Federal Interagency Forum on Child and Family Statistics

America's Children: Key National Indicators of Well-Being, 2019

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 2019 are as follows:

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

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
https://prhome.defense.gov/M-RA/Inside-M-RA/MCFP

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/

Office of Management and Budget
Statistical and Science Policy Office
https://www.whitehouse.gov/omb/information-regulatory-affairs/statistical-programs-standards/

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Foreword

The Federal Interagency Forum on Child and Family Statistics (Forum) is a wonderful example of how Federal agencies can increase the effectiveness, efficiency, and accessibility of the 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, 2019 is a compendium of indicators about our Nation's young people. The report, the 23rd 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 ensure 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 *Child Care* indicator.

Each volume of *America's Children* also spotlights critical data gaps identified by the Forum's Planning Committee and its Federal statistical agencies. In the 2017 report, such data concerns, related to understanding the condition and progress of our Nation's children, were consolidated into a stand-alone *Data Topics* report section, rather than included as *Indicators Needed* 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. 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 the entire 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.

This report was written by the staff of the Forum, including Traci Cook, Forum Coordinator; Christina Serna, Interim Forum Coordinator; Michael D. Smith, Economic Research Service; Heide Jackson, U.S. Census Bureau; Lauren Musu and William Sonnenberg, National Center for Education Statistics; Brett Brown, Administration for Children and Families; Sheila Franco and Ashley Woodall, National Center for Health Statistics; Denise Pintello, National Institute of Mental Health; Beth Han, Substance Abuse and Mental Health Services Administration; Barry Steffen, U.S. Department of Housing and Urban Development; Rachel Morgan, Bureau of Justice Statistics; Lisa Williamson, Bureau of Labor Statistics; Dan Axelrad, Environmental Protection Agency; Cindi Knighton, Centers for Disease Control and Prevention; Hazel Hiza, Center for Nutrition Policy and Promotion; and Jessica Cotto, National Institute on Drug Abuse.

In addition, active members of the Planning Committee and the Research and Innovation Committee who guided development of the report included Rose Kreider, U.S. Census Bureau; Tom Snyder, National Center for Education Statistics; Regina Bures and Juanita Chinn, *Eunice Kennedy Shriver* National Institute of Child Health and Human Development; Laura Chadwick, Office of the Assistant Secretary for Planning and Evaluation; Benjamin Adams, National Institute of Justice; Daniel Malashock, Environmental Protection Agency; and Margo Schwab, U.S. Office of Management and Budget.

Other staff members of the Forum agencies provided data, developed indicators, or wrote parts of the report. They include Alisha Coleman-Jensen and Matthew P. Rabbitt, Economic Research Service; Kevin Barragan, Kayla Fontenot, Laryssa Mykyta, Bernadette Proctor, Zachary Scherer, and Erik Schmidt, U.S. Census Bureau; Elaine Stedt, Administration for Children and Families; Hector Rodriquez and Shalom Williams, Bureau of Labor Statistics; Shilpa Bengeri, Lindsey Black, Debra Brody, La-Tonya Curl, Anne Driscoll, Cheryl Fryar, Brady Hamilton, Nancy Han, Holly Hedegaard, Xianfen Li, Joyce Martin, Arialdi Miniño, Cynthia Ogden, Anjel Vahratian, and Emily Zammitti, National Center for Health Statistics; David A. Vandenbroucke, U.S. Department of Housing and Urban Development; and Laurie Elam-Evans, Holly Hill, Laura Kann, and Tanja Walker, Centers for Disease Control and Prevention.

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About This Report

The Federal Interagency Forum on Child and Family Statistics' (Forum) was chartered in 1997 by the authority of Executive Order No. 13045. The Forum fosters collaboration among 23 Federal agencies that (1) produce and/or use statistical data on children[1] and (2) seek to improve Federal data on those children. This year's report, *America's Children: Key National Indicators of Well-Being, 2019,* provides the Nation with carefully selected key 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 the most relevant data on the well-being of children and their families available in an easy-to-use, nontechnical format, stimulate discussions among policymakers, data providers, and the public, and cultivate relationships 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 national 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 the 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 national 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 national 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 key national 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 an overview of the concepts and broad findings that are presented in other, more technical or more comprehensive reports produced by various Forum agencies. This 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.

Changes to This Year's Report

Wherever possible, we have updated indicators with the latest available data and have included a note about when the data were last updated for each indicator. This year's report features modifications to the *Child Care (FAM3)* indicator, which has been revised due to a data source change and to harmonize the age categories within the measure.

Race and Ethnicity and Poverty Status

Most indicators in *America's Children* are tabulated by race and ethnicity. Unless otherwise noted, the data sources used in this report have implemented the standards for reporting race and ethnicity statistics issued in 1997 by the U.S. Office of Management and Budget (OMB); (https://www.gpo.gov/fdsys/pkg/FR-1997-10-30/pdf/97-28653.pdf).

Many indicators in this report also include data tabulated by poverty status. All poverty-status 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 living below the poverty level if its before-tax cash income is below a defined level called the poverty threshold. Poverty thresholds are updated annually and vary based on family size and composition.

Statistical Significance

Most data in this report are estimates based on a sample of the population and are therefore subject to sampling error. 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 according to the standards of the agency responsible for the data. Agency details about statistical reporting standards for indicators included in the *America's Children* report and standard error tables for select indicators are available online at https://www.childstats.gov.

Data Topics

The Forum works with the Federal statistical agencies to identify data topics of interest. This process helps identify many important aspects of children's lives for which regular indicators have not been developed.

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, the data source descriptions, the Forum's website (https://www.childstats.gov) and @childstats on Twitter. Several 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.

Detailed Tables

Appendix A 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 contains basic information on the data used to generate the indicators and how to contact the agency responsible for the data. These agencies can provide more detailed information about the concepts and methods used to produce their statistics.

Website

The Forum's website (https://www.childstats.gov) contains data tables, links to previous reports, information on statistical standards used for data reporting in the *America's Children* report, links for ordering reports, and additional information about the Forum.

Twitter

Follow the Forum on Twitter at @childstats for selected highlights from *America's Children.*

Highlights

America's Children: Key National Indicators of Well-Being, 2019 continues a series of annual reports to the Nation on conditions affecting children in the United States. Highlights from each section follow.

Demographic Background

- The number of children in the United States is projected to increase from 73.4 million in 2018 to 78.2 million in 2050. (POP1)
- In 2050, 31% of U.S. children are projected to be Hispanic (up from 26% in 2018), and 39% are projected to be White, non-Hispanic (down from 51% in 2018). (POP3)

Family and Social Environment

- In 2018, 69% of children ages 0–17 lived with two parents (65% with two married parents and 4% with cohabiting parents), 22% lived with only their mothers, 4% lived with only their fathers, and 4% lived with no parent. (FAM1)
- Between 1980 and 2017, the percentage of all births to unmarried women increased from 18% to 40%. (FAM2)
- In 2016, among children ages 3–5 who were not yet enrolled in kindergarten and who had employed mothers, 54% received center-based care as their primary care arrangement. This percentage was higher than the corresponding percentages whose primary care arrangement was home-based relative care (18%), home-based nonrelative care (11%), multiple nonparental care arrangements for equal amounts of time (3%), or who only received parental care (15%). (FAM3)
- In 2018, 23% of children were native born with at least one foreign-born parent, and 3% were foreign born with at least one foreign-born parent. (FAM4)
- The adolescent birth rate among females ages 15–17 was 8 per 1,000 in 2017, a record low for the country. (FAM6)
- In 2017, the rate of substantiated victims of child maltreatment was 9.1 per 1,000 children ages 0–17. Neglect is by far the most common form of maltreatment, with 75% of child maltreatment victims being neglected and 18% physically abused. (FAM7)

Economic Circumstances

- In 2017, 17.5% of all children ages 0–17 (12.8 million) lived in poverty, not statistically different from 2016. For all children, the 2017 supplemental poverty measure (SPM) was 15.6%, 1.9 percentage points lower than the official poverty rate of 17.5%. (ECON1)
- The percentage of children who had at least one parent working year-round, full time increased to 78% in 2017. (ECON2)
- About 12.5 million children (17% of all children) lived in households that were classified as food insecure in 2017. (ECON3)

Health Care

- The percentage of children ages 0–17 without health insurance at the time of interview decreased from 14% in 1993 to 5% in 2017. (HC1)
- In 2017, about 4% of children ages 0–17 had no usual source of health care. Almost three in ten uninsured children (27%) had no usual source of health care. (HC2)
- In 2017, about 70% of children ages 19–35 months received the recommended combined 7-vaccine immunization series. (HC3)
- Between 1997 and 2017, the percentage of children ages 5–17 with a dental visit in the past year increased from 79% to 89%. (HC4)

Physical Environment and Safety

- In 2017, about 62% of children lived in counties with measured air pollutant concentrations above the levels of one or more National Ambient Air Quality Standards at least once during the year. Ozone is the pollutant most often measured above its current pollution standard. (PHY1)
- The percentage of children ages 4–11 with detectable blood cotinine levels—a chemical marker of recent exposure to secondhand smoke—decreased from 85% in 1988–1994 to 37% in 2013–2014. (PHY2)
- In 2013–2016, the percentage of children ages 1–5 with elevated blood lead levels (at or above 5 micrograms lead per deciliter of blood) was 0.9%, compared with 8.6% in 1999–2002 and 25.6% in 1988–1994. (PHY4)
- In 2017, the rate at which youth were victims of serious violent crimes was 8 crimes per 1,000 youth ages 12–17. (PHY6)

- In 2014–2015, falls were the leading cause of injury-related emergency department visits among children ages 1–4 (51 visits per 1,000 children) and ages 5–14 (36 visits per 1,000 children). (PHY7)
- In 2014–2015, being struck by or against a person or object (24 visits per 1,000 children), falls (24 visits per 1,000 children), and motor vehicle traffic-related injuries (18 visits per 1,000 children) were the leading causes of injury-related emergency department visits among adolescents ages 15–19. (PHY8)

Behavior

- In 2018, the percentages of students who reported smoking cigarettes daily in the past 30 days continued to be at historically low levels with 1% of 8th-, 2% of 10th-, and 4% of 12th-grade students reporting use. (BEH1)
- Youth binge drinking rates remained unchanged among 8th graders from 2017 to 2018 and decreased among 10th graders (10% to 9%) and 12th graders (17% to 14%). (BEH2)
- From 2017 to 2018, illicit drug use in the past 30 days was unchanged among 8th, 10th, and 12th graders. In 2018, 7% of 8th-, 18% of 10th-, and 24% of 12th-grade students reported use in the past 30 days. (BEH3)
- The percentage of students reporting ever having had sexual intercourse has decreased from 54% in 1991 to 40% in 2017. (BEH4)
- In 2017, the serious violent crime offending rate was 9 crimes per 1,000 youth ages 12–17; there were 215,000 serious violent crimes involving youth. (BEH5)

Education

- Approximately 81% of children ages 3–5 who were not yet in kindergarten were read to 3 or more times per week by a family member in 2016. This rate was higher than the rate in 1993 (78%), although it fluctuated in the intervening years. (ED1)
- In 2017, some 93% of young adults ages 18–24 had completed high school with a diploma or an alternative credential such as a General Educational Development (GED) certificate. The high school completion rate has increased since 1980, when it was 84%. (ED4)
- In 2018, 8% of youth ages 16–19 were neither enrolled in school nor working, unchanged from the prior two years. (ED5)
- In 2017, some 67% 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 2007 and 2017, the percentage of infants born preterm declined from 10.4% to 9.9%. In 2017, 8.3% of infants were born with low birthweight. (HEALTH1)
- Between 1999 and 2016, the infant mortality rate declined from 7 deaths per 1,000 live births to 6 deaths per 1,000 live births. (HEALTH2)
- Among two parent households, the percentage of parents who reported that their child had serious emotional or behavioral difficulties increased from 4% in 2016 to 9% in 2017. (HEALTH3)
- In 2017, about 13% of the population ages 12–17 had a major depressive episode (MDE) during the past year. The percentage of youth with MDE in the past year receiving treatment for depression—defined as seeing or talking to a medical doctor or other professional about the depressive episode and/or using prescription medication for depression—in the past year was 42% in 2017. (HEALTH4)
- Parental report of activity limitation among children ages 5–17 increased between 1997 and 2017, from 8% to 11%. (HEALTH5)
- From 1999–2002 through 2013–2016, the percentage of children ages 6–17 with obesity did not differ statistically, ranging from 16% to 19%. In 2013–2016, 18% of children ages 6–11 and 21% of adolescents ages 12–17 had obesity. (HEALTH7)
- In 2017, 13% of children ages 0–17 had been diagnosed with asthma at some time in their lives and 8% of children were reported to currently have asthma. (HEALTH8)

