6	5.3	5.2	5.1	5.0	5.0
Mexican American	9.1	7.2	6.0	5.4	5.5	5.1	5.0	5.0	4.9	4.8
Puerto Rican	12.9	9.9	8.9	8.2	8.3	7.1	7.8	6.9	5.9	7.2
Cuban	7.5	7.2	5.3	4.5	4.4	3.8	4.3	5.0	3.0	3.9
Central and South American	8.5	6.8	5.5	4.6	4.7	4.4	4.4	4.1	4.3	4.3
Other and unknown Hispanic	10.6	8.0	7.4	6.9	6.4	6.1	5.4	5.6	—	5.4

— Not available.

[a] Prior to 1995, rates are on a cohort basis. Beginning in 1995, rates are on a period basis. Data for 1995 onward are weighted to account for unmatched records.

[b] Beginning in 2003, infant mortality rates are reported to two decimal places in National Center for Health Statistics reports, so the rates reported here will vary from those in other reports. This difference in reporting could affect significance testing.

[c] The 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. CA, HI, OH (for December only), PA, UT, and WA reported multiple-race data in 2003, following the revised 1997 OMB standards. In 2004, the following states began to report multiple-race data: FL, ID, KY, MI, MN, NH, NY State (excluding New York City), SC, and TN. The multiple-race data for these states were bridged to the single-race categories of the 1977 OMB standards for comparability with other states. In addition, note that data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race.

[d] Trends for the Hispanic population are affected by an expansion in the number of registration areas that included an item on Hispanic origin on the birth certificate. The number of states in the reporting area increased from 22 states in 1980 to 23 states and the District of Columbia (DC) in 1983–1987, 30 states and DC in 1988, 47 states and DC in 1989, 48 states and DC in 1990, 49 states and DC in 1991, and all 50 states and DC from 1993 onward.

NOTE: Infant deaths are deaths before an infant's first birthday. Rates for race groups from the National Linked Files of Live Births and Infant Deaths vary slightly from those obtained via unlinked infant death records using the National Vital Statistics System because the race reported on the death certificate sometimes does not match the race on the infant's birth certificate. Rates obtained from linked data (where race is obtained from the birth, rather than the death, certificate) are considered more reliable, but linked data are not available before 1983 and are also not available for 1992–1994.

SOURCE: National Center for Health Statistics, National Vital Statistics System.

Table HEALTH3.A **Emotional and behavioral difficulties: Percentage of children ages 4–17 reported by a parent to have serious or minor difficulties with emotions, concentration, behavior, or getting along with other people by selected characteristics, 2005–2015**

Characteristic	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Serious difficulties											
Age and gender											
Total ages 4–17	4.6	5.0	5.2	5.4	5.3	6.0	5.3	5.2	5.2	5.2	5.8
Ages 4–7	2.8	4.0	3.8	4.0	3.1	4.1	3.5	3.7	3.6	3.9	3.9
Ages 8–10	4.8	4.9	4.4	7.1	6.3	7.2	6.2	6.3	6.9	6.6	6.0
Ages 11–14	4.9	5.6	6.0	5.0	5.6	6.8	5.8	5.5	5.4	6.2	7.6
Ages 15–17	6.2	5.6	6.8	5.9	6.5	6.6	6.3	5.7	5.4	4.5	5.8
Males ages 4–17	5.4	6.6	6.4	7.1	6.6	7.3	6.6	6.7	6.5	6.9	7.2
Ages 4–7	3.0	5.3	5.1	5.4	4.1	5.0	4.9	5.0	4.5	5.4	5.4
Ages 8–10	5.5	6.7	6.3	10.4	8.2	9.4	8.2	7.8	8.6	8.5	7.6
Ages 11–14	6.3	7.4	7.5	6.5	7.1	7.7	7.2	7.8	7.3	8.2	9.4
Ages 15–17	6.9	7.1	6.9	6.7	7.7	7.6	6.6	6.2	5.7	5.7	6.2
Females ages 4–17	3.8	3.3	3.9	3.6	3.9	4.8	4.0	3.8	3.9	3.5	4.4
Ages 4–7	2.5	2.6	2.4	2.7	2.1	3.1	2.1	2.3	2.6	2.3	2.3
Ages 8–10	4.2	3.0	2.3	3.4	4.4	5.0	4.1	4.8	5.2	4.8	4.6
Ages 11–14	3.4	3.8	4.5	3.4	4.1	5.8	4.5	3.2	3.5	4.0	5.6
Ages 15–17	5.4	3.9	6.6	5.1	5.3	5.5	5.9	5.3	5.0	3.3	5.3
Poverty status[a]											
Below 100% poverty	7.1	6.6	7.0	9.7	8.2	10.1	7.6	7.9	7.8	7.6	7.6
100%–199% poverty	4.8	5.6	7.3	5.8	6.5	5.7	5.4	5.8	5.1	5.8	6.8
200% poverty and above	3.8	4.2	3.9	4.0	3.7	4.6	4.4	4.0	4.2	4.1	4.8
Race and Hispanic origin[b]											
White, non-Hispanic	4.8	5.5	5.6	5.8	5.4	6.7	5.9	5.5	6.0	5.9	6.2
Black, non-Hispanic	5.1	4.5	5.9	7.1	6.2	6.1	6.4	5.8	5.2	4.7	6.5
Hispanic	4.0	3.6	3.7	3.0	4.1	4.2	3.9	4.2	3.6	4.5	6.0
Family structure[c]											
Two parents	3.7	4.0	4.2	4.1	4.1	4.4	3.9	4.2	4.2	4.4	4.3
Mother only	6.9	7.8	7.1	8.0	8.2	9.6	8.3	8.0	8.1	7.1	9.9
Father only	4.2	4.8	5.5	5.5	‡	5.1	‡	5.5	3.1	3.6	3.5
No parents	9.8	7.0	11.5	13.1	7.3	12.5	10.1	6.0	7.8	9.8	9.6

See notes at end of table.

Table HEALTH3.A (cont.) **Emotional and behavioral difficulties: Percentage of children ages 4–17 reported by a parent to have serious or minor difficulties with emotions, concentration, behavior, or getting along with other people by selected characteristics, 2001–2015**

Characteristic	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Minor difficulties											
Age and gender											
Total ages 4–17	16.2	15.5	14.4	14.4	13.7	16.1	14.4	14.1	13.0	15.0	15.8
Ages 4–7	14.0	13.9	12.5	11.0	11.6	14.2	11.1	12.9	11.4	12.5	13.1
Ages 8–10	18.4	14.4	16.4	17.1	15.6	16.9	16.3	14.6	13.3	16.9	16.4
Ages 11–14	17.0	15.8	15.8	16.7	14.3	17.4	16.1	14.3	15.3	16.9	16.6
Ages 15–17	15.7	18.0	13.1	13.2	14.0	16.1	14.7	15.2	11.9	13.8	17.7
Males ages 4–17	17.9	16.9	16.1	16.7	16.3	18.0	16.4	16.3	14.8	17.5	17.6
Ages 4–7	15.3	15.5	13.3	12.0	13.8	15.2	12.4	15.6	14.0	16.0	16.5
Ages 8–10	22.2	15.9	18.1	20.0	19.4	19.3	19.7	17.7	14.8	20.2	18.1
Ages 11–14	18.6	17.8	19.1	20.7	17.0	22.1	17.9	16.5	18.0	19.7	18.8
Ages 15–17	16.4	18.4	14.0	14.2	15.9	15.1	16.4	15.5	11.3	14.1	16.9
Females ages 4–17	14.4	14.0	12.6	12.0	11.0	14.1	12.3	11.9	11.2	12.3	14.0
Ages 4–7	12.7	12.1	11.6	10.0	9.1	13.2	9.8	9.9	8.7	8.8	9.7
Ages 8–10	14.7	12.7	14.6	14.0	11.7	14.5	12.6	11.4	11.8	13.6	14.7
Ages 11–14	15.4	13.8	12.3	12.4	11.5	12.4	14.3	12.0	12.4	14.0	14.3
Ages 15–17	14.9	17.6	12.2	12.2	12.1	17.2	13.0	14.8	12.6	13.4	18.4
Poverty status[a]											
Below 100% poverty	19.4	17.1	17.7	16.1	18.1	20.7	18.4	16.2	16.8	17.3	19.5
100%–199% poverty	17.6	16.7	16.3	15.5	14.5	15.6	14.7	15.1	13.7	15.2	17.3
200% poverty and above	14.8	14.4	12.7	13.5	11.9	14.6	12.7	12.9	11.3	13.9	14.0
Race and Hispanic origin[b]											
White, non-Hispanic	16.5	16.3	15.2	14.7	13.8	16.4	15.0	15.5	14.0	16.5	17.3
Black, non-Hispanic	18.4	14.3	16.5	18.3	17.8	18.6	16.2	16.1	16.0	17.0	19.1
Hispanic	14.8	13.6	12.1	11.7	12.0	14.0	12.4	10.3	10.6	11.2	10.3
Family structure[c]											
Two parents	14.4	13.9	12.2	13.0	11.9	13.8	11.8	12.2	10.8	13.1	13.1
Mother only	20.6	18.4	19.5	16.7	17.3	21.0	19.7	17.8	18.0	18.8	21.1
Father only	19.9	19.0	18.2	16.6	17.5	16.9	18.9	16.0	12.2	16.9	22.7
No parents	22.5	22.1	19.9	24.7	19.7	24.1	21.2	22.7	23.8	21.2	24.1

‡ Reporting standards not met; estimate is considered unreliable.

[a] Missing family income data were imputed for 16–25 percent of children ages 4–17 for the years 2001–2015.

[b] The revised 1997 U.S. Office of Management and Budget standards for race were used for the 2001–2013 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races" due to the small sample size for each of these groups. Persons of Hispanic origin may be of any race.

[c] "Two parents" includes two married or unmarried parents. The terms "mother" and "father" can include biological, adoptive, step, or foster relationships. "No parents" can include children cared for by other relatives or a legal guardian.

NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire:[1] "Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties. Children with serious emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe." These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbance, used by the Federal government for planning purposes. Children with minor emotional or behavioral difficulties are defined as those whose parent responded "yes, minor difficulties."

SOURCE: National Center for Health Statistics, National Health Interview Survey.

[1] Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry, 40,* 791–799.

Table HEALTH3.B **Emotional and behavioral difficulties: Percentage of children ages 4–17 with serious or minor emotional or behavioral difficulties who received services by type of service, 2005–2015**

Type of service[a]	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Serious difficulties											
Current use of special education services for an emotional/ behavioral problem	20.0	22.5	26.4	24.5	26.0	25.7	27.9	28.8	22.8	30.3	33.9
Parent contact with a general doctor[b] during the past 12 months about child's emotional/behavioral problem	34.3	38.0	40.3	36.0	34.1	35.5	39.7	36.4	42.9	43.6	49.0
Parent contact with a mental health professional[c] during the past 12 months about the child	50.0	43.6	52.3	51.3	45.3	49.3	53.4	53.5	54.6	54.3	57.4
Minor difficulties											
Current use of special education services for an emotional/ behavioral problem	4.8	4.8	6.7	7.1	7.2	6.0	5.5	7.8	10.5	7.5	8.3
Parent contact with a general doctor[b] during the past 12 months about child's emotional/behavioral problem	10.7	9.2	11.8	11.8	13.6	11.0	12.4	15.0	17.3	16.3	13.1
Parent contact with a mental health professional[c] during the past 12 months about the child	15.7	16.9	19.9	21.8	22.9	18.5	21.6	24.2	20.1	21.6	23.7

[a] A child who had more than one type of service or contact was included in more than one row.

[b] A general doctor was defined as a doctor who treats a variety of illnesses, such as a doctor in general practice, pediatrics, family medicine, or internal medicine. This percentage was calculated among all children ages 4–17 with emotional or behavioral difficulties. In previous reports this percentage was calculated among children ages 4–17 with emotional or behavioral difficulties whose parent had contact with a general doctor in the past 12 months for any reason. Therefore, estimates may differ from those in previous editions of *America's Children.*

[c] A mental health professional was defined as a psychiatrist, psychologist, psychiatric nurse, or clinical social worker.

NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire:[1] "Overall, do you think that (child) has any difficulties in one or more of the following areas: emotions, concentration, behavior, or being able to get along with other people?" Response choices were (1) no; (2) yes, minor difficulties; (3) yes, definite difficulties; and (4) yes, severe difficulties. Children with serious emotional or behavioral difficulties are defined as those whose parent responded "yes, definite" or "yes, severe." These difficulties may be similar to but do not equate with the Federal definition of serious emotional disturbance, used by the Federal government for planning purposes. Children with minor emotional or behavioral difficulties are defined as those whose parent responded "yes, minor difficulties."

SOURCE: National Center for Health Statistics, National Health Interview Survey.