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 (2017)	73.4 million (2018)	↓
Children as a percentage of the population*			
Children ages 0–17 in the United States	22.6% (2017)	22.4% (2018)	↓
Racial and ethnic composition*			
Children ages 0–17 by race and Hispanic origin**			
White, non-Hispanic	50.7% (2017)	50.3% (2018)	↓
Black, non-Hispanic	13.7% (2017)	13.7% (2018)	NS
American Indian or Alaska Native, non-Hispanic	0.8% (2017)	0.8% (2018)	NS
Asian, non-Hispanic	5.0% (2017)	5.1% (2018)	↑
Native Hawaiian or Other Pacific Islander, non-Hispanic	0.2% (2017)	0.2% (2018)	NS
Two or more races, non-Hispanic	4.3% (2017)	4.3% (2018)	NS
Hispanic	25.2% (2017)	25.5% (2018)	↑
Family and Social Environment			
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	65% (2017)	65% (2018)	NS
Births to unmarried women			
Births to unmarried women ages 15–44	42 per 1,000 (2016)	41 per 1,000 (2017)	↓
Births to unmarried women among all births	40% (2016)	40% (2017)	NS
Child care			
Children ages 3–5, not yet enrolled in kindergarten with employed mothers, whose primary child care arrangement was nonparental care on a regular basis	88% (2012)	85% (2016)	NS
Children ages 3–5, not yet enrolled in kindergarten with employed mothers, who were in center-based care arrangements	67% (2012)	70% (2016)	NS
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	25% (2017)	26% (2018)	NS
Language spoken at home and difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	22.5% (2016)	22.5% (2017)	NS
Children ages 5–17 who speak a language other than English at home and who have difficulty speaking English	4.5% (2016)	4.4% (2017)	NS
Adolescent births			
Births to females ages 15–17	9 per 1,000 (2016)	8 per 1,000 (2017)	↓
Child maltreatment*			
Substantiated reports of maltreatment of children ages 0–17	9.1 per 1,000 (2016)	9.1 per 1,000 (2017)	NS

* 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	18% (2016)	17% (2017)	NS
Children living in families with medium income	29% (2016)	29% (2017)	NS
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full-time	77% (2016)	78% (2017)	↑
Food insecurity			
Children ages 0–17 in households classified by USDA as "food insecure"	18% (2016)	17% (2017)	NS
Health Care			
Health insurance coverage			
Children ages 0–17 who were uninsured at the time of interview	5% (2016)	5% (2017)	NS
Usual source of health care			
Children ages 0–17 with no usual source of health care	5% (2016)	4% (2017)	NS
Immunization			
Children ages 19–35 months with the 4:3:1:3*:3:1:4 combined series	71% (2016)	70% (2017)	NS
Oral health			
Children ages 5–17 with a dental visit in the past year	89% (2016)	89% (2017)	NS
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	62% (2016)	62% (2017)	NS
Secondhand smoke			
Children ages 4–11 with any detectable blood cotinine level, a measure for recent exposure to secondhand smoke	40% (2011–2012)	37% (2013–2014)	NS
Drinking water quality			
Children served by community water systems that did not meet all applicable health-based drinking water standards	5% (2016)	6% (2017)	NS
Lead in the blood of children			
Children ages 1–5 with blood lead greater than or equal to 5 µg/dL	2.6% (2007–2010)	0.9% (2013–2016)	↓
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	39% (2015)	39% (2017)	NS
Youth victims of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	7 per 1,000 (2015)	8 per 1,000 (2017)	NS
Child injury and mortality			
Injury deaths of children ages 1–4	10 per 100,000 (2016)	10 per 100,000 (2017)	NS
Injury deaths of children ages 5–14	6 per 100,000 (2016)	6 per 100,000 (2017)	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	39 per 100,000 (2016)	40 per 100,000 (2017)	NS
Behavior			
Regular cigarette smoking			
Students who reported smoking daily in the past 30 days			
8th grade	1% (2017)	1% (2018)	NS
10th grade	2% (2017)	2% (2018)	NS
12th grade	4% (2017)	4% (2018)	NS
Alcohol use			
Students who reported having 5 or more alcoholic beverages in a row in the past 2 weeks			
8th grade	4% (2017)	4% (2018)	NS
10th grade	10% (2017)	9% (2018)	NS
12th grade	17% (2017)	14% (2018)	↓
Illicit drug use			
Students who reported using illicit drugs in the past 30 days			
8th grade	7% (2017)	7% (2018)	NS
10th grade	17% (2017)	18% (2018)	NS
12th grade	25% (2017)	24% (2018)	NS
Sexual activity			
High school students who reported ever having had sexual intercourse	41% (2015)	40% (2017)	NS
Youth perpetrators of serious violent crimes			
Youth offenders ages 12–17 involved in serious violent crimes	8 per 1,000 (2015)	9 per 1,000 (2017)	NS
Education			
Family reading to young children			
Children ages 3–5 who were read to 3 or more times in the last week	83% (2012)	81% (2016)	NS
Mathematics and reading achievement			
Average mathematics scale score of			
4th graders (0–500 scale)	240 (2015)	240 (2017)	NS
8th graders (0–500 scale)	282 (2015)	283 (2017)	NS
12th graders (0–300 scale)	153 (2013)	152 (2015)	↓
Average reading scale score of			
4th graders (0–500 scale)	223 (2015)	222 (2017)	NS
8th graders (0–500 scale)	265 (2015)	267 (2017)	↑
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	93% (2016)	93% (2017)	NS
Youth neither enrolled in school* nor working			
Youth ages 16–19 who are neither enrolled in school nor working	8% (2017)	8% (2018)	NS
College enrollment			
Recent high school completers enrolled in college the October immediately after completing high school	70% (2016)	67% (2017)	NS
Health			
Preterm birth and low birthweight			
Infants less than 37 completed weeks of gestation at birth	9.8% (2016)	9.9% (2017)	↑
Infants weighing less than 5 lb. 8 oz. at birth	8.2% (2015)	8.3% (2017)	↑
Infant mortality			
Deaths before first birthday	6 per 1,000 (2015)	6 per 1,000 (2016)	NS
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% (2016)	6% (2017)	NS
Adolescent depression			
Youth ages 12–17 with past-year major depressive episode	13% (2016)	13% (2017)	NS
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions	11% (2016)	11% (2017)	NS
Obesity			
Children ages 6–17 who had obesity	19% (2009–2012)	19% (2013–2016)	NS
Asthma			
Children ages 0–17 who currently have asthma	8% (2016)	8% (2017)	NS

* School refers to high school and college.

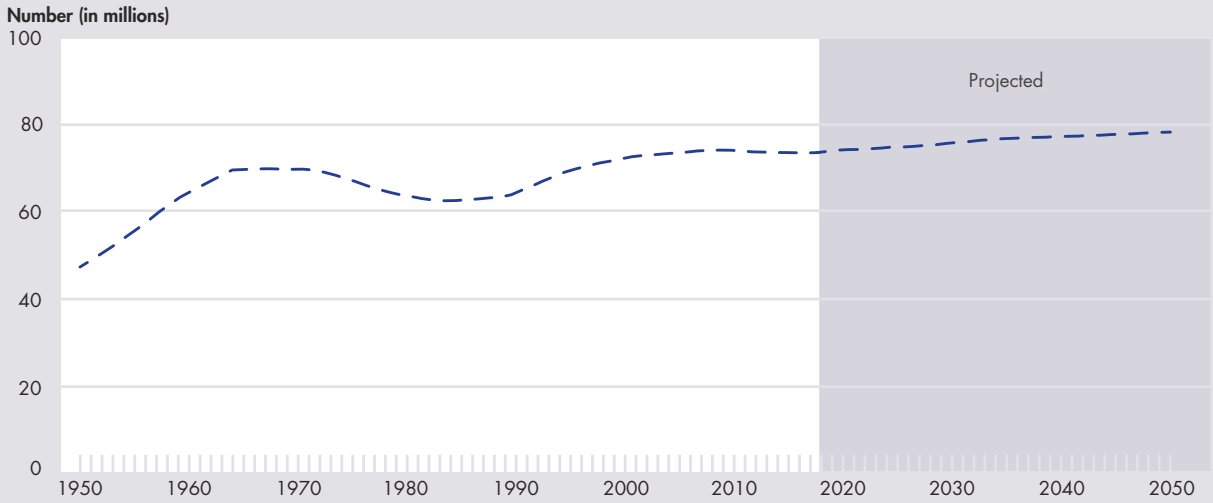
Legend: NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease

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.

There were 73.4 million children in the United States in 2018, which was 1 million more than in 2000. This number is projected to increase to 75.7 million in 2030. In 2018 (the latest year of data available at the time of publication), there were fewer children in the 0–5 age group (23.8 million) than in the 6–11 age group (24.6 million) or the 12–17 age group (25.0 million).

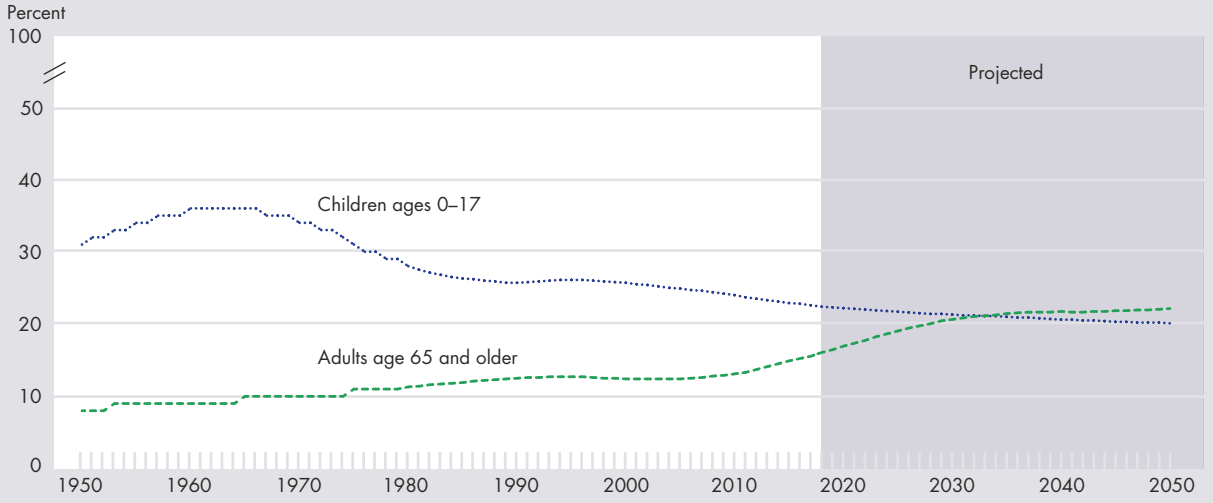
Indicator POP1 **Number of children ages 0–17 in the United States, 1950–2018 and projected 2019–2050**



SOURCE: U.S. Census Bureau, Population Division

Since the mid-1960s, children have decreased as a proportion of the total U.S. population. In 2018, children made up 22% of the population, down from a peak of 36% 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% of the population.

Indicator POP2 **Children ages 0–17 and adults ages 65 and older as a percentage of the U.S. population, 1950–2018 and projected 2019–2050**

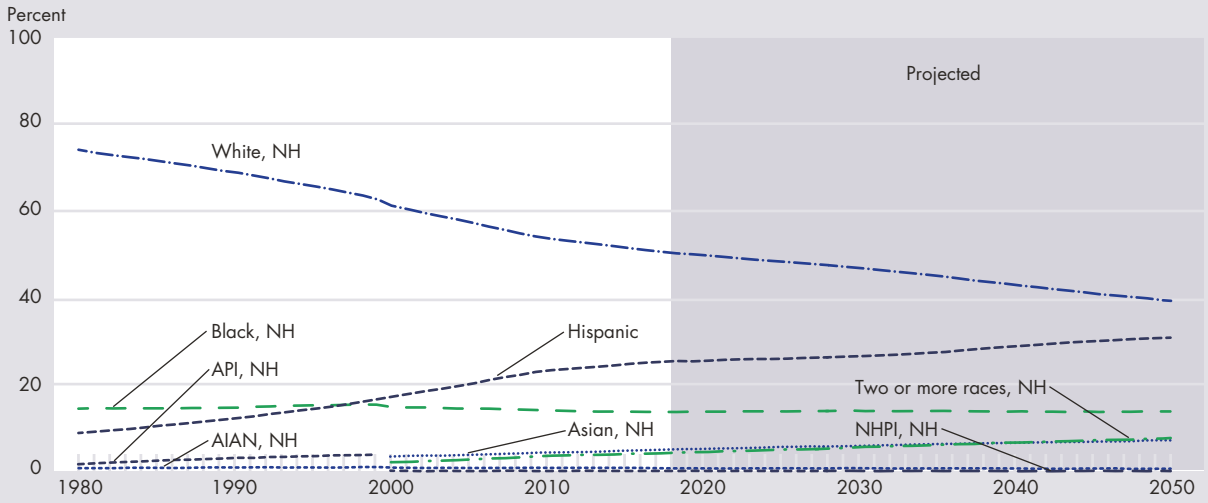


SOURCE: U.S. Census Bureau, Population Division

Racial and ethnic diversity have grown dramatically in the United States in the last three decades. This growth was first evident among children. In 2018, 50% of U.S. children were White, non-Hispanic; 25% were Hispanic; 14% were Black, non-Hispanic; 5% were Asian, non-Hispanic; and 5% 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 grown substantially, increasing from 9% of the child population in 1980 to 25% in 2016. In 2020, less than half of all children are projected to be White, non-Hispanic. By 2050, it is projected that 39% of all children will be White, non-Hispanic; 31% will be Hispanic; 14% will be Black, non-Hispanic; 7% will be Asian, non-Hispanic; and 9% will be non-Hispanic "All other races."

Indicator POP3 **Percentage of children ages 0–17 in the United States by race and Hispanic origin, 1980–2018 and projected 2019–2050**



NOTE: NH = non-Hispanic origin; AIAN = American Indian and Alaska Native; API = Asian and Pacific Islander; NHPI = Native Hawaiian and Other Pacific Islander. 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 81–82.

Indicators of Children's Well-Being

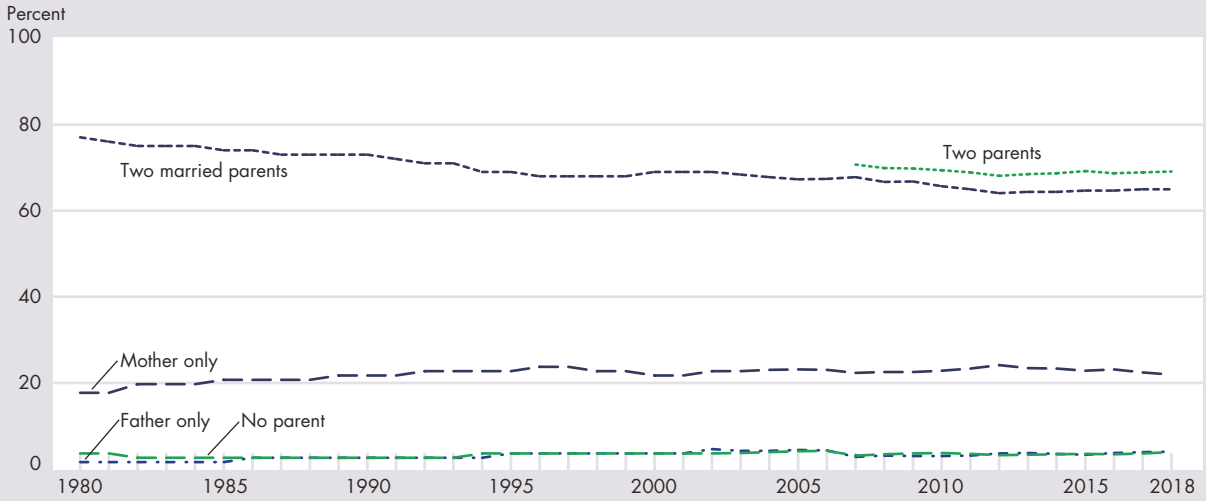
Family and Social Environment

The composition and structure of children's families and their social environments have lasting implications for well-being throughout their lives. The seven indicators presented here include family structure and children's living arrangements, births to unmarried women, child care, the presence of a foreign-born parent, the 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 since 1980 has decreased the share of children living with two married parents, whereas living in single-parent households has become more common for children.

Indicator FAM1.A **Percentage of children ages 0–17 by presence of parents in household, 1980–2018**



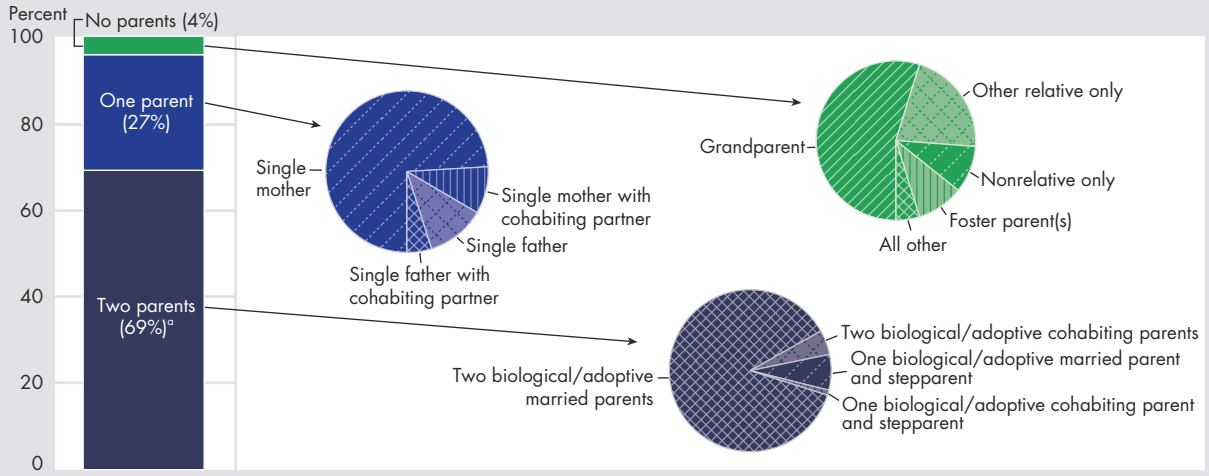
NOTE: Data for 2018 exclude about 204,000 household residents under age 18 who were listed as family reference persons or spouses. Prior to 2007, a second parent could be identified only if he or she was married to the first parent on the survey record. Prior to 2007, children with two unmarried parents 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 ages 0–17 lived with two married parents in 2018, down from 77% in 1980.
- In 2018, 22% of children lived with their mothers only, 4% lived with their fathers only, and 4% lived with neither of their parents.[2] 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 2018, compared with 61% of Hispanic and 36% of Black-alone children.[3]
- Because of 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 cohabiting parents in 2018.[4]

While the majority of children live with two parents, many children have other living arrangements. Information about detailed parental relationships and the presence of 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.

Indicator FAM1.B **Percentage of children ages 0–17 by presence of parents in household, 2018**



[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 2018 exclude about 204,000 household residents under age 18 who were listed as family reference persons or spouses. Prior to 2007, a second parent could be identified only if he or she was 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.

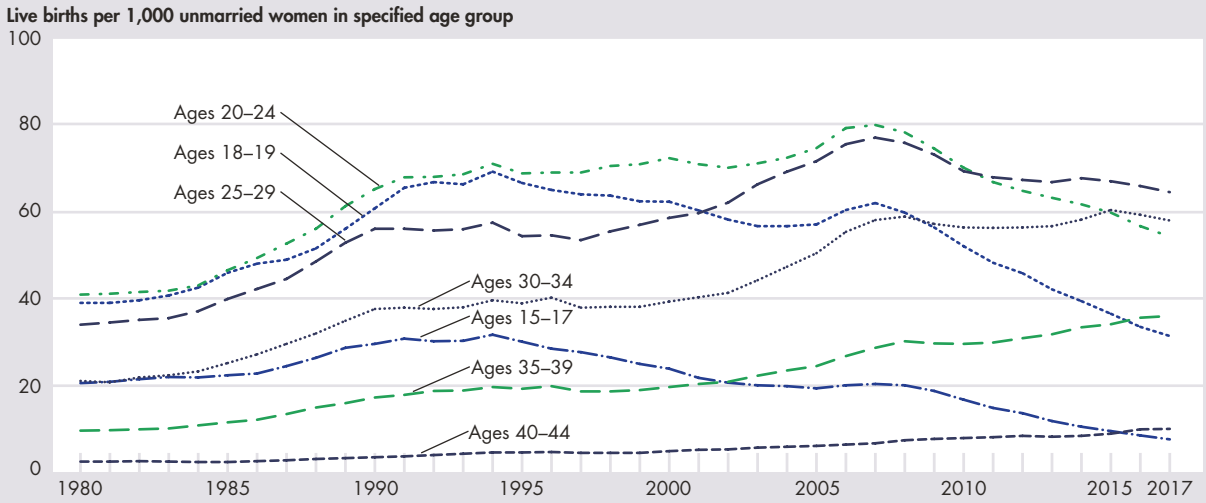
- In 2018, 69% of children ages 0–17 lived with two parents (65% with two married parents and 4% with two cohabiting parents), 22% lived with their mothers only, 4% lived with their fathers only, and 4% lived with no parent.[5]
- Among children living with two parents, 92% lived with both of their biological or adoptive parents, and 8% lived with a stepparent.[6]
- About 5% 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-nine percent of children living with single fathers and 11% of children living with single mothers also lived with their parent's cohabiting partner. Of all children ages 0–17, 5.8 million (8%) lived with a parent or parents who were cohabiting.
- Among the 3.1 million children (4% of all children) not living with a parent in 2018, 54% (1.7 million) lived with grandparents, 21% lived with other relatives only, and 25% lived with nonrelatives. Of children in nonrelatives' homes, 38% (294,000) lived with foster parents.
- Older children were less likely to live with two parents: 65% of children ages 15–17 lived with two parents, compared with 68% of children ages 6–14 and 73% of those ages 0–5.

Bullets contain references to data that can be found in Tables FAM1.A–FAM1.B on pages 83–86. Endnotes begin on page 66.

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.[7,8] Children of unmarried mothers are at a higher risk of adverse birth outcomes, such as low birthweight, preterm birth, and infant mortality, compared with children of married mothers.[7,9,10] They are also more likely to live in poverty than are children of married mothers.[7,8,11,12]

Indicator FAM2.A **Birth rates for unmarried women by age of mother, 1980–2017**

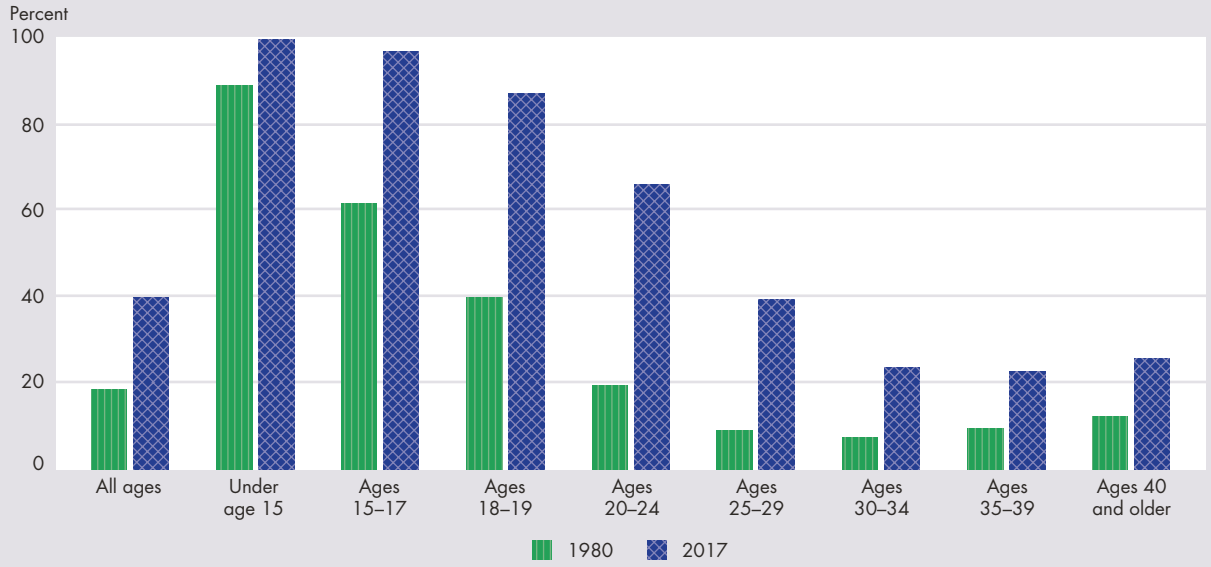


SOURCE: National Center for Health Statistics, National Vital Statistics System.