[1] Goodman, R. (1999). The extended version of the Strengths and Difficulties Questionnaire as a guide to child psychiatric caseness and consequent burden. *Journal of Child Psychology and Psychiatry, 40,* 791–799.

Table HEALTH4.A **Adolescent depression: Percentage of youth ages 12–17 who had at least one Major Depressive Episode (MDE) in the past year by age, gender, race and Hispanic origin, and poverty status, selected years 2004–2015**

Characteristic	2004	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total	9.0	8.2	8.3	8.1	8.0	8.2	9.1	10.7	11.4	12.5
Age										
Ages 12–13	5.4	4.3	4.9	4.6	4.3	4.1	5.4	6.1	7.2	7.8
Ages 14–15	9.2	8.4	8.5	8.8	9.0	8.6	10.2	12.4	11.9	13.8
Ages 16–17	12.3	11.5	11.2	10.4	10.6	11.7	11.4	13.2	14.6	15.5
Gender										
Male	5.0	4.6	4.3	4.7	4.4	4.5	4.7	5.3	5.7	5.8
Female	13.1	11.9	12.5	11.7	11.9	12.1	13.7	16.2	17.3	19.5
Race and Hispanic origin[a]										
White, non-Hispanic	9.2	8.7	8.8	8.4	8.6	8.6	9.1	10.9	12.0	13.4
Black, non-Hispanic	7.7	7.8	7.1	7.9	6.8	7.0	7.9	8.6	9.1	9.0
American Indian or Alaska Native	7.8	4.6	10.1	7.5	7.4	11.4	5.2	4.5	6.9	‡
Asian	8.3	6.6	7.7	7.6	5.5	7.6	4.2	10.2	10.4	9.7
Two or more races	11.7	9.9	12.0	8.0	9.4	10.6	11.3	13.0	12.5	15.6
Hispanic	9.1	7.1	7.5	7.7	7.8	8.1	10.5	11.4	11.5	12.6
Poverty status[b]										
Below 100% poverty	8.7	7.6	7.7	7.4	7.2	8.1	10.2	10.2	10.9	11.1
100%–199% poverty	8.7	8.9	9.1	8.6	9.0	8.9	9.0	11.3	12.3	13.3
200% poverty and above	9.1	8.0	8.2	8.2	7.9	8.1	8.7	10.6	11.2	12.7

‡ Low precision.

[a] The 1997 U.S. Office of Management and Budget standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin.

[b] Estimates are based on a definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds.

NOTE: MDE is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV),*[1] which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE were excluded. For 2005 and 2006 data, refer to web version of HEALTH4.A detailed table on *America's Children* website, available at https://www.childstats.gov.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

[1] American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH4.B

Adolescent depression: Percentage of youth ages 12–17 with at least one Major Depressive Episode (MDE) in the past year who received treatment for depression[a] by age, gender, race and Hispanic origin, and poverty status, selected years 2004–2015

Characteristic	2004	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total	40.3	39.0	37.7	34.6	37.8	38.4	37.0	38.1	41.2	39.3
Age										
Ages 12–13	38.2	41.5	33.5	30.0	32.5	36.3	30.7	39.1	35.9	31.9
Ages 14–15	35.5	36.8	33.6	33.2	38.4	36.3	36.6	37.2	40.1	40.6
Ages 16–17	45.0	39.8	42.4	37.5	39.3	40.5	40.0	38.6	44.4	41.5
Gender										
Male	37.7	36.7	34.0	29.2	32.0	35.3	28.3	29.7	37.7	36.3
Female	41.3	40.0	39.1	36.9	40.1	39.5	40.1	40.9	42.4	40.3
Race and Hispanic origin[b]										
White, non-Hispanic	44.9	42.7	43.1	37.7	41.1	41.4	40.7	41.6	46.1	40.6
Black, non-Hispanic	28.9	39.7	32.4	23.9	23.0	41.0	33.5	28.6	40.6	42.0
Hispanic	36.8	28.2	30.4	33.0	38.4	29.4	30.8	36.9	33.1	35.5
Poverty status[c]										
Below 100% poverty	33.2	39.7	40.0	32.1	33.8	37.9	35.7	33.6	40.0	40.4
100%–199% poverty	39.1	37.1	38.8	32.2	39.1	39.1	35.9	39.9	40.9	38.6
200% poverty and above	42.6	39.6	36.7	36.2	38.4	38.2	38.0	39.1	41.7	39.3

[a] Treatment is defined as seeing or talking to a medical doctor or other professional or using prescription medication in the past year for depression. Respondents with unknown treatment data were excluded.

[b] The 1997 U.S. Office of Management and Budget standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and "Two or more races."

[c] Estimates are based on a definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds.

NOTE: MDE is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV),*[1] which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE were excluded. For 2005 and 2006 data, refer to web version of HEALTH4.B detailed table on *America's Children* website, available at https://www.childstats.gov.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

[1] American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH4.C

Adolescent depression: Percentage of youth ages 12–17 who had at least one Major Depressive Episode (MDE) with severe impairment[a] in the past year by age, gender, race and Hispanic origin, and poverty status, selected years 2004–2015

Characteristic	2004	2007	2008	2009	2010	2011	2012	2013	2014	2015
Total	6.2	5.5	6.0	5.8	5.7	5.7	6.3	7.7	8.2	8.8
Age										
Ages 12–13	3.5	2.5	3.2	3.2	3.0	2.8	3.7	4.1	4.9	5.1
Ages 14–15	6.3	6.0	6.1	6.2	6.1	5.9	7.1	9.1	8.5	9.8
Ages 16–17	8.8	7.9	8.4	7.7	7.7	8.1	8.0	9.7	10.9	11.1
Gender										
Male	3.3	3.0	2.9	3.2	3.2	3.2	3.0	3.5	3.7	3.8
Female	9.2	8.2	9.3	8.6	8.2	8.3	9.8	12.0	13.0	14.0
Race and Hispanic origin[b]										
White, non-Hispanic	6.5	5.9	6.5	6.1	6.2	5.9	6.5	7.8	8.9	9.7
Black, non-Hispanic	5.0	5.1	4.6	5.7	4.5	5.4	4.8	6.2	6.4	5.9
American Indian or Alaska Native	4.9	2.6	6.5	4.3	5.4	9.8	2.6	3.8	4.9	‡
Asian	4.4	3.9	4.7	5.0	4.3	5.0	2.6	8.1	6.6	5.5
Two or more races	9.3	7.8	10.2	6.0	5.9	8.1	9.0	8.4	8.9	12.6
Hispanic	6.1	5.1	5.1	5.4	5.4	5.2	7.3	8.2	8.2	8.5
Poverty status[c]										
Below 100% poverty	5.2	5.2	5.7	5.5	5.5	5.9	6.6	7.2	8.3	7.6
100%–199% poverty	6.0	6.1	6.8	6.2	6.1	6.2	6.3	7.9	9.2	9.6
200% poverty and above	6.5	5.5	5.8	5.8	5.5	5.4	6.3	7.8	7.8	8.9

‡ Low precision.

[a] Impairment is based on the Sheehan Disability Scale (SDS)[1] role domains, which measure the impact of a disorder on a person's life. Impairment is defined as the highest severity level of role impairment across four domains: (1) home management, (2) work, (3) close relationships with others, and (4) social life. Ratings greater than or equal to 7 on a 0 to 10 scale were considered severe impairment. Respondents with unknown severe impairment data were excluded.

[b] 1997 U.S. Office of Management and Budget standards were used to collect race and ethnicity data. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, or Asian. Respondents could choose more than one race. Those reporting more than one race were classified as "Two or more races." Data on Hispanic origin are collected separately. Persons of Hispanic origin may be of any race. Included in the total but not shown separately are persons of Native Hawaiian or Other Pacific Islander origin.

[c] Estimates are based on a definition of poverty level that incorporates information on family income, size, and composition and is calculated as a percentage of the U.S. Census Bureau's poverty thresholds.

NOTE: MDE is defined as in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV),*[2] which specifies a period of at least 2 weeks when a person experienced a depressed mood or loss of interest or pleasure in daily activities and had a majority of specified depression symptoms. Respondents with unknown past year MDE were excluded. For 2005 and 2006 data, refer to web version of HEALTH4.B detailed table on *America's Children* website, available at https://www.childstats.gov.

SOURCE: Substance Abuse and Mental Health Services Administration, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health.

[1] Leon, A. C., Olfson, M., Portera, L., Farber, L., & Sheehan, D. V. (1997). Assessing psychiatric impairment in primary care with the Sheehan Disability Scale. *International Journal of Methods in Psychiatric Research, 27*(2), 93–105.

[2] American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)* (4th ed.). Washington, DC: Author.

Table HEALTH5

Activity limitation: Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions[a] by gender, poverty status, and race and Hispanic origin, selected years 1997–2015

Characteristic	1997	2000	2005	2010	2011	2012	2013	2014	2015
Ages 5–17									
Total	7.8	7.0	8.0	9.2	9.3	9.4	9.2	9.3	9.8
Special education only[b]	5.4	5.0	6.1	7.2	7.2	7.4	7.6	7.4	7.9
Other limitations[c]	2.4	2.0	1.8	2.1	2.0	2.0	1.6	1.8	1.9
Gender									
Male	10.0	8.8	10.2	11.8	11.7	12.1	11.9	11.9	12.3
Special education only[b]	7.2	6.5	8.1	9.4	9.5	9.6	10.0	9.7	10.2
Other limitations[c]	2.8	2.4	2.1	2.4	2.2	2.5	1.8	2.2	2.0
Female	5.5	5.1	5.7	6.5	6.8	6.5	6.3	6.6	7.3
Special education only[b]	3.5	3.6	4.1	4.8	4.9	5.0	5.1	5.1	5.5
Other limitations[c]	2.0	1.5	1.6	1.7	1.9	1.6	1.3	1.5	1.8
Poverty status[d]									
Below 100% poverty	10.6	9.9	10.8	12.5	12.4	12.4	12.7	13.1	12.1
Special education only[b]	7.2	7.2	7.7	9.2	9.2	9.3	9.8	10.4	9.2
Other limitations[c]	3.4	2.7	3.0	3.4	3.3	3.0	2.8	2.7	3.0
100%–199% poverty	9.3	8.0	9.1	11.0	9.7	10.6	10.1	9.6	12.0
Special education only[b]	7.0	5.6	7.3	8.1	7.3	8.2	8.2	7.4	9.7
Other limitations[c]	2.3	2.4	1.8	2.9	2.4	2.4	2.0	2.2	2.3
200% poverty and above	6.3	5.8	6.8	7.3	7.9	7.7	7.4	7.6	8.1
Special education only[b]	4.2	4.3	5.3	6.1	6.5	6.2	6.5	6.3	6.8
Other limitations[c]	2.2	1.6	1.5	1.3	1.4	1.5	0.9	1.3	1.3
Race and Hispanic origin[e]									
White, non-Hispanic	8.3	7.5	8.3	9.7	10.1	10.3	9.8	10.2	11.0
Special education only[b]	5.8	5.4	6.2	7.9	8.1	8.1	8.3	8.4	9.0
Other limitations[c]	2.5	2.1	2.1	1.8	2.0	2.2	1.5	1.8	2.0
Black, non-Hispanic	8.2	7.5	8.7	11.2	10.9	9.4	10.2	9.4	9.4
Special education only[b]	5.3	5.6	6.9	8.7	8.1	7.2	8.4	7.3	7.4
Other limitations[c]	2.9	1.9	1.8	2.5	2.8	2.1	1.8	2.1	2.0
Hispanic	5.9	5.3	7.0	7.2	7.2	7.8	7.8	7.2	8.2
Special education only[b]	4.0	3.7	5.6	5.1	5.4	5.9	6.2	5.5	6.3
Other limitations[c]	1.9	1.6	1.4	2.1	1.8	1.8	1.6	1.7	1.9

[a] Chronic health conditions are conditions that once acquired are not cured or have a duration of 3 months or more.

[b] Special education, as mandated by Federal legislation known as the Individuals with Disabilities Education Act (IDEA), is designed to meet the individual needs of the child and may take place in a regular classroom setting, a separate classroom, a special school, a private school, at home, or at a hospital. To qualify for special education services, a child must have a condition covered by the IDEA that adversely affects educational performance. Children in this category include children identified solely by their use of special education services.

[c] Other limitations include limitations in children's ability to walk, care for themselves, or perform any other activities. Children in this category may also receive special education services.

[d] Starting with *America's Children, 2005,* a new methodology for imputing family income was used for data years 1997 and beyond. Missing family income data were imputed for 20 to 31 percent of children ages 5–17 in 1997–2015. Therefore, estimates by poverty status for 1997–2001 may differ from those in previously published editions.

[e] The revised 1997 U.S. Office of Management and Budget standards for race were used for the 1997–2015 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Hispanic origin may be of any race. Race groups included in the total but not shown separately due to the small sample size for each group are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races."