- In 2017, the birth rate for unmarried women ages 15–44 was 41 births for every 1,000 unmarried women. The rate was highest for women ages 25–29 (64 per 1,000), followed by women ages 30–34 (58 per 1,000), women ages 20–24 (54 per 1,000), women ages 35–39 (36 per 1,000), and women ages 18–19 (31 per 1,000). The birth rate was lowest among women ages 40–44 (10 per 1,000) and adolescents ages 15–17 (8 per 1,000).
- From 1980 to 2007, the birth rate among unmarried women ages 15–44 fluctuated, ranging from 29 births for every 1,000 unmarried women to 52 births for every 1,000 unmarried women. Since 2007, the birth rate among unmarried women ages 15–44 has declined by 11 points, from 52 per 1,000 to 41 per 1,000 in 2017.
- The unmarried birth rate for adolescents ages 15–17 increased from 1980 to 1994 (32 per 1,000), then generally declined to 8 per 1,000 in 2017. For women ages 18–19, the unmarried birth rate increased from 1980 to 1991, and then declined for most of 1994–2017, reaching 31 per 1,000 in 2017.
- Birth rates for unmarried women ages 20–24 rose from 41 per 1,000 in 1980 to 80 per 1,000 in 2007, and then declined to 54 per 1,000 in 2017.
- Birth rates for unmarried women ages 25–29 rose from 34 per 1,000 in 1980 to 77 per 1,000 in 2007, and then declined to 64 per 1,000 in 2017.
- Birth rates for unmarried women ages 30–34 had alternating periods of stable and increasing rates, rising from 56 per 1,000 in 2011 to 58 per 1,000 in 2017.
- Birth rates for unmarried women ages 35–39 also had alternating periods of stable and increasing rates, rising from 30 per 1,000 in 2011 to 36 per 1,000 in 2017.
- During 1980–2017, birth rates for unmarried women ages 40–44 had periods of stability and increases. In 2017, the unmarried birth rate was 10 per 1,000, compared with 3 per 1,000 in 1980.

Children are at greater risk for adverse consequences when born to an unmarried mother because the social, emotional, and financial resources available to the family may be limited.[7,8,11,12] 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.[8,11,13]

Indicator FAM2.B **Percentage of all births to unmarried women by age of mother, 1980 and 2017**



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

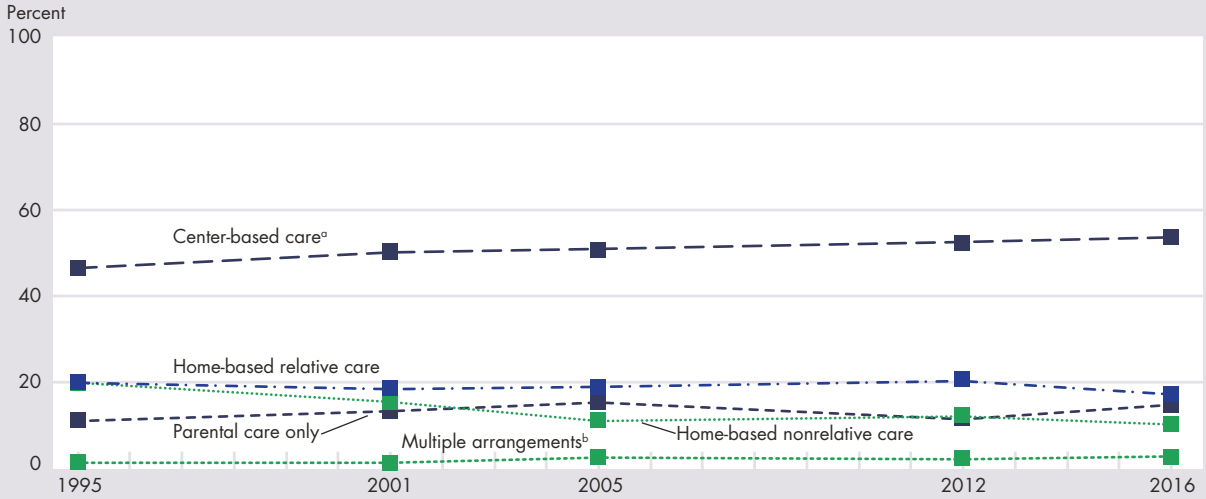
- The percentage of all births to unmarried women increased from 18% in 1980 to 40% in 2017 and increased for all age groups in this time frame.
- Between 1980 and 2017, the percentage of births to unmarried women among adolescents ages 15–17 increased from 62% in 1980 to 96% in 2017; among women ages 18–19, the percentage increased from 40% in 1980 to 87% in 2017.
- Among women in their 20s, the percentage of births to unmarried women increased from 19% in 1980 to 66% in 2017 among women ages 20–24 and from 9% in 1980 to 39% in 2017 among women ages 25–29.
- Among those age 30 and older, the percentage of births to unmarried women increased during the period. For women ages 30–34, the percentage of births increased from 7% in 1980 to 24% in 2017. For women ages 35–39, the percentage of births increased from 9% to 23%. For women age 40 and older, the percentage of births increased from 12% to 26%.
- The percentage of births to unmarried women decreased as the age of the women increased. In 2017, more than 96% of births to adolescents age 17 and younger and 87% of births to women ages 18–19 were to unmarried women. About two thirds (66%) of births to women ages 20–24 and more than one third (39%) of births to women ages 25–29 were to unmarried women. About one fourth of births to women ages 30–34, ages 35–39, and age 40 and older were to unmarried women.

Bullets contain references to data that can be found in Tables FAM2.A–FAM2.B on page 87. Endnotes begin on page 66.

Child Care

Many children spend time with a child care provider other than their parents. Alternative child care arrangements are particularly important for children ages 3–5 who are not yet enrolled in kindergarten and whose mothers are employed. Nonparental care can be provided in the home by relatives or nonrelatives or can be center-based care.

Indicator FAM3.A **Primary care arrangements for children ages 3–5, not yet enrolled in kindergarten with employed mothers, selected years 1995–2016**



[a] Center-based arrangements include day care centers, Head Start programs, preschools, prekindergartens, and other early childhood programs.

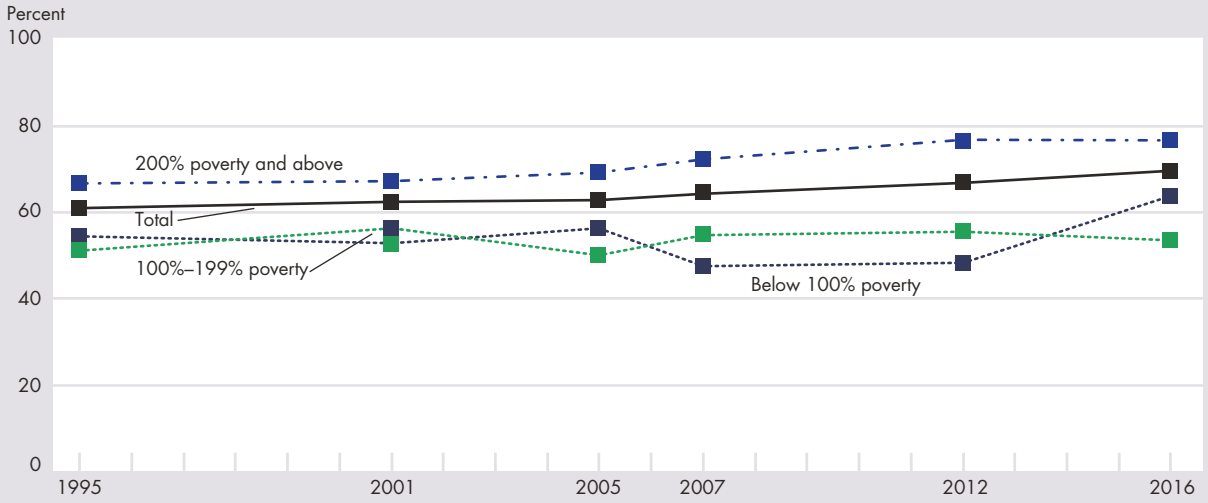
[b] Children who spent an equal number of hours per week in multiple nonparental care arrangements.

NOTE: Excludes children living in households with no mother or female guardian present. A child's nonparental primary care arrangement is the regular nonparental care arrangement or early childhood education program in which the child spent the most time per week. Prior to 2012, National Household Education Surveys Program (NHES) surveys were administered by telephone with an interviewer. NHES:2012 used self-administered paper-and-pencil questionnaires that were mailed to respondents. For NHES:2016, all sampled households received initial contact by mail. While the majority of respondents completed paper questionnaires, a small sample of cases was part of a web experiment with mailed invitations to complete the survey online. Measurable differences in estimates between 2012, 2016, and prior years could reflect actual changes in the population, or the changes could be due to the mode change.

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

- In 2016, among children ages 3–5[14] who had employed mothers, 54% received center-based care[15] as their primary care arrangement.[16] This percentage was higher than the corresponding percentages whose primary care arrangements were home-based relative care (18%), home-based nonrelative care (11%), multiple nonparental care arrangements for equal amounts of time (3%), or only parental care (15%).
- For children ages 3–5 with employed mothers, higher percentages in 2016 than in 1995 primarily received center-based care (54% versus 47%), multiple nonparental care arrangements for equal amounts of time (3% versus 2%), or only parental care (15% versus 11%), while a lower percentage primarily received home-based nonrelative care in 2016 than in 1995 (11% versus 20%). There was no measurable difference between 1995 and 2016 in the percentage of children who had home-based relative care as their primary care arrangement.

Indicator FAM3.B **Percentage of children ages 3–5, not yet enrolled in kindergarten with employed mothers, in center-based care arrangements by poverty status, selected years 1995–2016**



NOTE: Excludes children living in households with no mother or female guardian present. Center-based programs included day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Prior to 2012, National Household Education Surveys Program (NHES) surveys were administered via telephone with an interviewer. NHES:2012 used self-administered paper-and-pencil questionnaires that were mailed to respondents. For NHES:2016, all sampled households received initial contact by mail. While the majority of respondents completed paper questionnaires, a small sample of cases was part of a web experiment with mailed invitations to complete the survey online. Measurable differences in estimates between 2012, 2016, and prior years could reflect actual changes in the population, or the changes could be due to the mode change.

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

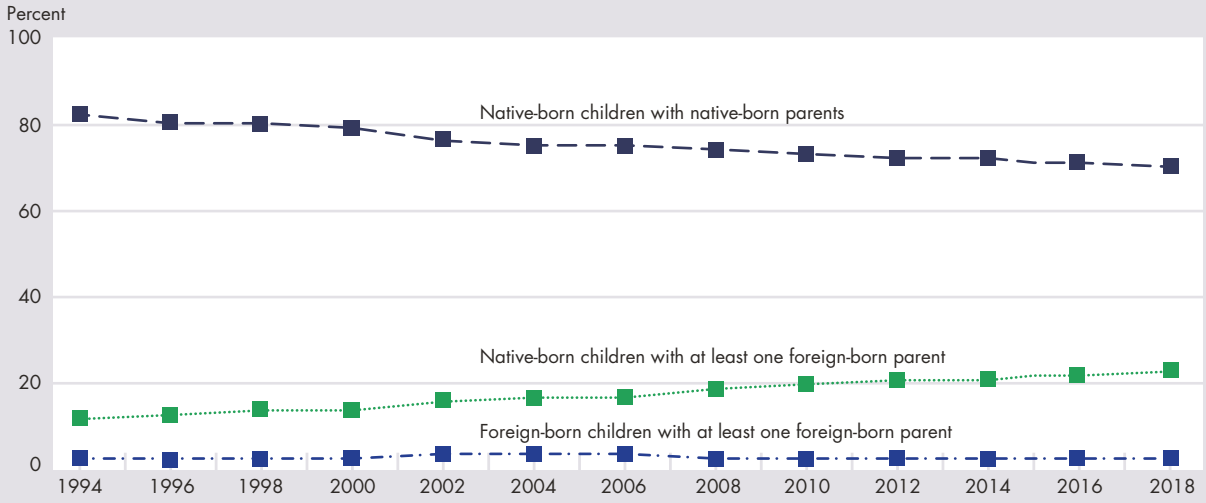
- In 2016, among children ages 3–5 who had employed mothers, 70% were enrolled in center-based care for any amount of time. This percentage was higher than the corresponding percentage in 1995 (61%) but not measurably different from the percentage in 2012 (67%).
- In 2016, among children ages 3–5 with employed mothers, the percentage who were enrolled in center-based care was higher for those whose families had incomes at 200% or more of the poverty level (77%) than for those whose families had incomes below 100% of the poverty level (64%) and those whose families had incomes between 100% and 199% of the poverty level (54%). The percentage of children who were enrolled in center-based care was higher in 2016 than in 1995 for those whose families had incomes at 200% or more of the poverty level (77% versus 67%); for children whose families had incomes below 100% of the poverty level or between 100% and 199% of the poverty level, there was no measurable difference between 1995 and 2016 in the percentage who were enrolled in center-based care.
- Among children ages 3–5 with employed mothers, the percentage who were enrolled in center-based care in 2016 was higher for White, non-Hispanic children (75%) than for Hispanic children (62%). There were no measurable differences in the percentages of children enrolled in center-based care among other racial or ethnic groups.

Bullets contain references to data that can be found in Tables FAM3.A–FAM3.B on pages 88–89. Endnotes begin on page 66.

Children of at Least One Foreign-Born Parent

The foreign-born population of the United States has grown since 1970. 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.[17] 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.[18]

Indicator FAM4 **Percentage of children ages 0–17 by nativity of child and parents, selected years 1994–2018**



NOTE: Data for 2018 exclude the approximately 204,000 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 2018, the percentage of all children living in the United States with at least one foreign-born parent rose from 15% to 26%.
- Today, 23% of children are native born with at least one foreign-born parent, and 3% are foreign born with at least one foreign-born parent.

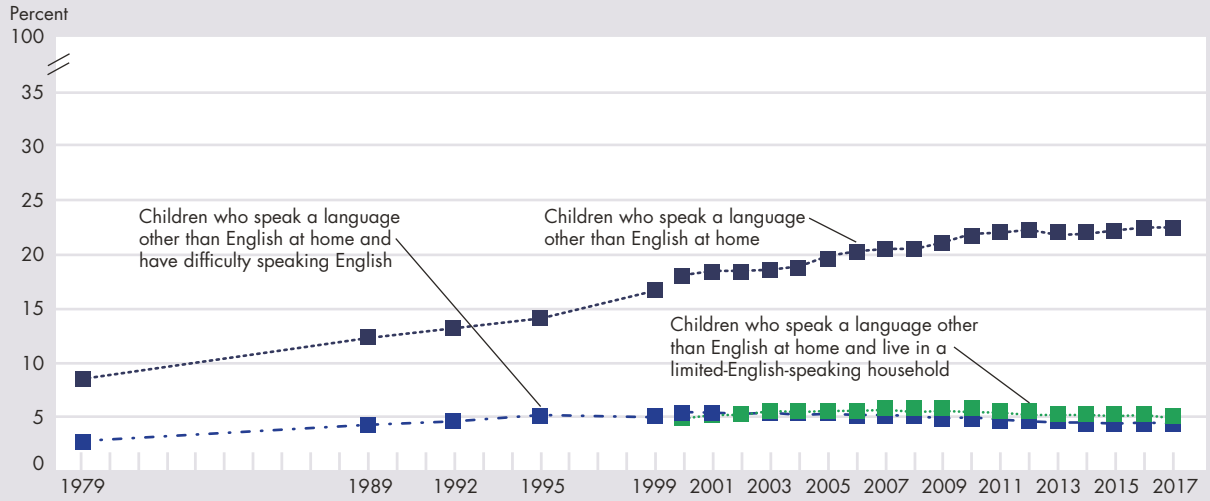
Bullets contain references to data that can be found in Table FAM4 on pages 90–92. Endnotes begin on page 66.

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. After 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. A limited-English-speaking household is a household in which no one age 14 or older speaks only English at home, and in which no one age 14 or older speaks a language other than English at home and speaks English "very well."

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-speaking household, selected years 1979–2017



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.

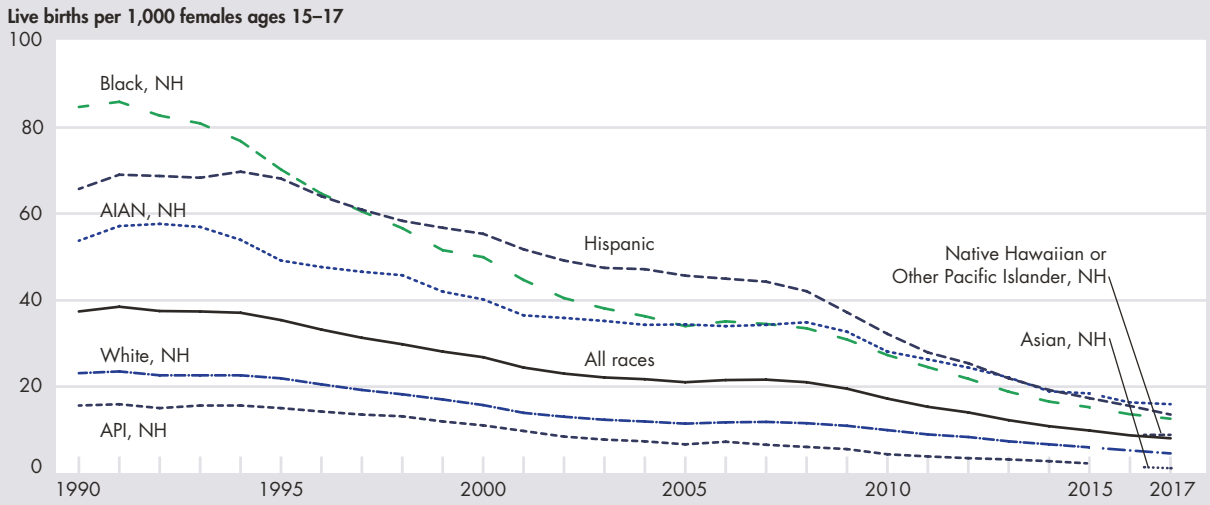
- In 2017, about 23% of school-age children spoke a language other than English at home, and 4% of school-age children both spoke a language other than English at home and had difficulty speaking English.
- The percentage of school-age children who spoke a language other than English at home increased by 5 percentage points from 2000 to 2017, from about 18% to about 23%.
- At the same time the number of school-age children who spoke a language other than English at home and had difficulty speaking English decreased from about 5% in 2000 to about 4% in 2017.
- In 2000, about 5% of school-age children spoke a language other than English at home and lived in limited-English-speaking households. This percentage rose to about 6% in 2007, before decreasing to about 5% in 2017. A limited-English-speaking household is a household in which no one age 14 or older speaks only English at home, and in which no one age 14 or older speaks a language other than English at home and speaks English "very well."
- The percentage of school-age children who spoke a language other than English at home varied by region of the country in 2017, from a low of 13% in the Midwest to a high of 33% in the West.
- In 2017, the percentage of school-age children who had difficulty speaking English also varied by region, from a low of 3% in the Midwest to a high of 6% in the West.
- Approximately 56% of school-age Asian-alone children and 61% of school-age Hispanic children spoke a language other than English at home in 2017, compared with 6% of White-alone, non-Hispanic and 7% of Black-alone, non-Hispanic school-age children.[20]
- In 2017, approximately 13% of school-age Asian-alone and 12% of school-age Hispanic children spoke another language at home and had difficulty speaking English, compared with about 1% of White-alone, non-Hispanic and 2% of Black-alone, non-Hispanic school-age children.[21]

Bullets contain references to data that can be found in Table FAM5 on pages 93–95. Endnotes begin on page 66.

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.[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.[23,24] For the mothers, giving birth during adolescence is associated with limited educational attainment, which in turn can reduce employment prospects and earnings potential.[22] 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, 1990–2017**



NOTE: NH = non-Hispanic origin; AIAN = American Indian or Alaska Native; API = Asian or Pacific Islander. Race refers to the mother's race. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. For 1990–2016, 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. 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. Beginning with 2016 data, the 1997 OMB standards on race and ethnicity were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are now single race. As a result, data for 2016 and subsequent years are not strictly comparable with earlier data.

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

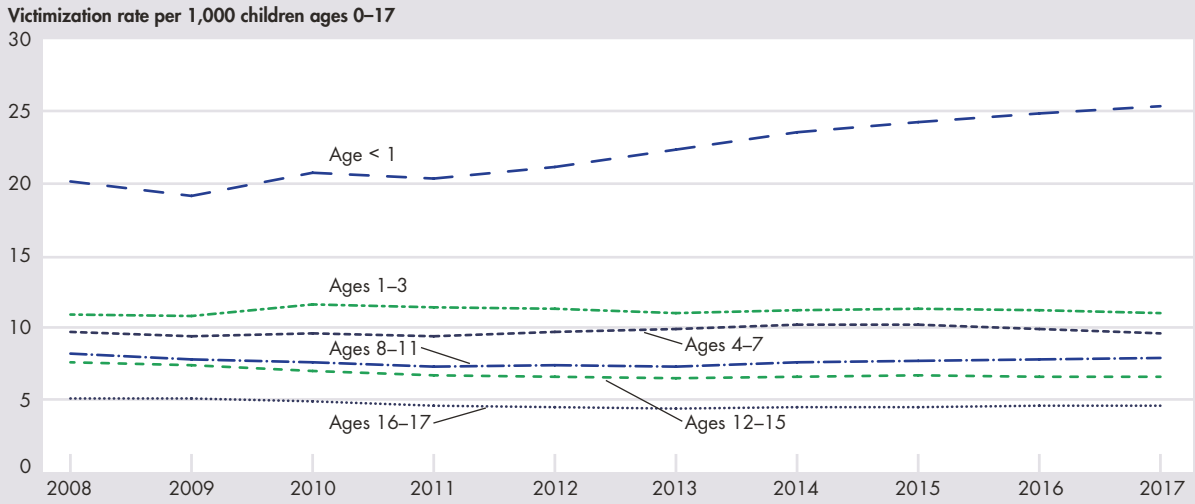
- After fluctuating between periods of stability and decline from 1990 to 2008, the adolescent birth rate has been declining since 2008. The birth rate for females ages 15–17 declined to 8 per 1,000 in 2017, a record low for the United States. This long-term downward trend was found for each race and Hispanic origin group.
- For White, non-Hispanic adolescents, the birth rate for females ages 15–17 has been on a long-term decline since 1990 (23 per 1,000), reaching 5 per 1,000 in 2017.
- For Black, non-Hispanic adolescents, the birth rate for females ages 15–17 has generally been on a long-term decline since 1990 (85 per 1,000), reaching 12 per 1,000 in 2017.
- For American Indian or Alaska Native, non-Hispanic adolescents, the birth rate for females ages 15–17 from 1990 to 2008 had some short periods of stability and a long decline from 1992 to 2003. This was followed by a downward trend from 2008 to 2017, where the birth rate fell from 35 per 1,000 to 16 per 1,000.
- For Asian or Pacific Islander, non-Hispanic adolescents ages 15–17, the birth rate for females ages 15–17 has been on a long-term decline since 1990 (16 per 1,000), reaching 1 per 1,000 for Asian, non-Hispanic adolescents and 9 per 1,000 for Native Hawaiian or Other Pacific Islander, non-Hispanic adolescents in 2017.
- For Hispanic adolescents ages 15–17, birth rates were stable in the early 1990s and then declined through 2017. The birth rate fell from 70 per 1,000 in 1994 to 14 per 1,000 in 2017.
- Despite these overall declines, substantial racial and ethnic disparities persisted throughout the period. In 2017, American Indian or Alaska Native, non-Hispanic adolescents ages 15–17 had the highest birth rate (16 per 1,000); followed by Hispanic (14 per 1,000); Black, non-Hispanic (12 per 1,000); Native Hawaiian or Other Pacific Islander, non-Hispanic (9 per 1,000); White, non-Hispanic (5 per 1,000); and Asian, non-Hispanic (1 per 1,000) adolescents.

Bullets contain references to data that can be found in Table FAM6 on pages 96–97. Endnotes begin on page 66.

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—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 was changed recently and is not comparable with data presented in editions prior to *America's Children, 2017.* 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, 2008–2017**



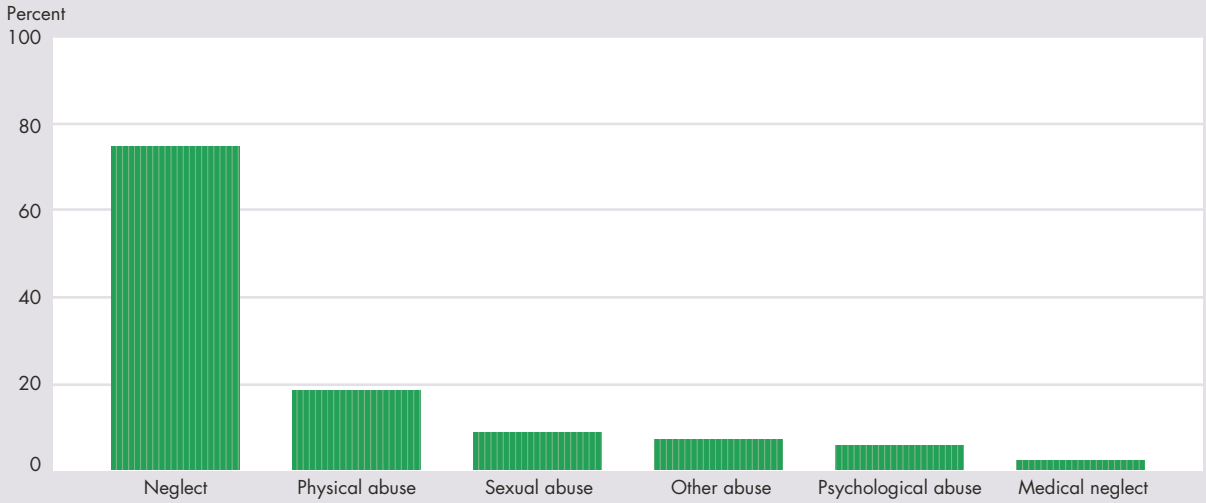
NOTE: The data in this figure are rates of victimization based on investigations and assessments by Child Protective Services that found the child to be a victim of one or more types of maltreatment. The rates are based on unique counts of victims of maltreatment. A unique count includes each child only 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 editions prior to *America's Children, 2017,* 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. Additional technical notes are available in the annual reports entitled *Child Maltreatment,* which are are available at https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-maltreatment.