NOTE: The prevalence of activity limitation among children ages 5–17 is based on household responses in the National Health Interview Survey family core questionnaire. The child was considered to have an activity limitation if the parent gave a positive response to any of the following questions about the child: (1) "Does (child's name) receive Special Education Services?" (2) "Because of a physical, mental, or emotional problem, does (child's name) need the help of other persons with personal care needs, such as eating, bathing, dressing, or getting around inside the home?" (3) "Because of a health problem does (child's name) have difficulty walking without using any special equipment?" (4) "Is (child's name) limited in any way because of difficulty remembering or because of periods of confusion?" (5) "Is (child's name) limited in any activities because of physical, mental, or emotional problems?"

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HEALTH6

Diet quality: Average diet quality scores[a] using the Healthy Eating Index-2010 (HEI-2010) for children ages 2–17 by age, 2011–2012

Dietary component	Ages 2–17	Ages 2–5	Ages 6–11	Ages 12–17
Total Healthy Eating Index-2010 Score (maximum score = 100)	55.1	59.9	53.7	52.3
Adequacy components				
Total fruit (5)	3.9	5.0	3.9	3.1
Whole fruit (5)	4.8	5.0	4.9	3.9
Total vegetables (5)	2.1	1.9	2.0	2.4
Greens and beans (5)	0.7	0.7	0.8	0.7
Total protein foods (5)	4.4	3.9	4.3	4.8
Seafood and plant proteins (5)	3.1	2.7	3.0	3.2
Whole grains (10)	2.5	2.8	2.6	2.2
Dairy (10)	9.0	10.0	8.7	8.3
Fatty acids (10)	3.3	2.6	3.2	3.7
Moderation components				
Refined grains (10)	4.9	6.1	4.4	4.8
Sodium (10)	4.9	6.2	5.0	4.0
Empty calories[b] (20)	11.5	13.0	11.0	11.3

[a] Calculated using the population ratio method.

[b] Empty calories are calories from solid fats (i.e., sources of saturated fats and trans fats) and added sugars (i.e., sugars not naturally occurring).

NOTE: The Healthy Eating Index-2010 (HEI-2010) is a dietary assessment tool comprising 12 components designed to measure quality in terms of how well diets align with the recommendations of the 2010 Dietary Guidelines for Americans and the U.S. Department of Agriculture Food Patterns. The HEI-2010 has 12 components, and intakes equal to or better than the standards set for each component are assigned a maximum score. Maximum HEI-2010 component scores range from 5 to 20 points. Scores for intakes between the minimum and maximum standards are scored proportionately. Scores for each of the 12 components are summed to create a total maximum HEI-2010 score of 100. Nine of the twelve components assess adequacy components. The remaining three components assess dietary components that should be consumed in moderation. For the adequacy components, higher scores reflect higher intakes that meet or exceed the standards. For the moderation components, higher scores reflect lower intakes, because lower intakes are more desirable. A higher total score indicates a higher quality diet. HEI-2010 component scores are averages across all children and reflect usual dietary intakes. Starting with *America's Children 2017,* Diet Quality component scores will be reported as the actual scores instead of percentages of the maximum component scores.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey and U.S. Department of Agriculture, Center for Nutrition Policy and Promotion and the U.S. Department of Health and Human Services, Healthy Eating Index-2010.

Table HEALTH7 **Obesity: Percentage of children ages 6–17 who had obesity[a] by age, race and Hispanic origin, and gender, selected years 1976–1980 through 2011–2014**

Characteristic	1976–1980	1988–1994	1999–2002	2003–2006	2007–2010	2011–2014
Ages 6–17						
Total	5.7	11.2	16.0	17.3	18.6	19.5
Race and Hispanic origin[b]						
White, non-Hispanic	4.9	10.5	13.2	15.5	16.0	17.1
Black, non-Hispanic	8.2	14.0	20.7	21.5	24.0	22.5
Asian, non-Hispanic	—	—	—	—	—	9.8
All Hispanics	—	—	—	—	23.7	24.3
Mexican American	—	15.4	23.0	22.7	23.8	25.2
Gender						
Male	5.5	11.8	17.2	18.1	20.4	18.9
Female	5.8	10.6	14.7	16.3	16.7	20.0
Ages 6–11						
Total	6.5	11.3	15.8	17.0	18.8	17.5
Gender						
Male	6.7	11.6	16.9	18.0	20.7	17.6
Female	6.4	11.0	14.7	15.8	16.9	17.5
Ages 12–17						
Total	4.9	11.1	16.1	17.5	18.4	21.3
Gender						
Male	4.5	12.0	17.5	18.2	20.1	20.1
Female	5.4	10.2	14.7	16.8	16.6	22.5

— Not available.

[a] Previously a body mass index (BMI) at or above the 95th percentile of the sex-specific BMI growth charts was termed overweight (http://www.cdc.gov/growthcharts). Beginning with *America's Children, 2010,* a BMI at or above the 95th percentile is termed obese to be consistent with other National Center for Health Statistics publications. Estimates of obesity are comparable to estimates of overweight in past reports.[1]

[b] From 1976 to 1994, the 1977 U.S. Office of Management and Budget (OMB) Standards for Data on Race and Ethnicity were used to classify persons into one of the following four racial groups: White, Black, American Indian or Alaskan Native, or Asian or Pacific Islander. For 1999–2014, the revised 1997 OMB standards were used. Persons could select one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, and Native Hawaiian or Other Pacific Islander. Included in the total but not shown separately are American Indian or Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, and "Two or more races." Beginning in 1999, those in each racial category represent those reporting only one race. Data from 1999 onward are not directly comparable with data from earlier years. Data on race and Hispanic origin are collected separately but are combined for reporting. Persons of Mexican origin may be of any race. From 1976 to 2006, the National Health and Nutrition Examination Survey (NHANES) sample was designed to provide estimates specifically for persons of Mexican origin. Beginning in 2007, NHANES allows for reporting of both total Hispanics and Mexican Americans. Beginning 2011–2012, the NHANES sample was designed to provide estimates for Asian Americans.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey.

[1] Ogden, C. L., & Flegal, K. M. (2010). Changes in terminology for childhood overweight and obesity. *National Health Statistics Reports, 25.* Hyattsville, MD: National Center for Health Statistics. Retrieved from http://www.cdc.gov/nchs/data/nhsr/nhsr025.pdf.

Table HEALTH8.A Asthma: Percentage of children ages 0–17 with asthma, selected years 1997–2015

Characteristic	1997	2000	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Ever diagnosed with asthma[a]	11.4	12.4	12.7	13.5	13.1	13.8	13.8	13.6	14.0	14.0	12.7	13.5	13.0
Currently have asthma[b]	—	—	8.9	9.3	9.1	9.4	9.6	9.4	9.5	9.3	8.3	8.6	8.4
Having at least one asthma attack[c]	5.5	5.5	5.2	5.6	5.2	5.6	5.5	5.7	5.5	5.4	4.9	4.3	4.2

— Not available.

[a] Children ever diagnosed with asthma by a doctor or other health care professional.

[b] Children ever diagnosed with asthma who currently have asthma.

[c] Children having had an episode of asthma or an asthma attack in the past 12 months.

NOTE: From 1997 to 2015, children are identified as ever diagnosed with asthma by asking parents "Has a doctor or other health professional EVER told you that your child has asthma?" If the parent answered YES to this question, they were then asked (1) "Does your child still have asthma?" and (2) "During the past 12 months, has your child had an episode of asthma or an asthma attack?" The question "Does your child still have asthma?" was introduced in 2001 and identifies children who currently have asthma. Selected estimates for 1997–2004 have been revised since previous publication in *America's Children.*

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table HEALTH8.B Asthma: Percentage of children ages 0–17 who currently have asthma[a] by age, poverty status, race and Hispanic origin, and area of residence, 2001–2015

Characteristic	2001	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Age												
Ages 0–5	6.2	7.2	6.9	7.1	7.4	7.0	6.8	7.5	6.2	4.9	5.1	4.9
Ages 6–10	9.8	10.0	11.4	9.1	10.1	10.2	10.7	9.4	11.0	9.3	10.7	10.2
Ages 11–17	10.1	9.6	9.9	10.9	10.8	11.5	10.8	11.4	10.7	10.4	9.9	10.1
Poverty status[b]												
Below 100% poverty	10.8	10.6	12.2	11.4	11.5	13.5	12.1	12.5	13.0	11.7	10.5	10.7
100%–199% poverty	8.6	8.3	9.6	9.8	10.2	9.5	10.2	10.2	9.3	8.1	7.9	9.4
200% poverty and above	8.2	8.6	8.1	8.1	8.5	8.3	7.9	8.0	7.7	7.0	8.1	7.2
Race and Hispanic origin[c]												
White, non-Hispanic	8.5	7.9	8.6	7.3	8.8	8.5	8.2	7.8	7.9	7.5	7.6	7.4
Black, non-Hispanic	11.3	13.1	12.8	15.4	15.7	17.0	15.9	16.3	16.0	13.4	13.4	13.4
American Indian or Alaska Native, non-Hispanic	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡	12.0	14.4
Asian, non-Hispanic	7.3	6.6	6.3	7.2	3.9	7.7	8.3	6.1	4.9	4.7	5.6	5.4
Hispanic	7.2	8.6	9.0	9.3	6.7	7.7	8.1	9.6	8.8	7.4	8.5	8.0
Mexican	5.1	7.4	6.6	8.5	5.9	6.6	6.9	7.8	7.6	5.6	7.1	7.3
Puerto Rican	18.2	19.9	25.7	14.8	15.5	15.7	19.5	24.8	15.6	20.7	23.5	13.9
Area of residence[d]												
Central city	8.8	10.3	10.5	9.9	10.7	10.0	10.1	10.4	10.0	8.1	9.0	9.7
Non-central city	8.8	8.4	8.8	8.8	8.9	9.4	9.0	9.1	9.0	8.4	8.4	7.8

‡ Reporting standards not met; the estimate is considered unreliable.

[a] Children ever diagnosed with asthma who currently have asthma.

[b] Missing family income data were imputed for 19 to 31 percent of children ages 0–17 in 2001–2015.

[c] The revised 1997 U.S. Office of Management and Budget standards for race were used for the 2001–2015 race-specific estimates. A person's race is described by one or more of five racial groups: White, Black or African American, American Indian or Alaska Native, Asian, or Native Hawaiian or Other Pacific Islander. Data on race and Hispanic origin are collected separately but are combined for reporting. Included in other categories but not shown separately under race and Hispanic origin are Native Hawaiians or Other Pacific Islanders and respondents with "Two or more races." Persons of Hispanic origin may be of any race.

[d] "Central city" is defined as the central city of a Metropolitan Statistical Area (MSA), while "Non-central city" is defined as an area in an MSA outside of the central city or an area outside of an MSA. For more information on MSAs, see National Center for Health Statistics, 2011, *Health, United States, 2010: With special feature on death and dying,* available at http://www.cdc.gov/nchs/data/hus/hus10_InBrief.pdf.

SOURCE: National Center for Health Statistics, National Health Interview Survey.

Table SPECIAL1

Peer Victimization: Percentage of fall 2010 first-time kindergartners by type of victimization their teacher reported that they perpetrated against peers in 3rd grade, frequency with which the teacher reported that they victimized their peers, and selected child, family, and school characteristics, spring 2014

Frequency of child victimizing peers and selected child, family, or school characteristic	Type of victimization perpetrated against peers				
	Any type of victimization[a]	Teased, made fun of, or called other students names	Told lies or untrue stories about other students	Pushed, shoved, slapped, hit, or kicked other students	Excluded other students from play on purpose
Percentage distribution of children, by how frequently their teacher reported they victimized their peers					
Total	100.0	100.0	100.0	100.0	100.0
Never	48.6	57.1	69.0	76.8	64.9
Rarely	28.4	25.0	18.8	14.4	23.1
Sometimes	16.8	13.2	9.2	6.5	9.6
Often or very often	6.1	4.8	3.0	2.3	2.4
Often	4.4	3.6	2.2	1.6	1.8
Very often	1.8	1.1	0.8	0.7	0.6
Among children with each characteristic, percent whose teacher reported that they perpetrated specific types of victimization against their peers "Often" or "Very often"					
Total	6.1	4.8	3.0	2.3	2.4
Gender					
Male	8.4	6.8	3.8	3.4	2.7
Female	3.8	2.7	2.2	1.1	2.1
Age of child at kindergarten entry					
Less than age 5	4.4 !	‡	‡	‡	‡
Age 5 to age 5½	6.2	4.7	3.1	2.4	2.5
More than age 5½ to age 6	6.2	5.0	3.0	2.4	2.3
More than age 6	6.0	5.2	2.5 !	1.7 !	2.7
Race and Hispanic origin					
White, non-Hispanic	4.6	3.3	2.2	1.2	1.8
Black, non-Hispanic	14.8	13.0	7.4	7.9	6.1
Hispanic	5.5	4.2	2.7	2.2	2.0
Asian, non-Hispanic	1.7 !	1.1 !	‡	‡	‡
Pacific Islander, non-Hispanic	13.6 !	‡	‡	‡	‡
American Indian/Alaska Native, non-Hispanic	‡	‡	‡	‡	‡
Two or more races, non-Hispanic	6.4 !	5.7 !	5.1 !	2.0 !	‡
Frequency with which child reported experiencing different types of victimization by peers, spring 2014					
Teased, made fun of, or called names					
Often or very often	11.7	8.6	6.5	5.5	4.0
Sometimes, rarely, or never	4.8	3.8	2.2	1.5	2.0
Sometimes or rarely	5.5	4.5	2.3	1.6	2.2
Never	3.6	2.8	1.9	1.4	1.8
Subject of lies or untrue stories					
Often or very often	12.3	10.0	6.6	4.9	4.4
Sometimes, rarely, or never	4.3	3.3	2.0	1.5	1.8
Sometimes or rarely	5.5	4.3	2.8	1.8	2.3
Never	2.8	1.9	1.1	1.1	1.1
Pushed, shoved, slapped, hit, or kicked					
Often or very often	11.9	9.3	6.7	5.1	3.9
Sometimes, rarely, or never	5.1	4.0	2.4	1.8	2.1
Sometimes or rarely	5.9	4.6	2.6	1.8	2.0
Never	4.3	3.4	2.2	1.8	2.2

See notes at end of table.