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 9.2 per 1,000 children in 2015 and was 9.1 in 2017.
- The risk of maltreatment is higher for younger children, particularly infants. In 2017, children under age 1 had a maltreatment rate of 25.3 per 1,000, more than twice the rate for any other age group.
- There have been recent increases in the maltreatment rate among children under age 1, moving from 22.3 per 1,000 to 25.3 per 1,000 between 2013 and 2017. Changes for older age groups during that period, by contrast, have been more modest, and not always in the same direction.
- Maltreatment rates for children ages 0–17 varied substantially among race and Hispanic origin groups, from 1.6 per 1,000 children up to 14.3 per 1,000 children in 2017. Rates per 1,000 children were, in ascending order, as follows: 1.6 for Asian, non-Hispanic; 8.0 for Hispanic; 8.1 for White, non-Hispanic; 8.7 for Native Hawaiian or Other Pacific Islander, non-Hispanic; 11.3 for children of Two or more races, non-Hispanic; 13.9 for Black, non-Hispanic; and 14.3 for American Indian or Alaska Native, non-Hispanic.

Child Maltreatment—cont.

Indicator FAM7.B **Percentage of substantiated maltreatment of children ages 0–17 by maltreatment type, 2017**

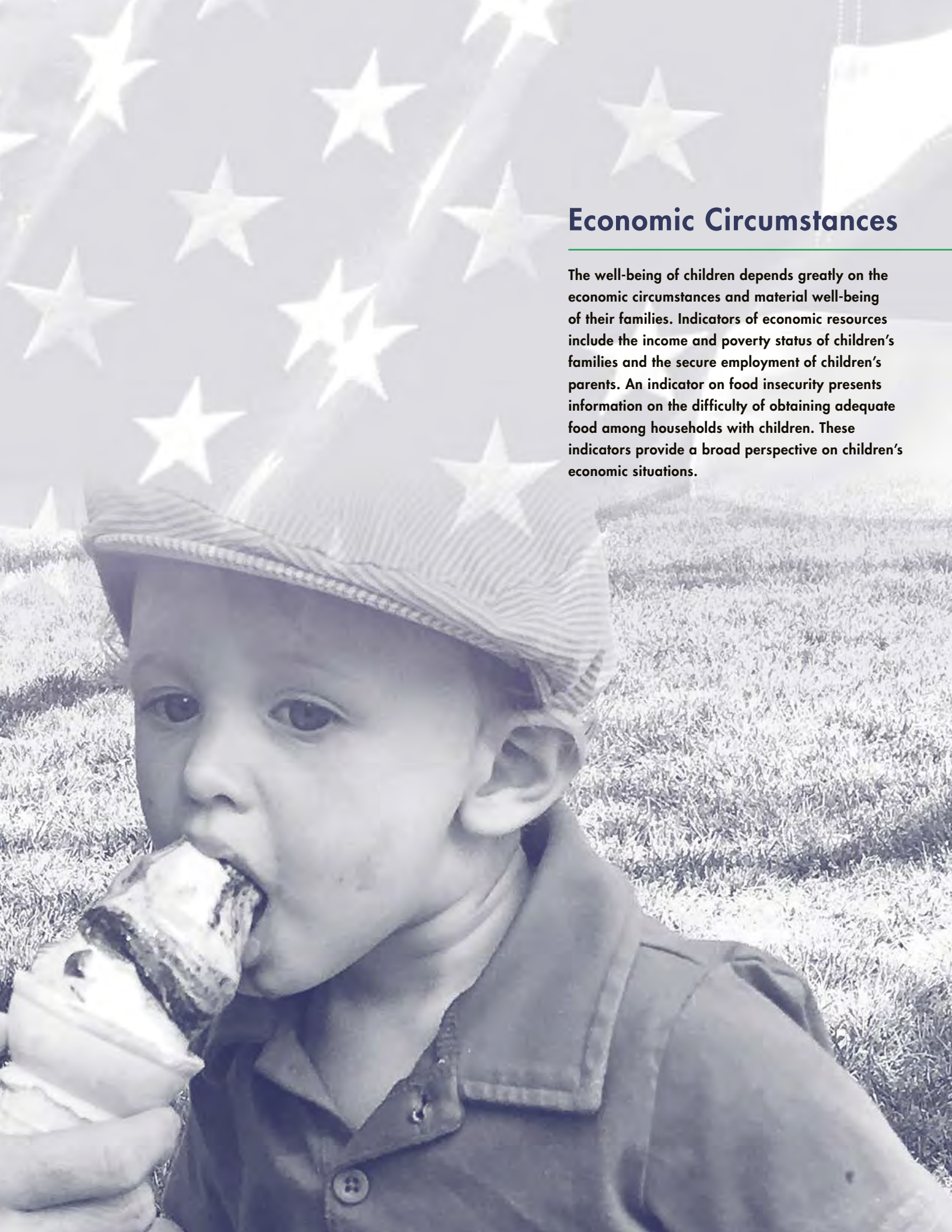


NOTE: Percentages for neglect do not include medical neglect. Medical neglect is reported separately. Bars total to more than 100% because a single child may be the victim of multiple kinds of maltreatment. Substantiated maltreatment includes the dispositions of substantiated or indicated. This is a change from estimates in editions prior to *America's Children, 2017* 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. Additional technical notes are available in the annual reports entitled *Child Maltreatment,* which are available at https://www.acf.hhs.gov/cb/research-data-technology/statistics-research/child-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 fourths of all maltreated children found to have been neglected.
- Eighteen percent of maltreated children were found to have been physically abused; 9% were sexually abused; and 6% were psychologically abused.
- Differences by age are particularly notable for sexual abuse, increasing from slightly more than 1% for those ages 0–3, to 20% for children ages 12–15 and ages 16–17.

Bullets contain references to data that can be found in Tables FAM7.A–FAM7.B on pages 98–99. Endnotes begin on page 66.



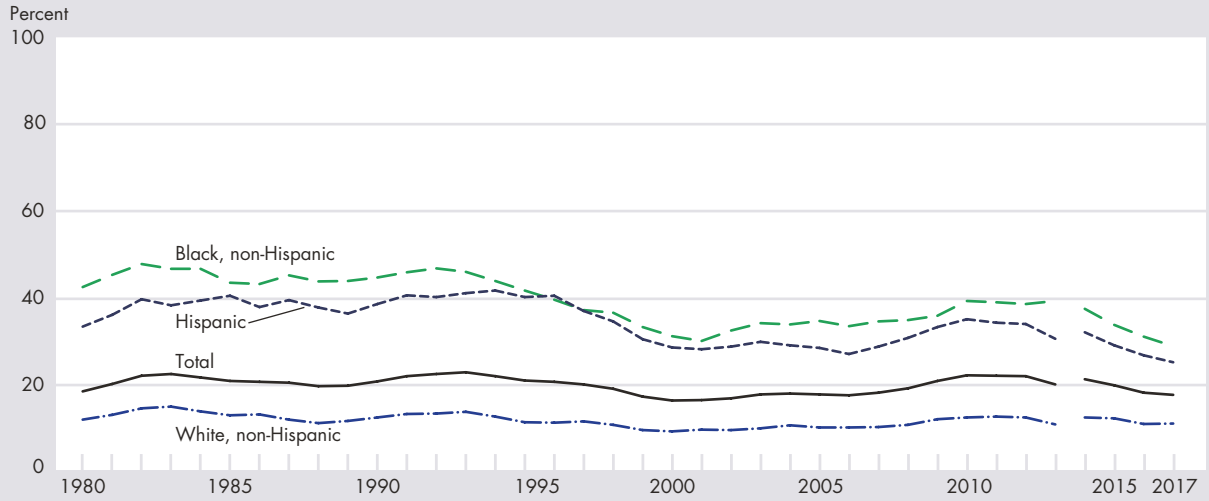
Economic Circumstances

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.[29,30,31,32] 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 and Hispanic origin, 1980–2017**



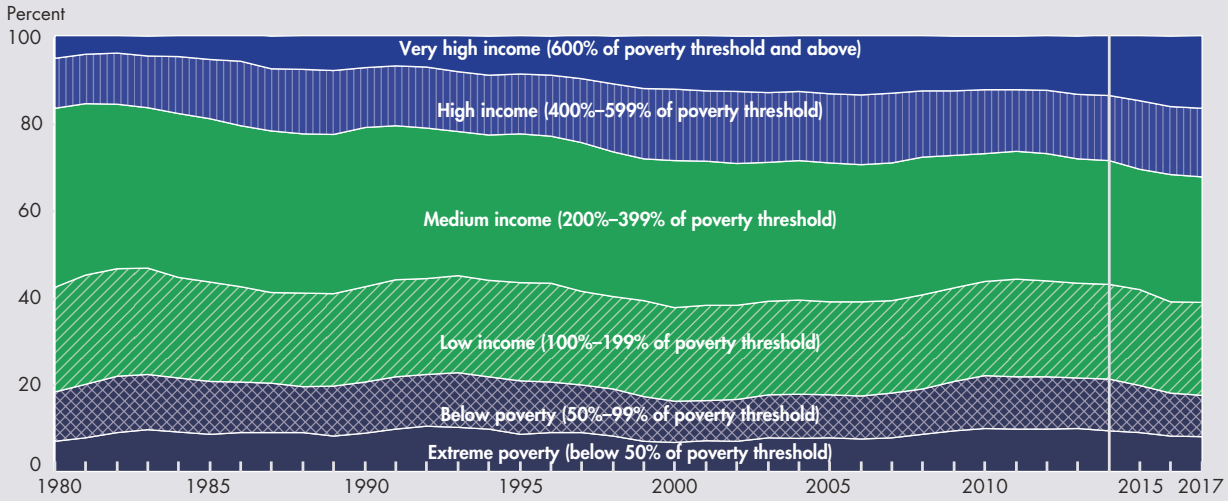
NOTE: In 2017, the poverty threshold for a two-parent, two-child family was $24,858. The source of calendar year 2013 data for this figure is the portion of the 2014 Current Population Survey (CPS) Annual Social and Economic Supplement (ASEC) sample that received income questions consistent with the 2013 CPS ASEC. Data for calendar year 2014 and onward used the redesigned income questions. Users should use caution when comparing 2013 data with 2014 data. The proportion of children in male-householder families (no spouse present) historically has been small. Select data for this group are available in 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 2017, 17.5% of all children ages 0–17 were in poverty, not statistically different from 2016. The poverty rate was much higher for Black, non-Hispanic and Hispanic children than for White, non-Hispanic children. In 2017, some 10.9% of White, non-Hispanic children lived in poverty, compared with 28.7% of Black, non-Hispanic children and 25.0% of Hispanic children.[3]
- The 2017 poverty rate for all children and for White, non-Hispanic children were not statistically different from their 1980 poverty rates. On the other hand, the poverty rates for Black, non-Hispanic and Hispanic children decreased from 42.3% and 33.2% in 1980 to 28.7% and 25.0% in 2017, respectively.
- 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 2017, about 8.4% of children in married-couple families were living in poverty, compared with 40.7% in female-householder families.
- In 2017, the poverty rate for White, non-Hispanic children in married-couple families was 5.7% while the poverty rate for White, non-Hispanic children in female-householder families was 32.7%.
- For Black, non-Hispanic children, the poverty rates were 10.2% for those in married-couple families and 42.5% for those in female-householder families in 2017.
- In 2017, about 14.8% of Hispanic children in married-couple families were living in poverty, compared with 48.3% 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 2017, 19.3% of children ages 0–5 lived in poverty, compared with 16.6% of older children.

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%, while a family that has income that surpasses their threshold would have a ratio greater than 100%. As a family's income-to-poverty ratio falls below 100%, the more severe that family's economic circumstances are. As a family's income-to-poverty ratio increases above 100%, they experience more economic security.

Indicator ECON1.B **Percentage of children ages 0–17 by family income relative to the poverty line, 1980–2017**



NOTE: This graph shows income categories derived from the ratio of a family's income to the family's poverty threshold. In 2017, the poverty threshold for a family of four with two children was $24,858. For example, a family of four with two children would be living below 50% of the poverty threshold if their income was less than $12,429 (50% of $24,858). If the same family's income was at least $24,858 but less than $49,716, the family would be living at 100%–199% of the poverty threshold. The source of 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 calendar year 2014 and onward used the redesigned income questions. Users should use caution when comparing 2013 data with 2014 data.

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

- In 2017, more children lived in families with medium income (29%) than in families in any other income group. Fewer children lived in families with low income and high income (21% and 16%, respectively) than lived in families with medium income.
- The percentage of children living in families with medium income was lower in 2017 (29%) than in 1990 (37%). Conversely, the percentage of children living in families with high income was higher in 2017 (16%) than in 1990 (14%).
- The percentage of children living in families in extreme poverty (below 50% of the poverty threshold) was 9% in 1990, decreased to 7% in 2000, rose to 10% in 2010 and decreased to 8% in 2017.[34]
- The percentage of children who lived in families with very high income (600% or more of the poverty threshold) has more than doubled, from 7% in 1990 to 17% in 2017.

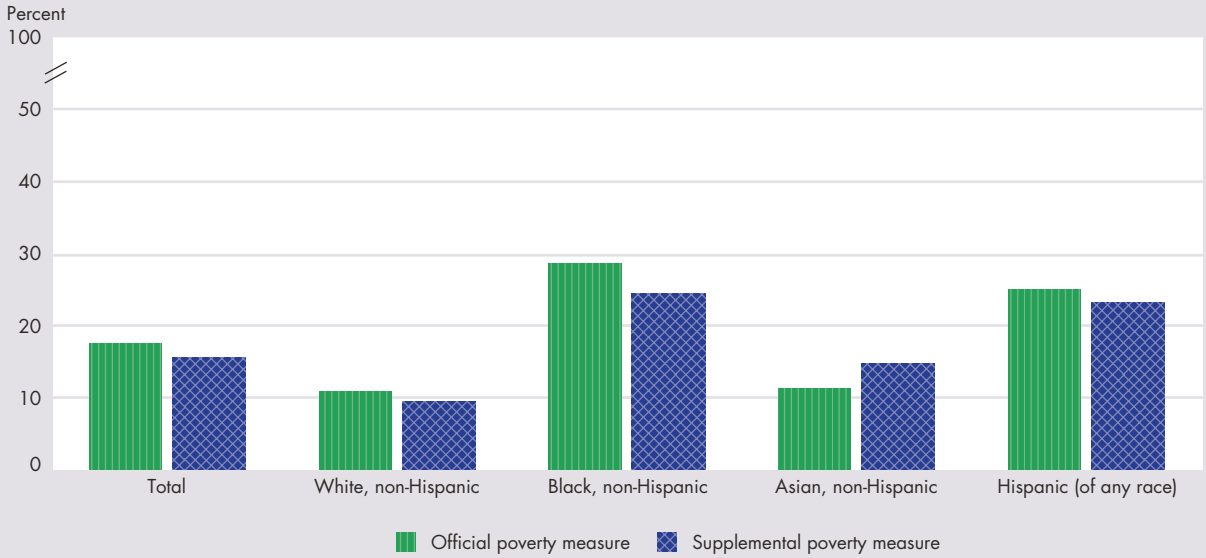
Bullets contain references to data that can be found in Tables ECON1.A–ECON1.B on pages 100–103. Endnotes begin on page 66.

Supplemental Poverty Measure

Since the publication of the first official poverty estimates in 1964, there has been continuing debate about the best approach for measuring poverty in the United States. Recognizing that alternative estimates of poverty provide useful information to the public as well as to the federal government, the U.S. Census Bureau publishes poverty estimates using the 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]

In contrast to the official poverty measure, which compares pre-tax cash income to a set of thresholds first derived in the early 1960s, the SPM incorporates additional items such as tax payments, work expenses, medical out-of-pocket expenditures, and the value of noncash nutritional, energy, and housing assistance. An important contribution of the SPM is that it allows us to gauge the potential effect of tax credits and transfers in alleviating poverty. SPM thresholds were derived by staff at the U.S. Bureau of Labor Statistics from Consumer Expenditure Survey 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, 2017[36]**



NOTE: 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.

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

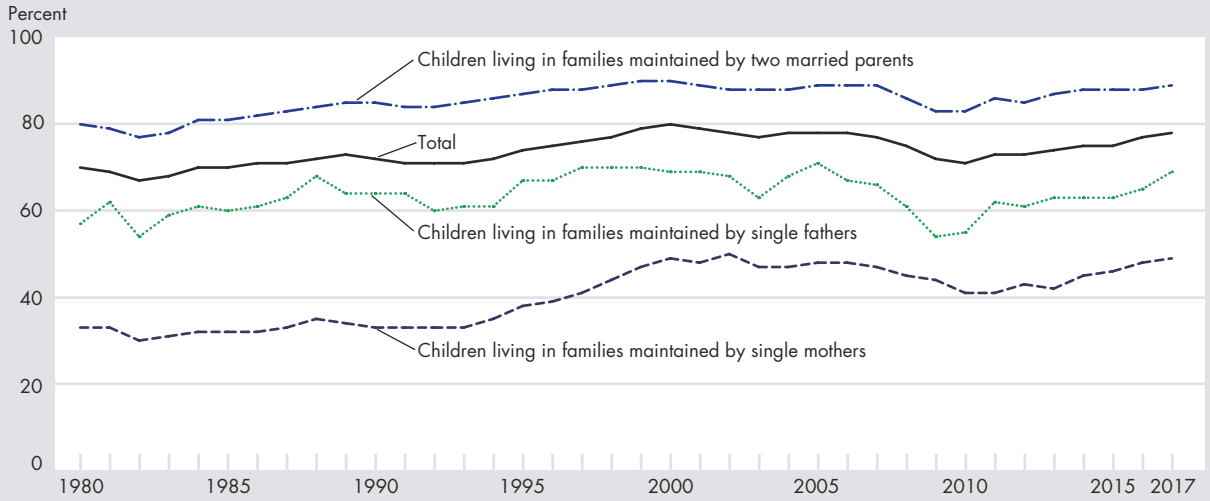
- For all children, the 2017 SPM rate was 15.6%, 1.9 percentage points lower than the official poverty rate of 17.5%.[36]
- In 2017, the SPM rate was lower than the official poverty rate for White, non-Hispanic; Black, non-Hispanic; and Hispanic children. The SPM rate was higher than the official poverty rate for Asian, non-Hispanic children.
- The SPM rate was higher for Asian, non-Hispanic children than for White, non-Hispanic children in 2017. 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 103. Endnotes begin on page 66.

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 and 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, 1980–2017**



NOTE: Year-round, full-time employment is defined as usually working 35 hours or more per week for 50–52 weeks.

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

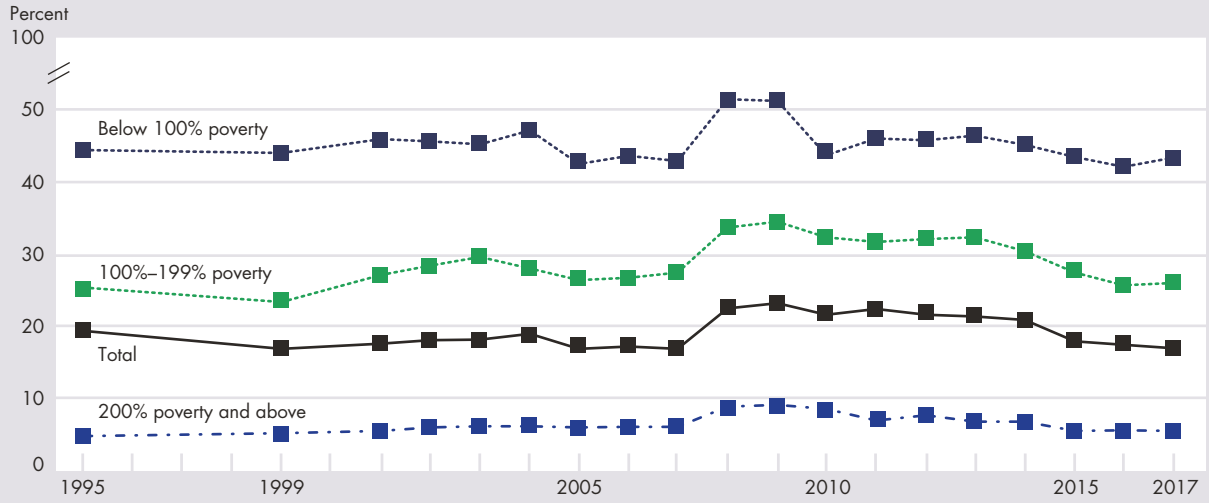
- The percentage of children who had at least one parent working year-round, full time increased from 77% in 2016 to 78% in 2017.
- Since 1980, 80%–90% of children living in families maintained by two married parents have had at least one parent employed. In contrast, 60%–70% of children living in families maintained by a single father and 30%–50% of children living in families maintained by a single mother had a least one parent employed. These ranges have trended downward during a recession and increased during economic expansion.
- For children ages 6–17, this percentage increased from 78% to 79% between 2016 and 2017.
- During the same period, for children ages 0–5, the percentage increased from 75% to 76%.
- In 2017, about 89% of children living in families maintained by two married parents had at least one parent who worked year-round, full time. In contrast, 69% of children living in families maintained by a single father and 49% of children living in families maintained by a single mother had a parent who worked year-round, full time.
- Among all children living with parents in 2017, those living in poverty were much less likely to have a parent working year-round, full time (33%) than those living at or above the poverty threshold (87%).
- In families maintained by two married parents who were living below the poverty threshold in 2017, about 55% of children had at least one parent working year-round, full time. In contrast, 92% 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 2017, about 73% of Hispanic children and 65% of Black, non-Hispanic children lived in families with secure parental employment, compared with 84% of White, non-Hispanic children.

Bullets contain references to data that can be found in Table ECON2 on pages 104–105. Endnotes begin on page 66.

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.[41,42]

Indicator ECON3 **Percentage of children ages 0–17 in food-insecure households by poverty status, selected years 1995–2017**



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.

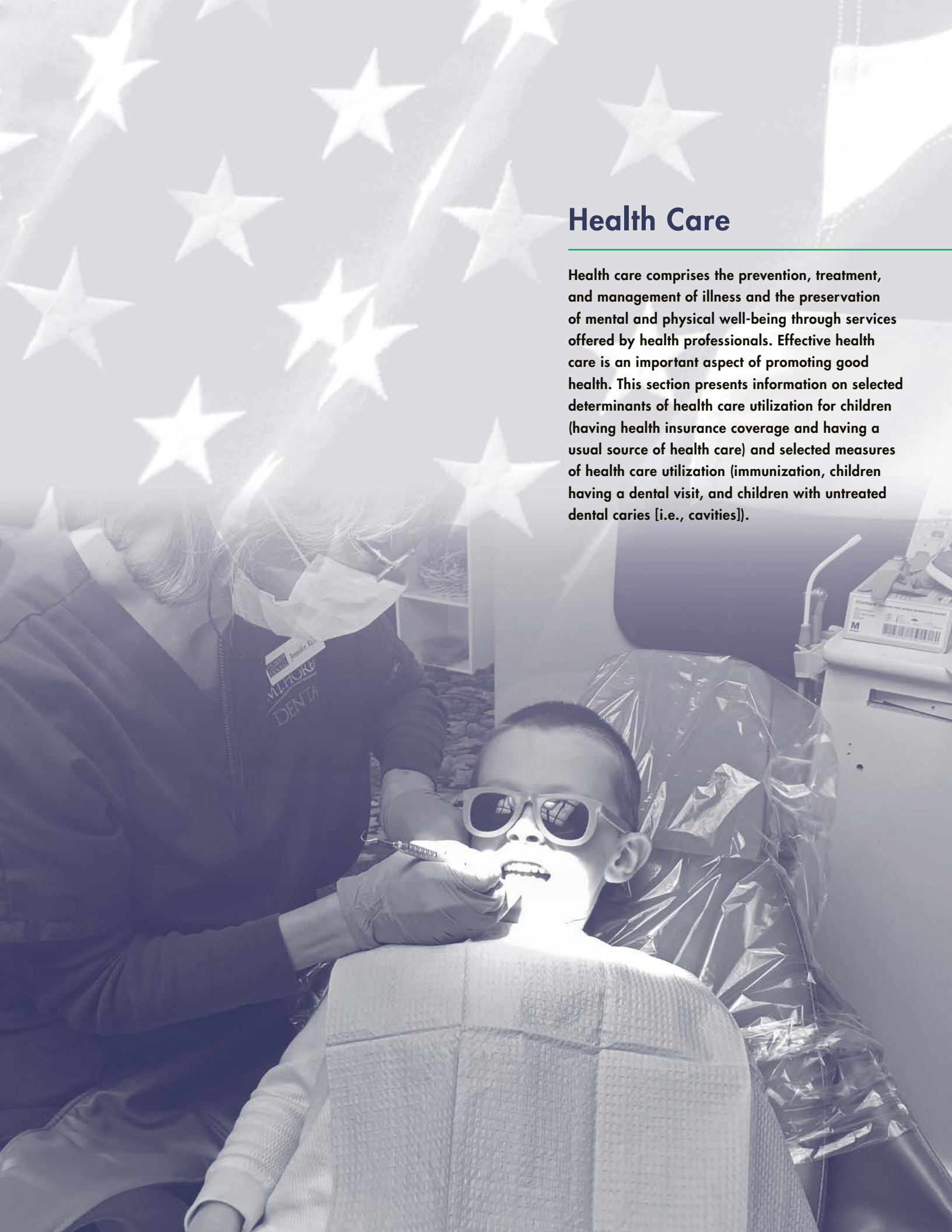
SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by Department of Agriculture, Economic Research Service and Food and Nutrition Service.