Table SPECIAL1 (cont.) **Peer Victimization: Percentage of fall 2010 first-time kindergartners by type of victimization their teacher reported that they perpetrated against peers in 3rd grade, frequency with which the teacher reported that they victimized their peers, and selected child, family, and school characteristics, spring 2014**

Frequency of child victimizing peers and selected child, family, or school characteristic	Type of victimization perpetrated against peers				
	Any type of victimization[a]	Teased, made fun of, or called other students names	Told lies or untrue stories about other students	Pushed, shoved, slapped, hit, or kicked other students	Excluded other students from play on purpose
Among children with each characteristic, percent whose teacher reported that they perpetrated specific types of victimization against their peers "Often" or "Very often"—cont.					
Excluded from play on purpose					
Often or very often	10.9	7.9	5.7	4.9	4.0
Sometimes, rarely, or never	5.2	4.2	2.5	1.8	2.1
Sometimes or rarely	5.6	4.3	2.6	1.7	1.7
Never	4.9	4.1	2.5	1.9	2.4
Parents' highest level of education, spring 2014[b]					
Less than high school	9.0	6.4	3.2	5.6	3.2
High school completion	7.8	6.0	4.5	3.2	3.4
Some college/vocational	6.8	5.7	3.6	2.2	2.9
Bachelor's degree	4.3	3.2	1.9	1.3 !	1.3
Any graduate education	3.7	2.6	1.4	1.1	1.3 !
Poverty status, spring 2014[c]					
Below poverty threshold	9.0	7.1	4.9	4.5	3.7
100%–199% of poverty threshold	7.8	6.7	4.4	2.6	3.0
200% or more of poverty threshold	4.2	2.9	1.6	1.2	1.6
School locale, spring 2014					
City	7.5	5.8	3.8	3.3	3.0
Suburb	5.2	4.1	2.6	1.9	1.9
Town	4.6	3.6 !	2.4 !	2.2	‡
Rural	5.6	4.1	2.7	1.6	2.4
School control, spring 2014					
Public	6.3	4.9	3.2	2.4	2.5
Private	4.8	3.4	1.4 !	1.4	1.3 !

! Interpret data with caution. The coefficient of variation (CV) for this estimate is between 30 percent and 50 percent.

‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the CV is 50 percent or greater.

[a] Children whose teachers reported that they perpetrated more than one type of victimization are counted only once in the total percentage of children who perpetrated any type of victimization.

[b] Parents' highest level of education is the highest level of education achieved by either of the parents or guardians in a two-parent household, by the only parent in a single-parent household, or by any guardian in a household with no parents.

[c] Poverty status is based on U.S. Census weighted average income thresholds for 2013, which identify incomes determined to meet household needs, given family size and composition. For example, a family of three with one child was below the poverty threshold if its income was less than $18,552 in 2013.

NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). Race categories exclude persons of Hispanic ethnicity. Detail may not sum to totals because of rounding and survey item nonresponse.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study.

Table SPECIAL2

Peer Victimization: Fall 2010 first-time kindergartners' scores on various academic, social, and emotional scales in 3rd grade by frequency of being victimized by their peers, frequency of victimizing their peers, and type of victimization, spring 2014

Frequency of being victimized by peers, frequency of victimizing peers, and type of victimization	Mean 3rd-grade (spring 2014) scale scores							
	Reading[a]	Mathematics[b]	Science[c]	Approaches to learning[d]	Self control[e]	Interpersonal skills[f]	Externalizing problem behaviors[g]	Internalizing problem behaviors[h]
Total	110.9	98.5	55.3	3.1	3.3	3.1	1.7	1.6
Frequency with which child reported experiencing different types of victimization by peers in 3rd grade								
Teased, made fun of, or called names								
Often or very often	107.2	94.6	53.4	2.8	3.1	3.0	1.9	1.7
Sometimes or rarely	112.4	100.2	56.3	3.1	3.3	3.2	1.7	1.6
Never	110.8	98.1	55.0	3.2	3.4	3.2	1.6	1.6
Subject of lies or untrue stories								
Often or very often	106.8	94.2	52.5	2.9	3.1	3.0	1.9	1.7
Sometimes or rarely	112.0	100.1	56.1	3.1	3.3	3.2	1.7	1.6
Never	112.3	99.3	56.2	3.2	3.4	3.2	1.5	1.6
Pushed, shoved, slapped, hit, or kicked								
Often or very often	107.2	95.0	53.3	2.8	3.0	2.9	1.9	1.7
Sometimes or rarely	112.4	100.8	56.8	3.1	3.3	3.1	1.7	1.6
Never	110.9	97.7	54.7	3.2	3.4	3.2	1.6	1.6
Excluded from play on purpose								
Often or very often	107.6	94.1	53.4	2.9	3.1	3.0	1.9	1.7
Sometimes or rarely	111.9	100.0	56.2	3.1	3.3	3.2	1.7	1.6
Never	111.3	98.8	55.3	3.2	3.3	3.2	1.6	1.5
Frequency with which teacher reported that child victimized his/her peers in 3rd grade								
Teased, made fun of, or called names								
Often or very often	103.0	90.3	49.7	2.2	2.2	2.1	2.9	1.9
Sometimes or rarely	109.5	97.2	54.3	2.8	3.0	2.9	2.0	1.7
Never	112.6	100.1	56.5	3.4	3.6	3.4	1.4	1.5
Subject of lies or untrue stories								
Often or very often	102.4	89.0	49.2	2.1	2.1	2.0	3.0	2.0
Sometimes or rarely	108.5	95.5	53.1	2.7	2.9	2.7	2.1	1.8
Never	112.3	100.2	56.6	3.3	3.5	3.4	1.5	1.5
Pushed, shoved, slapped, hit, or kicked								
Often or very often	100.3	86.6	46.7	2.1	2.1	2.0	3.1	1.9
Sometimes or rarely	107.7	96.1	53.2	2.6	2.8	2.7	2.2	1.7
Never	112.2	99.6	56.2	3.3	3.4	3.3	1.5	1.6

See notes at end of table.

Table SPECIAL2 (cont.) **Peer Victimization: Fall 2010 first-time kindergartners' scores on various academic, social, and emotional scales in 3rd grade by frequency of being victimized by their peers, frequency of victimizing their peers, and type of victimization, spring 2014**

Frequency of being victimized by peers, frequency of victimizing peers, and type of victimization	Mean 3rd-grade (spring 2014) scale scores							
	Reading[a]	Mathematics[b]	Science[c]	Approaches to learning[d]	Self control[e]	Interpersonal skills[f]	Externalizing problem behaviors[g]	Internalizing problem behaviors[h]
Frequency with which teacher reported that child victimized his/her peers in 3rd grade—cont.								
Excluded from play on purpose								
Often or very often	103.2	89.9	49.3	2.3	2.2	2.0	2.9	2.0
Sometimes or rarely	109.7	97.1	54.2	2.8	2.9	2.8	2.0	1.7
Never	111.9	99.6	56.2	3.3	3.5	3.4	1.5	1.5

[a] Reflects performance on questions measuring basic skills (print familiarity, letter recognition, beginning and ending sounds, rhyming words, and word recognition); vocabulary knowledge; and reading comprehension, including identifying information specifically stated in text (e.g., definitions, facts, and supporting details), making complex inferences from texts, and considering the text objectively and judging its appropriateness and quality. Possible scores for the reading assessment range from 0 to 141.

[b] Reflects performance on questions on number sense, properties, and operations; measurement; geometry and spatial sense; data analysis, statistics, and probability (measured with a set of simple questions assessing children's ability to read a graph); and prealgebra skills such as identification of patterns. Possible scores for the mathematics assessment range from 0 to 135.

[c] Reflects performance on questions on physical sciences, life sciences, environmental sciences, and scientific inquiry. Possible scores for the science assessment range from 0 to 87.

[d] The approaches to learning scale is based on teachers' reports on how students rate in seven areas: attentiveness, task persistence, eagerness to learn, learning independence, ability to adapt easily to changes in routine, organization, and ability to follow classroom rules. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child exhibits positive learning behaviors more often.

[e] The self-control scale is based on teachers' reports on the student's ability to control behavior by respecting the property rights of others, controlling temper, accepting peer ideas for group activities, and responding appropriately to pressure from peers. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child exhibited behaviors indicative of self-control more often.

[f] The interpersonal skills scale is based on teachers' reports on the student's skill in forming and maintaining friendships; getting along with people who are different; comforting or helping other children; expressing feelings, ideas, and opinions in positive ways; and showing sensitivity to the feelings of others. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child interacted with others in a positive way more often.

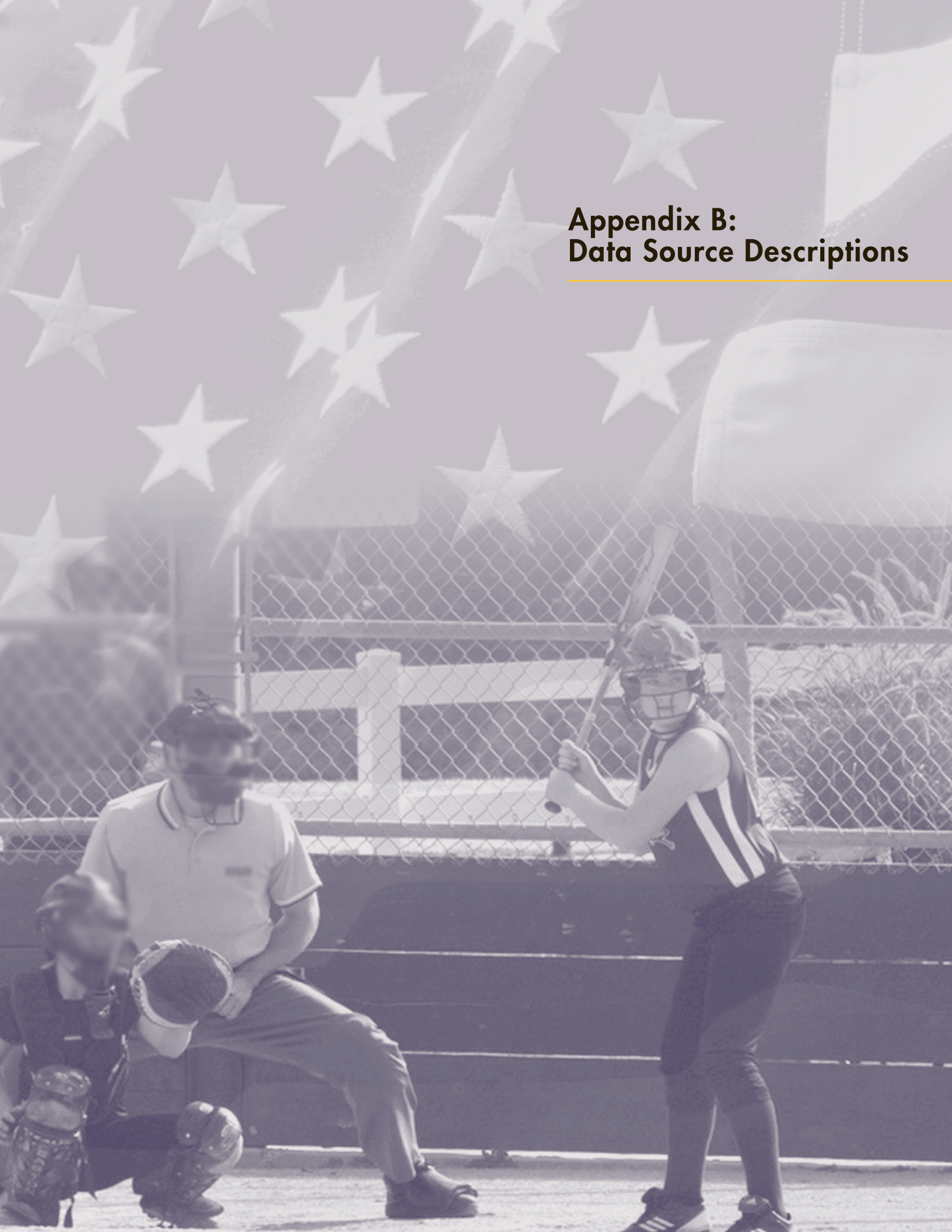
[g] The externalizing problem behaviors scale is based on teachers' reports on how frequently a student argues, fights, gets angry, acts impulsively, disturbs ongoing activities, and talks at inappropriate times. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child exhibited externalized problem behaviors more often.

[h] The internalizing problem behaviors scale is based on teachers' reports on how frequently a student exhibits the apparent presence of anxiety, loneliness, low self-esteem, and sadness. Possible scores on the scale range from 1 to 4, with higher scores indicating that a child exhibited internalized problem behaviors more often.

NOTE: Estimates weighted by W7C27P_7T70. Estimates pertain to a sample of children who were enrolled in kindergarten for the first time in the 2010–11 school year. In 2013–14, most of the children were in 3rd grade, but 6 percent were in 2nd grade or other grades (e.g., 4th grade, ungraded classrooms). Estimates differ from previously published figures because scale scores were recalculated to represent the kindergarten through 3rd-grade assessment item pools, and weights were adjusted to account for survey nonresponse at each data collection wave.

SOURCE: U.S. Department of Education, National Center for Education Statistics, Early Childhood Longitudinal Study.

Appendix B:
Data Source Descriptions



Data Source Descriptions

Page

Data Source Descriptions

Air Quality System

The Air Quality System (AQS) contains ambient air pollution data collected by the Environmental Protection Agency (EPA) and by state, local, and tribal air pollution control agencies. Data on criteria pollutants (particulate matter, ozone, carbon monoxide, nitrogen dioxide, sulfur dioxide, and lead) consist of air quality measurements collected by sensitive equipment at thousands of monitoring stations in all 50 states, plus the District of Columbia, Puerto Rico, and the U.S. Virgin Islands. Each monitor measures the concentration of a particular pollutant in the air. Monitoring data indicate the average pollutant concentration during a specified time interval, usually 1 hour or 24 hours. AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and its operator), and data quality assurance/quality control information. Data are available from AQS beginning with the year 1957. The system is administered by the EPA's Office of Air Quality Planning and Standards (OAQPS), Outreach and Information Division (OID), located in Research Triangle Park, North Carolina. For the Outdoor Air Quality indicator, a county is considered to have a pollutant concentration above the level of the current air quality standard if the measured pollutant level was greater than the level of the standard at any monitor within the county during the year. The indicator is calculated as the sum of children living in counties with pollutant concentrations above the level of a standard divided by the total number of children in the United States.

This calculation differs from the method for identifying areas in violation of an air quality standard. See *America's Children and the Environment, Third Edition,* at https://www.epa.gov/ace (Indicator E1), for further discussion.

Information about the AQS is available online at https://www.epa.gov/outdoor-air-quality-data.

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American Community Survey

The American Community Survey (ACS) is an annual nationwide survey that replaced the long form decennial censuses beginning in 2010. The objective of the ACS is to provide data users with timely housing, social, and economic data that are updated every year and can be compared across states, communities, and population groups.

The ACS was implemented in three parts: (1) Demonstration period, 1996–1998, beginning at four sites; (2) Comparison site period, 1999–2004, comparing 31 sites continuously over this period as well as adding other counties to the survey in preparation for full implementation; and (3) Full implementation nationwide in 2005. Sampling of group quarters was added in 2006. Starting in January 2005, the U.S. Census Bureau implemented the ACS in every county of the United States, with an annual sample of 3 million housing units. Beginning in 2006, the survey data have been available every year for large geographic areas and population groups of 65,000 or more.

For small areas and population groups of 20,000 or less, a period of 5 years is necessary to accumulate a large enough sample to provide estimates with accuracy similar to the decennial census. Each month, a systematic sample of addresses is selected from the most current Master Address File (MAF). The sample represents the entire United States. Data are generally collected by mail or internet; however, households that do not respond by mail or internet may be contacted using computer-assisted telephone interviewing (CATI), computer-assisted personal interviewing (CAPI), or both.

Information about the ACS is available online at https://www.census.gov/programs-surveys/acs/.

Agency Contact:
U.S. Census Customer Service Center
http://ask.census.gov
Phone: 1-800-923-8282

American Housing Survey

The American Housing Survey (AHS) is sponsored by the Office of Policy Development and Research of the Department of Housing and Urban Development and is conducted by the U.S. Census Bureau. The survey provides data necessary for evaluating progress toward "a decent home and a suitable living environment for every American family," a goal affirmed in 1949 and 1968 legislation. The AHS began as an annual survey in 1973 and has been conducted biennially in odd numbered years since 1985. A longitudinal, nationally representative sample of 50,000 housing units plus newly constructed units was surveyed during the period 1985 to 2013, and a new sample was drawn in 2015. Transient accommodations, military and worker housing, and institutional quarters are excluded. AHS data detail the types, size, conditions, characteristics, costs and values, equipment, utilities, and dynamics of the housing inventory, as well as some information about neighborhood conditions. Data include demographic, financial, and mobility characteristics of the occupants. Since 1997, the AHS has been conducted using computer-assisted personal interviewing.

Information about the AHS is available online at http://www.census.gov/programs-surveys/ahs.html.

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Civil Rights Data Collection

The Department of Education's Office for Civil Rights (OCR) has surveyed the nation's public elementary and secondary schools since 1968. The survey was first known as the OCR Elementary and Secondary School (E&S) Survey; in 2004, it was renamed the Civil Rights Data Collection (CRDC). The survey collects data on school discipline, access to and participation in high-level mathematics and science courses, teacher characteristics, school finances, and other school characteristics. These data are reported by race/ethnicity, sex, and disability.

Data in the survey are collected pursuant to 34 C.F.R. Section 100.6(b) of the Department of Education regulation implementing Title VI of the Civil Rights Act of 1964. The requirements are also incorporated by reference in Department regulations implementing Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Age Discrimination Act of 1975. School, district, state, and national data are currently available. Data from individual public schools and districts are used to generate national and state data.

The CRDC has generally been conducted biennially in each of the 50 states plus the District of Columbia. The 2009–10 CRDC was collected from a sample of approximately 7,000 school districts and over 72,000 schools in those districts. It was made up of two parts: part 1 contained beginning-of-year "snapshot" data and part 2 contained cumulative, or end-of-year, data.

The 2011–12 CRDC survey, which collected data from approximately 16,500 school districts and 97,000 schools, was the first CRDC survey since 2000 that included data from every public school district and school in the nation. The 2013–14 CRDC survey also collected information from a universe of every public school district and school in the nation.

Further information on the Civil Rights Data Collection may be obtained from

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http://www.ed.gov/about/offices/list/ocr/data.html

Current Population Survey

Core survey and supplements. The Current Population Survey (CPS) is a nationwide survey of about 60,000 households conducted monthly for the U.S. Bureau of Labor Statistics by the U.S. Census Bureau. The survey is representative of the civilian noninstitutionalized population of the United States with a sample located in more than 2,000 counties and independent cities and coverage in every state and in the District of Columbia.

The CPS core survey is the primary source of information on the employment characteristics of the noninstitutionalized civilian population, including estimates of unemployment released every month by the Bureau of Labor Statistics.

In addition to the core survey, monthly CPS supplements provide additional demographic and social data. The Annual Social and Economic Supplement (ASEC)—formerly called the March Supplement—and the October school enrollment supplement provide information used to estimate the status and well-being of children. The ASEC and school enrollment supplement have been administered every year since 1947. The October supplement to the CPS asks questions on school enrollment by grade and on other school characteristics about each member of the household age 3 or older. In this report, data on poverty status, health insurance, and the highest level of school completed or degree attained are derived from the ASEC. The food security supplement, introduced in April 1995 and administered in December since 2001, is described in detail below.

The CPS sample is selected from a complete address list of geographically delineated primary sampling units, which are based on census addresses and updated using recent construction and other data. It is administered through field representatives, either in person or by telephone using computer-assisted personal interviewing (CAPI). Some CPS data are also collected through a centralized telephone operation, computer-assisted telephone interviewing (CATI). For more information regarding the CPS, its sampling structure, and estimation methodology, see Current Population Survey design and methodology technical paper 66, Bureau of Labor Statistics, October 2006, available online at https://www.census.gov/prod/2006pubs/tp-66.pdf.

The 2014 CPS ASEC (which refers to health insurance coverage estimates of the 2013 calendar year) is the first to use the improved measures of health insurance coverage. Following more than a decade of research, evaluation,

and consultation with outside experts, the Census Bureau implemented an approach shown to improve the accuracy of health insurance coverage measurement. For a list of references, please see the Census Bureau Director's statement on the improved set of health insurance coverage questions at https://census.gov/newsroom/press-releases/2014/cb14-67.html. Due to these changes, data for the 2014 CPS ASEC are not comparable to data from earlier years.

The 2014 CPS ASEC included redesigned questions for income and health insurance coverage. All of the approximately 98,000 addresses were selected to receive the improved set of health insurance coverage items. The improved income questions were implemented using a split panel design. Approximately 68,000 addresses were selected to receive a set of income questions similar to those used in the 2013 CPS ASEC. The remaining 30,000 addresses were selected to receive the redesigned income questions. The source of data for tables in this volume is the CPS ASEC sample of 98,000 addresses.

Food security supplement. The food security supplement contains a systematic set of questions validated as measures of severity of food insecurity on a 12-month and a 30-day basis. Statistics presented in this report are based on 12-month data from the CPS food security supplements. The food security questions are based on material reported in prior research on hunger and food security and reflect the consensus of nearly 100 experts at the 1994 Food Security and Measurement Conference, convened jointly by the National Center for Health Statistics (NCHS) and the Food and Nutrition Service of the U.S. Department of Agriculture. The supplement was developed, tested, and refined further by the conferees, members of a Federal interagency working group, and survey methods specialists for the U.S. Census Bureau's Center for Survey Methods Research. All households interviewed in the CPS in December are eligible for the supplement. Special supplement sample weights were computed to adjust for the demographic characteristics of supplement noninterviews.

Information about food security is available online at the Economic Research Service at https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/.

Information about the CPS is available online at http://www.census.gov/cps.

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Secure parental employment and youth neither enrolled in school nor working, contact:
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Decennial Census Data

The U.S. Census Bureau conducted decennial censuses in the United States in 1990, 2000, and 2010, as well as in previous decades back to 1790. Statistical data from the censuses of 2000 and 2010 are available through American Fact Finder. The data from the 1990 decennial census are archived and are searchable in American Fact Finder by including "census 2000" in the search.

Date:

- April 1, 2000 (Census Day) is the reference date for Census 2000.
- April 1, 2010 (Census Day) is the reference date for the 2010 Census.

Census 2000 and earlier decennial censuses gathered information on demographic, social, economic, and housing characteristics of the population. Census 2000 datasets include more subjects than those for 2010, because Census 2000 used both a short form (with a limited number of characteristics for every person and every housing unit) and a long form (with additional questions asked of a sample of persons and housing units). The short form provided information on age, sex, race, Hispanic or Latino origin, household relationship, tenure (whether a housing unit is owner- or renter-occupied), and occupancy status. The long form covered additional population characteristics such as income, educational attainment, labor force status, place of birth, etc., and additional housing characteristics.

In the 2010 Census of the United States a limited number of questions were asked of every person and every housing unit. Population and housing characteristics not covered in the 2010 Census can be found in data from the American Community Survey, also available on American Fact Finder.

In any large-scale statistical operation such as the 2010 Census, human- and computer-related errors occur. These errors are commonly referred to as nonsampling errors. Such errors include not enumerating every household or every person in the population, not obtaining all required information from the respondents, obtaining incorrect or inconsistent information, and recording information incorrectly. The primary sources of error and the programs instituted to control error in Census 2010 are described in detail in 2010 Census Redistricting Data (Public Law 94 171) in Chapter 7, "2010 Census: Operational Overview and Accuracy of the Data" located at http://www.census.gov/prod/cen2010/doc/pl94-171.pdf.

While it is impossible to completely eliminate nonsampling error from an operation as large and complex as the decennial census, the Census Bureau attempts to control the sources of such error during the collection and processing operations.

For information on the computation and use of standard errors, contact:
U.S. Census Customer Service Center
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Phone: 1-800-923-8282

Early Childhood Longitudinal Study, Kindergarten Class of 2010–11

The Early Childhood Longitudinal Study, Kindergarten Class of 2010–11 (ECLS-K:2011) provides detailed information on the school achievement and experiences of students throughout their elementary school years. The students who participated in the ECLS-K:2011 were followed longitudinally from the kindergarten year (the 2010–11 school year) through the spring of 2016, when most of them were expected to be in 5th grade. This sample of students is designed to be nationally representative of all students who were enrolled in kindergarten or who were of kindergarten age and being educated in an ungraded classroom or school in the United States in the 2010–11 school year, including those in public and private schools, those who attended full-day and part-day programs, those who were in kindergarten for the first time, and those who were kindergarten repeaters. Students who attended early learning centers or institutions that offered education only through kindergarten are included in the study sample and represented in the cohort.

The ECLS-K:2011 places emphasis on measuring students' experiences within multiple contexts and development in multiple domains. The design of the study includes the collection of information from the students, their parents/guardians, their teachers, and their schools. Information was collected from their before- and after-school care providers in the kindergarten year.

A nationally representative sample of approximately 18,170 children from about 1,310 schools participated in the base-year administration of the ECLS-K:2011 in the 2010–11 school year. The sample included children from different racial/ethnic and socioeconomic backgrounds. Asian/Pacific Islander students were oversampled to ensure that the sample included enough students of this race/ethnicity to make accurate estimates for the group as a whole. Eight data collections have been conducted to date: fall and spring of the children's kindergarten year (the base year), fall 2011 and spring 2012 (the 1st-grade year), fall 2012 and spring 2013 (the 2nd-grade year), spring 2014 (the 3rd-grade year), and spring 2015 (the 4th-grade year). The final data collection was conducted in the spring of 2016. Although the study refers to later rounds of data collection by the grade the majority of children are expected to be in (that is, the modal grade for children who were in kindergarten in the 2010–11 school year), children are included in subsequent data collections regardless of their grade level.

A total of approximately 780 of the 1,310 originally sampled schools participated during the base year of the study. This translates to a weighted unit response rate (weighted by the base weight) of 63 percent for the base year. In the base year, the weighted child assessment unit response rate was 87 percent for the fall data collection and 85 percent for the spring collection, and the weighted parent unit response rate was 74 percent for the fall collection and 67 percent for the spring collection.

Fall and spring data collections were conducted in the 2011–12 school year, when the majority of the children

were in the 1st grade. The fall collection was conducted within a 33 percent subsample of the full base-year sample, and the spring collection was conducted within the full base-year sample. The weighted child assessment unit response rate was 89 percent for the fall data collection and 88 percent for the spring collection, and the weighted parent unit response rate was 87 percent for the fall data collection and 76 percent for the spring data collection.

In the 2012–13 data collection (when the majority of the children were in the 2nd grade) the weighted child assessment unit response rate was 84.0 percent in the fall and 83.4 percent in the spring. In the spring 2014 data collection (when the majority of the children were in the 3rd grade), the weighted child assessment unit response rate was 79.9 percent.

Information on ECLS-K:2011 is available online at http://nces.ed.gov/ecls/kindergarten2011.asp.

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Monitoring the Future

The Monitoring the Future (MTF) study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth. Each year since 1975, high school seniors from a representative sample of public and private high schools have participated in this study. The 2016 survey is the 26th survey to include comparable samples of 8th- and 10th-graders in addition to seniors. The study is conducted by the University of Michigan's Institute for Social Research (ISR) under a grant from the National Institute on Drug Abuse. The survey design consists of a multistage random sample where the stages include selection of geographic areas, selection of one or more schools in each area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2016 survey included a total of 45,000 students from 380 public and private schools.

Adjustments in 10th-grade change scores in 2009. All figures and tables in this report omit the data point from the 2008 survey of 10th-graders, because the data for that year were believed to be inaccurate due to sampling error, a highly unusual occurrence. This is the first time there was a need to adjust the data from a survey in the 42 years of the study; fortunately, this affects only a single grade.

Several facts led to this decision. First, it was observed that in 2008, 10th grade was the only grade that showed a decline in marijuana use, as well as in the indexes of use that include marijuana. In 2009, it was the only grade to show an increase in some of those same measures. While trends do sometimes differ from one grade to another, the fact that this happened in just a single year led to the conclusion that the 2008 10th-grade sample likely showed erroneously low levels of use of certain drugs—particularly marijuana and alcohol—most likely due to sampling error. Other findings also supported this interpretation.

An examination of the subgroup trend tables shows that in 2009 there were unusually large increases of marijuana use in two regions of the country, the West and the South, raising the possibility that relatively few schools accounted for the increase in that year. Further, there is no evidence in the trend lines from the other two grades that such an increase was actually occurring in those two regions for either marijuana or alcohol, as would be expected if the 10th-grade data accurately represented the population. Finally, an examination of data from 10th-graders in the matched half sample of schools that participated in both the 2008 and 2009 surveys reveals considerably smaller 1-year increases in use of these two drugs than does the full sample analysis. The changes in the matched half samples are routinely examined to help validate the results from the full samples. Normally, the two indicators of change replicate closely.

Therefore, it was judged unlikely that the apparent decline in 2008 and sharp increase in 2009 for 10th-graders are accurate characterizations of the total populations. Thus, the 2008 10th-grade data points are omitted in the figures and tables. However, the 1-year change score was calculated utilizing the matched half sample of schools participating in both 2008 and 2009, and it was noted that the change is not significant. Their results should be relatively unaffected by schools entering and leaving the sample each year. Importantly, these adjusted change scores bring the 10th-grade change data much more into line with what is observed to be occurring in the other two grades.

For more information, please see:

Johnston, L. D., O'Malley, P. M., Bachman, J. G., & Schulenberg, J. E. (2010). *Monitoring the Future national survey results on drug use, 1975–2009: Volume I, Secondary school students* (NIH Publication No. 10-7584). Bethesda, MD: National Institute on Drug Abuse.

Information about MTF is available online at http://www.nida.nih.gov/DrugPages/MTF.html and http://monitoringthefuture.org.

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National Assessment of Educational Progress

The National Assessment of Educational Progress (NAEP) is a series of cross-sectional studies initially implemented in 1969 to assess the educational achievement of U.S. students and monitor changes in those achievements.

In the main national NAEP, a nationally representative sample of students is assessed at Grades 4, 8, and 12 in various academic subjects. The assessment is based on frameworks developed by the National Assessment Governing Board (NAGB). It includes both multiple-choice items and constructed-response items (those requiring written answers). Results are reported in two ways: by average score and by achievement level. Average scores are reported for the nation, for participating states and jurisdictions, and for subgroups of the population. Percentages of students performing at or above three achievement levels (Basic, Proficient, and Advanced) are also reported for these groups.

From 1990 until 2001, main NAEP was conducted for states and other jurisdictions that chose to participate. In 2002, under the provisions of the No Child Left Behind Act of 2001, all states began to participate in main NAEP, and an aggregate of all state samples replaced the separate national sample. (School district-level assessments—under the Trial Urban District Assessment [TUDA] program—also began in 2002.)

Results are available for the mathematics assessments administered in 2000, 2003, 2005, 2007, 2009, 2011, 2013, and 2015. In 2005, NAGB called for the development of a new mathematics framework. The revisions made to the mathematics framework for the 2005 assessment were intended to reflect recent curricular emphases and better assess the specific objectives for students at each grade level. The revised mathematics framework focuses on two dimensions: mathematical content and cognitive demand. By considering these two dimensions for each item in the assessment, the framework ensures that NAEP assesses an appropriate balance of content, as well as a variety of ways of knowing and doing mathematics. Since the 2005 changes to the mathematics framework were minimal for Grades 4 and 8, comparisons over time can be made between assessments conducted before and after the framework's implementation for these grades. The changes that the 2005 framework made to the Grade 12 assessment, however, were too drastic to allow Grade 12 results from before and after implementation to be directly compared. These changes included adding more questions on algebra, data analysis, and probability to reflect changes in high school mathematics standards and coursework; merging the measurement and geometry content areas; and changing the reporting scale from 0–500 to 0–300. For more information regarding the 2005 mathematics framework revisions, see http://nces.ed.gov/nationsreportcard/mathematics/frameworkcomparison.asp.

Results are available for the reading assessments administered in 2000, 2002, 2003, 2005, 2007, 2009, 2011, 2013, and 2015. In 2009, a new framework was developed for the 4th-, 8th-, and 12th-grade NAEP reading assessments. Both a content alignment study and a reading trend or bridge study were conducted to determine if the new reading assessment was comparable to the prior assessment. Overall, the results of the special analyses suggested that the assessments were similar in terms of their item and scale characteristics and the results they produced for important demographic groups of students. Thus, it was determined that the results of the 2009 reading assessment could still be compared to those from earlier assessment years, thereby maintaining the trend lines first established in 1992. For more information regarding the 2009 reading framework revisions, see http://nces.ed.gov/nationsreportcard/reading/whatmeasure.asp.

NAEP Long-Term Trend Assessments. In addition to conducting the main assessments, NAEP also conducts the long-term trend assessments. Long-term trend assessments provide an opportunity to observe educational progress in reading and mathematics of 9-, 13-, and 17-year-olds since the early 1970s. The long-term trend reading assessment measures students' reading comprehension skills using an array of passages that vary by text types and length. The assessment was designed to measure students' ability to locate specific information in the text provided; make inferences across a passage to provide an explanation; and identify the main idea in the text. The NAEP long-term trend assessment in mathematics measures knowledge of mathematical facts; ability to carry out computations using paper and pencil; knowledge of basic formulas, such as those applied in geometric settings; and ability to apply mathematics to skills of daily life, such as those involving time and money.

Information about NAEP is available online at http://nces.ed.gov/nationsreportcard.

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National Child Abuse and Neglect Data System

The National Child Abuse and Neglect Data System (NCANDS) annually collects case-level data on reports alleging child abuse and neglect, as well as the results of these reports, from state child protective services (CPS) agencies. The mandate for NCANDS is based on the Child Abuse Prevention and Treatment Act (CAPTA), as amended in 1988, which directed the Secretary of the Department of Health and Human Services (HHS) to establish a national data collection and analysis program that would make available state child abuse and neglect reporting information. HHS responded by establishing NCANDS as a voluntary, national reporting system. In 1992, HHS produced its first NCANDS report based on data from 1990. The annual data report *Child Maltreatment* evolved from that initial report.

During the early years of the system, states provided aggregated data on key indicators of reporting of alleged child maltreatment. Starting with the 1993 data year, states voluntarily began to submit case-level data. For a number of years, states provided both data sets, but starting with data year 2000, the case-level data set became the primary source of data for the annual report. In 1996, CAPTA was amended to require all states that receive funds from the Basic State Grant program to work with the Secretary of HHS to provide specific data, to the extent practicable, on children who had been maltreated. The NCANDS data elements were revised to meet these requirements beginning with the submission of 1998 data.

Currently, all 50 states, the District of Columbia, and the Commonwealth of Puerto Rico submit data to NCANDS. States submit case-level data by constructing an electronic file of child-specific records for each report of alleged child abuse and neglect that received a CPS response. Only completed reports that resulted in a disposition (or finding) as an outcome of the CPS response during the reporting year were submitted in each state's data file. The data submission containing these case-level data is called the Child File.

The Child File is supplemented by agency-level aggregate statistics in a separate data submission called the Agency File. The Agency File contains data that are not reportable at the child-specific level and often are gathered from agencies that are external to CPS. States are asked to submit both the Child File and the Agency File each year. Prior to 2012, states that were not able to submit case-level data in the Child File submitted an aggregate-only data file called the Summary Data Component (SDC). When all the states were able to report case-level data—that is, as of the 2012 data collection—the SDC was discontinued.

The Child Abuse Prevention and Treatment Act (CAPTA), (42 U.S.C. §5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L.111–320), retained the existing definition of child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm.

Each state defines the types of child abuse and neglect in state statute and policy. CPS agencies determine the appropriate response for the alleged maltreatment based on those statutes and policies. The most common response is an investigation. The result of an investigation response is a determination (also known as a disposition) about the alleged child maltreatment.

In NCANDS, a victim is defined as a child for whom the state determined at least one maltreatment was substantiated or indicated and for whom a disposition of substantiated or indicated was assigned. It is important to note that a child may be a victim in one report and a nonvictim in another report. Substantiation is a case determination that concludes that the allegation of maltreatment or risk of maltreatment is supported by state law or policy. "Indicated" is a case determination that concludes that although maltreatment cannot be substantiated by state law or policy, there is reason to suspect that the child may have been maltreated or was at risk of maltreatment.

State statutes also establish the level of evidence needed to determine a disposition of substantiated or indicated. The local child protective services (CPS) agencies respond to the safety needs of the children who are the subjects of child maltreatment reports based on these state definitions and requirements for levels of evidence.

Data collected by NCANDS are a critical source of information for many publications, reports, and activities of the federal government, child welfare personnel, researchers, and other groups. An annual report on child welfare outcomes includes context and outcome data on safety based on state submissions to NCANDS. NCANDS data have been incorporated into the Child and Family Services Reviews (CFSR), which ensure conformity with state plan requirements in titles IV–B and IV–E of the Social Security Act.

Rates are based on the number of states submitting data to NCANDS each year; states include the District of

Columbia and Puerto Rico. Information about NCANDS is available online at https://www.acf.hhs.gov/cb/research-data-technology/reporting-systems/ncands.

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National Crime Victimization Survey

The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. The NCVS collects information on nonfatal victimizations, reported and not reported to the police, against persons age 12 or older from a nationally representative sample of U.S. households. The sample for 2015, the most recent year of the survey, was about 95,760 households, including about 163,880 persons ages 12 and older interviewed during the year. Sample households are chosen using a multistage stratified sample design. All household members ages 12 and older in selected households are interviewed to obtain information on the frequency, characteristics, and consequences of criminal victimization in the United States. The survey measures the likelihood of victimization by rape, sexual assault, robbery, assault, theft, household burglary, and motor vehicle theft for the population as a whole, as well as for segments of the population such as adolescents and members of various racial and gender groups. Victims are also asked (either in person or by telephone) whether they reported the incident to the police. In instances of personal violent crimes, victims are asked about the characteristics of the perpetrator.

The response rate for 2015 was 82 percent of eligible households and 86 percent of eligible individuals. The NCVS is the largest national forum for allowing victims the opportunity to describe the impact of crime and to provide their characteristics and those of violent offenders. It has been ongoing since 1973 and was redesigned in 1992.

Due to changes in survey methodology in 2006 that mainly affected rural areas, national-level estimates were not comparable to estimates based on NCVS data from previous years. The U.S. Census Bureau, the Bureau of Justice Statistics, and a panel of outside experts extensively reviewed the 2006 NCVS data and determined that there was a break in series between 2006 and previous years that prevented annual comparison of criminal victimization at the national level. This was mainly the result of three major changes in the survey methodology: (1) introducing a new sample to account for shifts in population and location of households that occur over time; (2) incorporating responses from households that were in the survey for the first time; and (3) using computer-assisted personal interviewing (CAPI). These changes were reversed in 2007, suggesting that the 2006 findings represent a temporary anomaly in the data.

Information about the NCVS is available online at http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=245.

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National Health and Nutrition Examination Survey

The National Health and Nutrition Examination Survey (NHANES) program of the National Center for Health Statistics is a series of cross-sectional nationally representative surveys. NHANES uses a complex stratified, multistage probability sampling design. The survey is designed to assess the health and nutritional status of the civilian, noninstitutionalized population of adults and children in the United States. NHANES is unique in that it combines household interviews and physical examinations. Interviewers obtain information on demographic characteristics and health conditions through self-reports (or reports from parents for those less than 16 years of age). Clinical examinations and selected medical and laboratory tests are conducted in mobile examination centers (MECs). Oversampling of certain subgroups has occurred at different times to increase the statistical reliability and precision of estimates.

Periodic surveys were conducted from 1971 to 1974 (NHANES I), from 1976 to 1980 (NHANES II), and from 1988 to 1994 (NHANES III). Beginning in 1999, NHANES became a continuous survey. Data are currently released for two years combined in order to protect confidentiality and in order to produce stable estimates. It is sometimes necessary to combine four or more years of data to make estimates for subgroups. For more information on the NHANES data, see https://wwwn.cdc.gov/nchs/data/nhanes/2011-2012/analytic_guidelines_11_12.pdf.

NHANES data are used to calculate Healthy Eating Index-2010 scores. Participants in NHANES provide information on their dietary intake via an interviewer-administered 24-hour recall of all foods and beverages consumed. Data from the 2011–2012 survey cycle were used to calculate the Healthy Eating Index-2010 (HEI-2010) component scores shown in this edition of *America's Children.* The HEI-2010 has been computed for all individuals age 2 and older because the Dietary Guidelines for Americans are not applicable to younger children or infants. Breast-fed children were excluded because breast

milk intake was not quantified. Starting with data updates for the 2017 report, the reliability of survey percentage estimates was assessed using a new method being adopted by NCHS. The new method uses the Clopper-Pearson confidence interval, adapted for complex surveys by Korn-Graubard, to determine if the estimate is unreliable and should be suppressed. This new method was applied to all of the PHY2 and PHY4 estimates. The reliability of prior estimates for other indicators was evaluated based on relative standard error.

Information about NHANES is available online at http://www.cdc.gov/nchs/nhanes.htm, and information about the Healthy Eating Index-2010 is available at http://www.cnpp.usda.gov/dietaryguidelines.htm.

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Contact CDC–INFO

National Health Interview Survey

The National Health Interview Survey (NHIS) is conducted by the National Center for Health Statistics (NCHS). NHIS monitors the health of the U.S. population through the collection and analysis of data on a broad range of topics. NHIS is a continuing nationwide sample survey of the noninstitutionalized civilian population in the United States, excluding patients in long-term care facilities, persons on active duty with the Armed Forces, prisoners, and U.S. nationals living in foreign countries. Data are collected through personal household interviews by trained interviewers. Prior to 1997, a paper-and-pencil questionnaire format was used. From 1997 onward, computer-assisted personal interviewing (CAPI) was used. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, through self-reports or reports by a member of the household. Interviewers also collect data on illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. Each year the survey is reviewed and special topics are added or deleted. For most health topics, the survey collects data over an entire year.

The NHIS sample is designed to estimate the national prevalence of health conditions, health service utilization, and health behaviors of the noninstitutionalized civilian population of the United States, and includes an oversample of Black, Hispanic, and Asian persons (starting in 2006). The household response rate for the ongoing part of the survey has ranged between 70 percent and 98 percent over the years. The NHIS core questionnaire items are revised about every 10 to 15 years, most recently in 1997; the next major questionnaire revision will be in 2018. Estimates beginning in 1997 are likely to vary slightly from those for previous years. The sample for the NHIS is redesigned and redrawn about every 10 years to better measure the changing U.S. population and to meet new survey objectives. A new sample design was implemented in 2006 and another will be implemented for the 2016 survey. In 2015, interviewers collected information for 41,493 households, containing 103,789 persons, in 42,288 families. In 2015, additional information was collected for 12,291 children under age 18 in the sample child section of the instrument. Starting with data updates for the 2017 report, the reliability of survey percentage estimates was assessed using a new method being adopted by NCHS. The new method uses the Clopper-Pearson confidence interval, adapted for complex surveys by Korn-Graubard, to determine if the estimate is unreliable and should be suppressed. This new method was applied to all of the HEALTH8 estimates. The reliability of prior estimates for other indicators was evaluated based on relative standard error. For health data for children, see:

NCHS. (2016). *Summary health statistics for U.S. children: National Health Interview Survey, 2015.* Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.

Information about NHIS is available online at http://www.cdc.gov/nchs/nhis.htm.

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National Hospital Ambulatory Medical Care Survey

The National Hospital Ambulatory Medical Care Survey (NHAMCS) is conducted by the National Center for Health Statistics (NCHS). NHAMCS collects data on ambulatory care visits to hospital emergency departments (EDs), outpatient departments (OPDs), and ambulatory surgery locations (starting in 2009). Data are abstracted from medical records by U.S. Census Bureau field representatives. Patient characteristics collected include age, sex, race, ethnicity, and expected source of payment. Visit characteristics collected include reasons for visit, diagnoses, tests and procedures, medications, providers seen, and disposition. Data are also collected on selected hospital characteristics, such as trauma level and electronic health record (EHR) capabilities. Annual data collection began in 1992.

The survey is a nationally representative sample of in-person visits to EDs, OPDs, and ambulatory surgery locations of nonfederal, short-stay, and general hospitals. NHAMCS uses a four-stage probability sample design, involving samples of geographic primary sampling units (PSUs); hospitals within PSUs; OPD clinics, EDs, and ambulatory surgery centers; and patient visits within EDs, clinics, and ambulatory surgery locations.

The hospital sample consists of approximately 400 hospitals. Only data from EDs are presented in this report. In 2013, 24,777 ED patient record forms were completed, and the ED hospital response rate was 81 percent.

For background information, see:

McCaig, L. F., & McLemore, T. (1994). Plan and operation of the National Hospital Ambulatory Medical Care Survey. *Vital and Health Statistics 1*(34). Hyattsville MD: National Center for Health Statistics. Available online at: https://www.cdc.gov/nchs/data/series/sr_01/sr01_034acc.pdf.

Information about NHAMCS is available on the National Health Care Survey (NHCS) Web site at http://www.cdc.gov/nchs/nhcs.htm or the Ambulatory Health Care Web site at http://www.cdc.gov/nchs/ahcd.htm.

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National Household Education Survey

The National Household Education Surveys Program (NHES) is a data collection system that is designed to address a wide range of education-related issues. Surveys have been conducted in 1991, 1993, 1995, 1996, 1999, 2001, 2003, 2005, 2007, and 2012. NHES targets specific populations for detailed data collection. It is intended to provide more detailed data on the topics and populations of interest than are collected through supplements to other household surveys.

The 1991 NHES included a survey on early childhood program participation. Investigators screened approximately 60,000 households to identify a sample of about 14,000 children, ages 3–8. They interviewed parents in order to collect information about these children's educational activities and the role of the family in the children's learning. In 1993, the National Center for Education Statistics (NCES) fielded a school readiness survey in which parents of approximately 11,000 children age 3 through 2nd grade were asked about their children's experiences in early childhood programs, developmental level, school adjustment and related problems, early primary school experiences, general health and nutrition status, home activities, and family characteristics, including family stability and economic risk factors. In 1995, NCES also fielded a survey on early childhood program participation, similar to that of 1991. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through 3rd grade. In 1996, NCES fielded a survey of parent and family involvement in education, interviewing nearly 21,000 parents of children in Grades 3 through 12. About 8,000 youth in Grades 6

through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and to collect data from children and their parents about plans for the child's education after high school. Approximately 60,000 households were screened for a total of about 31,000 interviews with parents of children from birth through Grade 12 (including about 6,900 infants, toddlers, and preschoolers) and adults age 16 or older not enrolled in Grade 12 or below.

Three surveys were fielded as part of the 2001 NHES. The Early Childhood Program Participation Survey was similar in content to the 1995 collection and collected data about the education of 7,000 prekindergarten children ranging in age from birth to age 6. The Before- and After-School Programs and Activities Survey collected data about nonparental care arrangements and educational activities in which children participate before and after school. Data were collected for approximately 10,000 kindergartners through 8th-graders. The third survey fielded in 2001 was the Adult Education and Lifelong Learning Survey, which gathered data about the formal and informal educational activities of 11,000 adults.

The 2005 NHES included surveys that covered early childhood program participation and after-school programs and activities. Data were collected from parents of about 7,200 children for the Early Childhood Program Participation Survey and from parents of nearly 11,700 children for the After-School Programs and Activities Survey. These surveys were substantially similar to the surveys conducted in 2001, with the exceptions that the Early Childhood Program Participation Survey and the After-School Programs and Activities Survey did not collect information about before-school care for school-age children.

The 2007 NHES fielded the Parent and Family Involvement in Education Survey, which was similar in design and content to the Parent and Family Involvement in Education Survey fielded in 2003. New features added in 2007 were questions about supplemental education services provided by schools and school districts (including use of and satisfaction with such services), as well as questions to efficiently identify the school attended by the sampled students. For the 2007 Parent and Family Involvement Survey, interviews were completed with parents of 10,680 sampled children in kindergarten through 12th grade, including 10,370 students enrolled in public or private schools and 310 homeschooled children.

NHES:2012 included the Parent and Family Involvement in Education Survey and the Early Childhood Program Participation Survey. The Parent and Family Involvement in Education Survey gathered data on students who were enrolled in kindergarten through Grade 12 or who were homeschooled at equivalent grade levels. Survey questions that pertained to students enrolled in kindergarten through Grade 12 requested information on various aspects of parent involvement in education (such as help with homework, family activities, and parent involvement at school), and survey questions pertaining to homeschooled students requested information on the student's homeschooling experiences, the sources of the curriculum, and the reasons for homeschooling.

Information about the NHES is available online at http://nces.ed.gov/nhes.

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National Immunization Survey

The National Immunization Survey (NIS) is a family of telephone surveys used to monitor vaccination coverage among children ages 19–35 months (NIS-Child), ages 13–17 years (NIS-Teen), and for influenza vaccination, ages 6 months–17 years (NIS-Flu). Data collection for the first survey of children ages 19–35 months began in April 1994 to assess vaccination coverage after measles outbreaks in the early 1990s. Similar to the NIS-Child, the NIS-Teen was launched in 2006.

The NIS provides population-based, state, selected local area, and territorial estimates of vaccination coverage among children and adolescents using a standard survey methodology. The survey collects data through telephone interviews with parents or guardians in all 50 states, the District of Columbia, and some cities or counties and U.S. territories. Landline and cell phone numbers are randomly selected and called to identify one or more age-eligible child or adolescents from the household. The parents and guardians of eligible children for NIS-Child and NIS-Teen are asked during the interview for the names of their children's vaccination providers and permission to contact them. With this permission, a questionnaire is mailed to each child's vaccination provider(s) to collect the information on the types of vaccinations, number of doses, dates of administration, and other administrative data about the health care facility. Estimates of vaccination coverage are determined for vaccinations recommended by the Advisory Committee on Immunization Practices (ACIP). Children and adolescents are classified as being up

to date based on the ACIP-recommended numbers of doses for each vaccine. All vaccination coverage estimates are based on provider-reported vaccination history.

Information about the NIS is available online at http://www.cdc.gov/vaccines/imz-managers/nis/index.html.

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National Linked Files of Live Births and Infant Deaths

The National Linked File of Live Births and Infant Deaths is a data file for research on infant mortality. Beginning with the 1995 data, this file is produced in two formats. The file is released first as a period data file and later as a cohort file. In the birth cohort format, it includes linked vital records for infants born in a given year who died in that calendar year or the next year, before their first birthday. In the period format, the numerator consists of all infant deaths occurring in one year, with deaths linked to the corresponding birth certificates from that year or the previous year. The period linked files were used for infant mortality data presented in this report. The linked file includes all the variables on the national natality file, as well as medical information reported for the same infant on the death record and the age of the infant at death. The use of linked files prevents discrepancies in the reporting of race between the birth and infant death certificates. National linked files are available starting with the birth cohort of 1983. No linked file was produced for the 1992 through 1994 data years. Match completeness for each of the birth cohort files is 98–99 percent.

For more information, see:

Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20*(24). Hyattsville, MD: National Center for Health Statistics.

Mathews, T. J., MacDorman, M. F., & Thoma, M. E. (2015). Infant mortality statistics from the 2013 period linked birth/ infant death data set. *National Vital Statistics Reports, 64*(9). Hyattsville, MD: National Center for Health Statistics.

Mathews T. J., & Driscoll A. K. (2017). *Trends in infant mortality in the United States, 2005–2014.* NCHS data brief, no 279. Hyattsville, MD: NCHS. Available from: https://www.cdc.gov/nchs/products/databriefs.htm.

Information about the National Linked File of Live Births and Infant Deaths is available online at http://www.cdc.gov/nchs/linked.htm.

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National Survey on Drug Use and Health

The National Survey on Drug Use and Health (NSDUH) is sponsored by the Center for Behavioral Health Statistics and Quality (CBHSQ) of the Substance Abuse and Mental Health Services Administration (SAMHSA). The CBHSQ is the data collection agency.

NSDUH has been conducted since 1971 and serves as the primary source of information on the prevalence and incidence of illicit drug, alcohol, and tobacco use in the civilian, noninstitutionalized population ages 12 and over in the United States. Information about substance use and use disorders, mental health problems, and receipt of substance abuse and mental health treatment is also included.

The survey covers residents of households (living in houses/townhouses, apartments, and condominiums, etc.), persons in noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, and halfway houses), and civilians living on military bases. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters.

NSDUH data are representative not only nationally but also in each state. The survey design includes an independent, multistage area probability sample for each state and the District of Columbia to accommodate state estimates of substance use and mental health. The survey design also oversamples youths and young adults. The unit analysis is at the person level. The mode of data collection is through in-person interviews with sampled persons. Computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview. Over 67,000 interviews are conducted each year using these methods.

Information about NSDUH is available online at http://www.samhsa.gov/data/population-data-nsduh. To access SAMHSA's public-use files, including an online data analysis tool, please visit: http://datafiles.samhsa.gov/. NSDUH restricted files, including state and other geographic identifiers, are not currently available. Access is expected to be restored in 2017/2018. For updates, please email SAMHDA-SUPPORT@samhsa.hhs.gov.

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E-mail: See http://www.samhsa.gov/data/request-data-ask-a-question

National Vital Statistics System

Through the National Vital Statistics System, the National Center for Health Statistics (NCHS) collects and publishes data on births and deaths in the United States. NCHS obtains information on births and deaths from the registration offices of all states, New York City, and the District of Columbia.

Demographic information on birth certificates, such as race and ethnicity, is provided by the mother at the time of birth. Hospital records provide the base for information on birthweight, while funeral directors and family members provide demographic information on death certificates. Medical certification of cause of death is provided by a physician, medical examiner, or coroner.

Information on Hispanic origin. The number of states gathering information on births to parents of Hispanic origin has increased gradually since 1980–1981, when 22 states included this information on birth certificates. By 1993, the Hispanic origin of the mother was reported on birth certificates in all 50 states and the District of Columbia. Similarly, mortality data by Hispanic origin of decedent have become more complete over time. In 1997, Hispanic origin was reported on death certificates in all 50 states and the District of Columbia.

Population denominators. The natality and mortality rates shown in this report have been revised, based on populations consistent with the Censuses in 2000 and 2010. Prior to *America's Children, 2003,* rates were based on populations estimated from the 1990 Census. The population estimates for 1990–2013 can be found online at http://www.cdc.gov/nchs/nvss/bridged_race.htm. Because of the gradual implementation of the revised U.S. Office of Management and Budget Standards on Race and Ethnicity among the vital statistics reporting areas, it was necessary to create population estimates for 1991–2015 that were consistent with the race categories used in the 1990 Census.

Detailed information on the methodologies used to develop the revised populations, including the populations for birth rates for teenagers and birth rates for unmarried teenagers, is presented in several publications.

For more information about these methodologies, see:

Ventura, S. J., Hamilton, B. E., & Sutton, P. D. (2003). Revised birth and fertility rates for the United States, 2000 and 2001. *National Vital Statistics Reports, 51*(4). Hyattsville, MD: National Center for Health Statistics.

Hamilton, B. E., Sutton, P. D., & Ventura, S. J. (2003). Revised birth and fertility rates for the 1990s: United States, and new rates for Hispanic populations, 2000 and 2001. *National Vital Statistics Reports, 51*(12). Hyattsville, MD: National Center for Health Statistics.

National Center for Health Statistics. (2002). Unpublished estimates of the April 1, 2000, United States population by age, sex, race, and Hispanic origin, prepared under a collaborative arrangement with the U.S. Census Bureau. Available online at https://www.cdc.gov/nchs/nvss/bridged_race.htm.

Ingram, D. D., Weed, J. A., Parker, J. D., Hamilton, B. E., Schenker, N., Arias, E., & Madans, J. (2003). U.S. Census 2000 population with bridged race categories. *Vital Health Statistics, 2*(135). Hyattsville, MD: National Center for Health Statistics.

Anderson, R. N., & Arias, E. (2003). The effect of revised populations on mortality statistics for the United States, 2000. *National Vital Statistics Reports, 51*(9). Hyattsville, MD: National Center for Health Statistics.

For more information on national natality and mortality data, see:

Martin, J. A., Hamilton, B. E., Sutton, P. D., Osterman, M. J. K, Driscoll, A. K., & Mathews, T. J. (2017). Births: Final data for 2015. Hyattsville, MD: NCHS. Available online at https://www.cdc.gov/nchs/data/nvsr/nvsr66/nvsr66_01.pdf.

National Center for Health Statistics. (2007). Detailed technical notes. United States, 2005, natality. Hyattsville, MD: National Center for Health Statistics. Available online at https://wonder.cdc.gov/wonder/sci_data/natal/detail/type_txt/natal05/TechAppendix05.pdf.

National Center for Health Statistics. (2004). Technical appendix. *Vital Statistics of the United States, 1999,* vol. II, mortality, part A. Hyattsville, MD: Author. Available online at http://www.cdc.gov/nchs/data/statab/techap99.pdf.

Information about the National Vital Statistics System is available online at http://www.cdc.gov/nchs/nvss.htm.

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Safe Drinking Water Information System

The Safe Drinking Water Information System (SDWIS) is the national regulatory compliance database for the drinking water program of the Environmental Protection Agency (EPA). SDWIS includes information on the nation's 160,000 public water systems and data submitted by states and EPA regions in conformance with reporting requirements established by statute, regulation, and guidance.

EPA sets national standards for drinking water. These requirements take three forms: maximum contaminant levels (MCLs, the maximum allowable level of a specific contaminant in drinking water), treatment techniques (specific methods that facilities must follow to remove certain contaminants), and monitoring and reporting requirements (schedules that utilities must follow to report testing results). States report any violations of these three types of standards to the EPA.

Water systems must monitor for contaminant levels on fixed schedules and report to the EPA when a maximum contaminant level has been exceeded. States must also report when systems fail to meet specified treatment techniques. More information about the maximum contaminant levels can be found online at https://www.epa.gov/ground-water-and-drinking-water/national-primary-drinking-water-regulations.

EPA sets minimum monitoring schedules that drinking water systems must follow. These minimum monitoring schedules (states may require systems to monitor more frequently) vary by the type and size of the drinking water system, by the source water (surface water or ground water), and by contaminant. For example, at a minimum, all drinking water systems regularly monitor nitrate, community water systems that serve surface water monitor daily for turbidity, and ground water systems may monitor inorganic contaminants every 9 years.

SDWIS includes data on the total population served by each public water system and the state in which the public water system is located. However, SDWIS does not include the number of children served. The fractions of the population served by noncompliant public water systems in each state were estimated using the total population served by violating community water systems divided by the total population served by all community water systems. The numbers of children served by violating public water systems in each state were estimated by multiplying the fraction of the population served by violating public water systems by the number of children (ages 0–17) in the state.

Information about SDWIS is available online at https://www.epa.gov/enviro/sdwis-overview.

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Survey of Income and Program Participation

Core survey and topical modules. Implemented by the U.S. Census Bureau in 1984, the Survey of Income and Program Participation (SIPP) is a continuous series of national longitudinal panels, with a sample size ranging from approximately 14,000 to 52,000 interviewed households. The duration of each panel ranges from 2 years to 5 years, with household interviews every 4 months.

The SIPP collects detailed information on income, labor force participation, participation in government assistance programs, and general demographic characteristics in order to measure the effectiveness of existing government programs, estimate future costs and coverage of government programs, and provide statistics on the distribution of income in America. In addition, topical modules provide detailed information on a variety of subjects, including health insurance, child care, adult and child well-being, marital and fertility history, and education and training. The U.S. Census Bureau releases cross-sectional, topical modules and longitudinal reports and data files. In 1996, the SIPP questionnaire was redesigned to include a new 4-year panel sample design and the computer-assisted personal interviewing (CAPI) method. The 2004 panel was a 4-year panel sample, and the 2008 SIPP ran for 5 years. In 2010, the U.S. Census Bureau began re-engineering the

SIPP. Data from this re-engineered SIPP became available in spring 2017.

Information about the SIPP is available online at http://www.census.gov/sipp.

Agency Contact:
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Youth Risk Behavior Surveillance System

The Youth Risk Behavior Surveillance System (YRBSS) was developed in 1990 to monitor priority health risk behaviors that contribute markedly to the leading causes of death, disability, and social problems among youth and adults in the United States. The YRBSS includes national, state, and local school-based surveys of representative samples of 9th- through 12th-grade students. These surveys are conducted every 2 years, usually during the spring semester. The national survey, conducted by the Centers for Disease Control and Prevention (CDC), provides data representative of high school students in public and private schools in the United States. The state and local surveys, conducted by departments of health and education, typically provide data representative of public high school students in each state or local school district.

The sampling frame for the 2015 national Youth Risk Behavior Survey (YRBS) consisted of all public and private schools with students in at least one of Grades 9–12 in the 50 states and the District of Columbia. A three-stage cluster sample design produced a nationally representative sample of students in Grades 9–12 who attend public and private schools. All students in selected classes were eligible to participate. Schools, classes, and students that refused to participate were not replaced. For the 2015 national YRBS, 15,624 questionnaires were completed in 180 schools. The school response rate was 69 percent, and the student response rate was 86 percent. The school response rate multiplied by the student response rate produced an overall response rate of 60 percent.

Survey procedures for the national, state, and local surveys were designed to protect students' privacy by allowing for anonymous and voluntary participation. Before survey administration, local parental permission procedures were followed. Students completed the self-administered questionnaire during one class period and recorded their responses directly on a computer-scannable booklet or answer sheet.

Information about the YRBS and the YRBSS is available online at http://www.cdc.gov/HealthyYouth/yrbs.

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