- In 2017, 12.5 million children (17% of all children) lived in households that were classified as food insecure.
- The percentage of children living in food-insecure households increased from 17% in 2007 to a high of 23% in 2009 during the Great Recession. The percentage has since declined and in 2017 was at the prerecession level of 17%. The percentage of children living in food-insecure households in 2017 (17%) was not statistically different from the percentage in 2016 (18%).
- Patterns across income groups have followed similar trends and have had consistent rankings over time. The percentage of children living in food-insecure households has been highest for those with annual incomes below the official poverty line, followed by those with incomes from 100%–199%, and lowest for those with incomes above 200% of the poverty line. In 2017, 43% of children in households with incomes below 100% of the poverty line were food insecure (substantially above the national average), while 6% of children in households with incomes below 200% of the poverty line were food insecure (well below the national average).
- In 2017, the percentages of children living in food-insecure households were also above the national average of 17% for Black, non-Hispanics (27%), Hispanics (23%), those whose parents or guardians lacked a high school diploma or General Educational Development (GED) certificate (33%), those whose parents or guardians highest level of education is high school/GED (27%), those whose parents or guardians highest level of education is some college (22%), those living with a single mother (33%), and those living with a single father (20%).
- In 2017, the percentages of children living in food-insecure households were also below the national average of 17% for White, non-Hispanics (12%), those whose parents or guardians highest level of education is a bachelor's degree or higher (7%), and those whose parents or guardians are married (11%).

Bullets contain references to data that can be found in Table ECON3 on pages 106–107. Endnotes begin on page 66.

Health Care

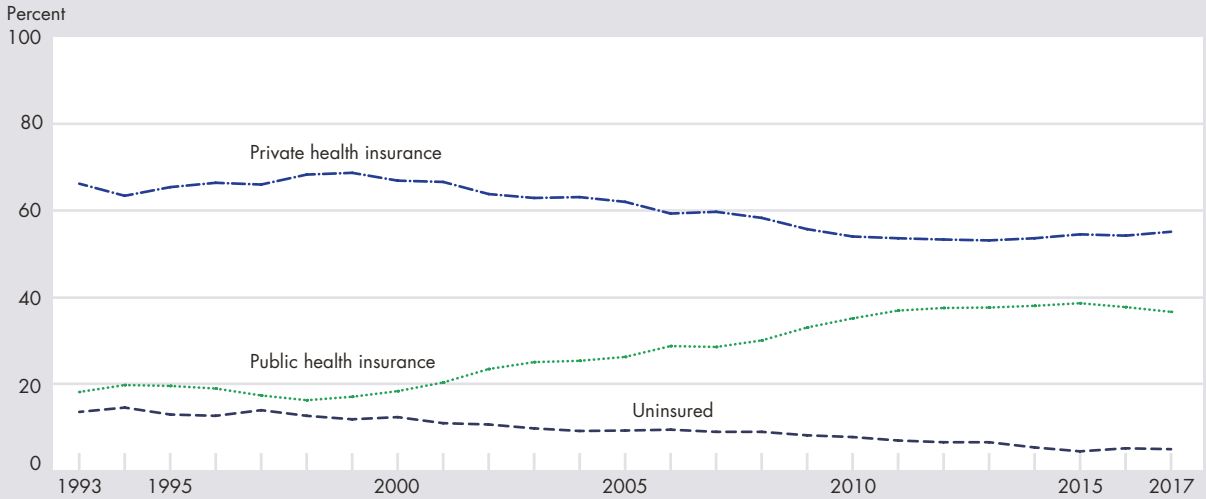
Health care comprises the prevention, treatment, and management of illness and the preservation of mental and physical well-being through services offered by health professionals. Effective health care is an important aspect of promoting good health. This section presents information on selected determinants 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 [i.e., cavities]).



Health Insurance Coverage

Health insurance is a major determinant of access to healthcare.[43] Children and adolescents need regular and ongoing health care to treat acute and chronic conditions and provide injury care and routine preventative care, including vaccinations.[44] Children with health insurance, whether public or private, are more likely than children without insurance to have a regular and accessible source of healthcare (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 healthcare 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, 1993–2017**



NOTE: A child was considered 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, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. 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.

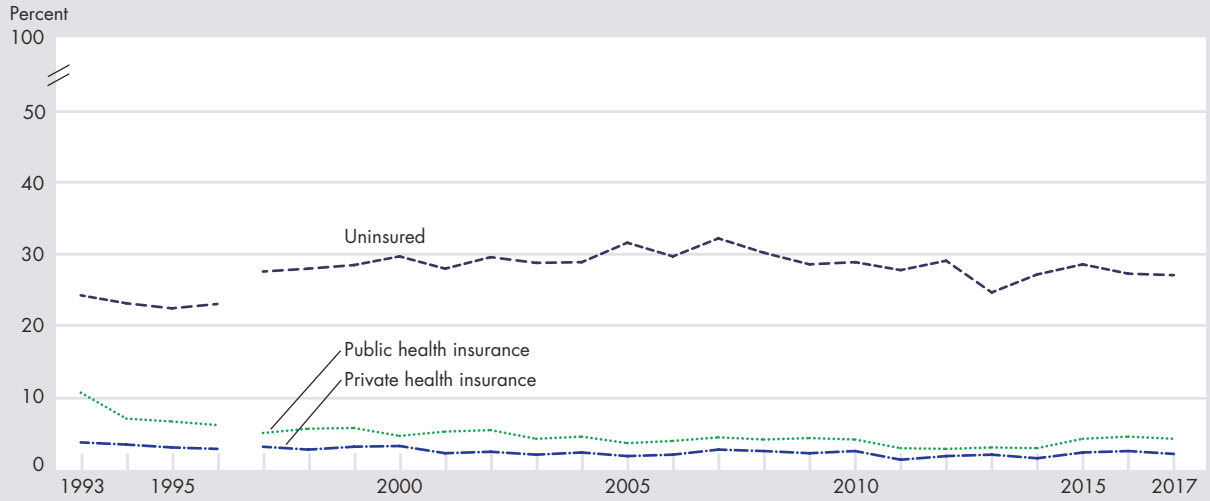
- The percentage of children ages 0–17 without health insurance at the time of interview decreased from 14% in 1993 to 5% in 2017.
- The percentage of children with private coverage increased from 66% in 1993 to a high of 69% in 1999, had a long downward trend through 2012, and stabilized in the 53%–55% range through 2017.
- Public coverage of children had a long upward trend from 1999 to 2012, and then stabilized in the 37%–39% range through 2017.
- In 2017, the type of health insurance that children had varied by the age of the child. Adolescents were more likely to have private coverage and less likely to have public coverage compared with younger children. Those in the youngest age group, up to age 5, were less likely to be uninsured, and more likely to have public coverage than adolescents ages 12–17.
- In 2017, Hispanic children were more likely to be uninsured (8%) compared with White, non-Hispanic and Black, non-Hispanic (4% for both) children. White, non-Hispanic children were more likely to have private coverage (69%) compared with Black, non-Hispanic (36%) and Hispanic (34%) children. Black, non-Hispanic (56%) and Hispanic (55%) children were more likely to have public coverage compared with White, non-Hispanic (24%) children.

Bullets contain references to data that can be found in Table HC1 on pages 108–109. Endnotes begin on page 66.

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 health 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 earlier.[52]

Indicator HC2 **Percentage of children ages 0–17 with no usual source of health care by type of health insurance, 1993–2017**



NOTE: A child was considered 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, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. Public health insurance includes children who do not have private coverage, but who have Medicaid or other state-sponsored health plans, including CHIP. 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, 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 1997–2017 are not strictly comparable with earlier data.

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

- In 2017, about 4% of children ages 0–17 had no usual source of health care.
- The percentage of children with private or public (including Medicaid) insurance who had no usual source of health care declined from 1993 to 2017. In contrast, there was no statistically significant difference in the percentage of uninsured children without a usual source of health care in 2017 (27%) compared with 1993 (24%).
- Uninsured children are much more likely to have no usual source of health care than children who have health insurance. In 2017, 27% of children who were uninsured had no usual source of health care, which was 25 percentage points higher than the percentage of children with private health insurance who had no usual source of health care (2%) and 23 percentage points higher than the percentage of children with public health insurance who had no usual source of health care (4%).
- In 2017, older children were more likely than younger children to lack a usual source of health care among those with no health insurance (30% versus 17%). There was no statistically significant difference in the percentage of older and younger children without a usual source of health care for children with private or public insurance in 2017.

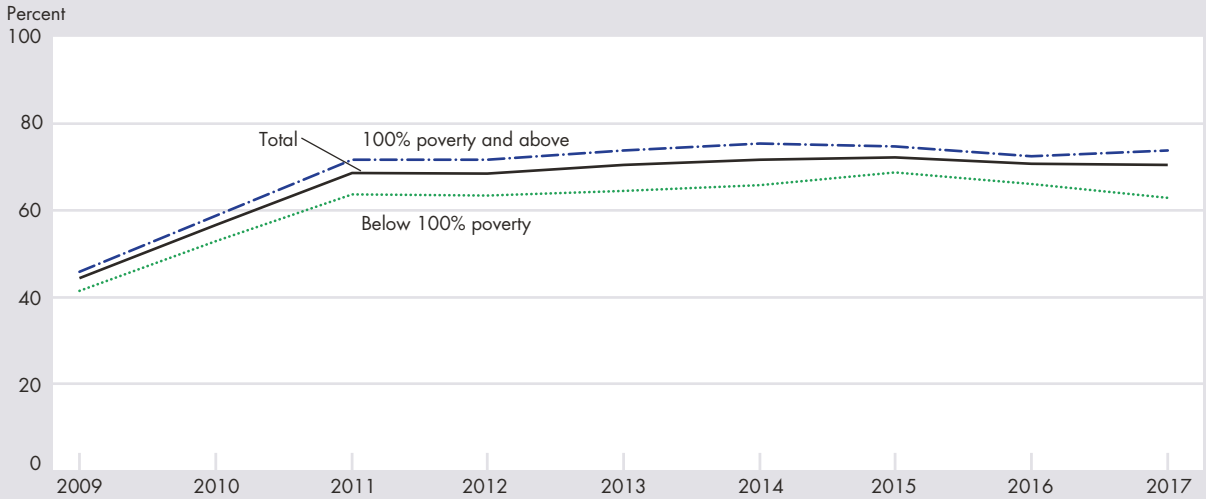
Bullets contain references to data that can be found in Table HC2 on page 110. Endnotes begin on page 66.

Immunization

Vaccination throughout childhood is essential because it helps provide immunity before children are exposed to potentially life-threatening diseases. Data on vaccination coverage are used to identify groups at risk of vaccine-preventable diseases, provide vaccination coverage estimates in an effort to monitor coverage, and 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, 2009–2017

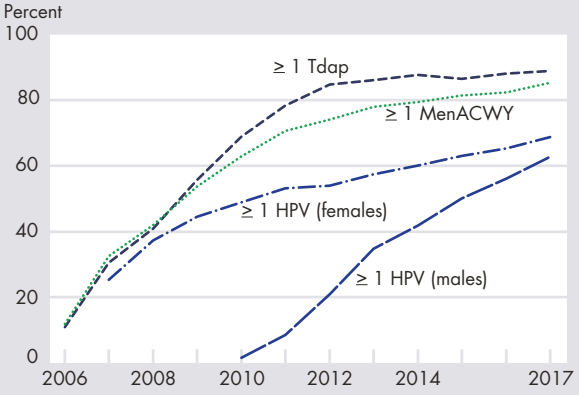


NOTE: The 4:3:1:3*:3:1:4 series consists of 4 doses (or more) of diphtheria, tetanus toxoids, and pertussis (DTP) vaccines, diphtheria and tetanus toxoids (DT), or diphtheria, tetanus toxoids, and any acellular pertussis (DTaP) vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; the full series of *Haemophilus influenzae* type b (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). The recommended immunization schedule for children is available at https://www.cdc.gov/vaccines/schedules/easy-to-read/child.html. Poverty status is based on family income and household size using U.S. Census Bureau poverty thresholds for the year of data collection.

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

Indicator HC3.B

Percentage of adolescents ages 13–17 years with the routinely recommended-for-age vaccinations, 2006–2017



NOTE: Data collection for the 2006 and 2007 survey was only performed during the fourth quarter. The routine vaccination recommendation for children beginning at ages 11–12 includes tetanus-diphtheria-acellular pertussis (Tdap) vaccines, meningococcal conjugate (MenACWY) vaccines (1 dose each), and human papillomavirus (HPV) vaccines (2 doses or more). The recommended immunization schedule for adolescents is available at https://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.

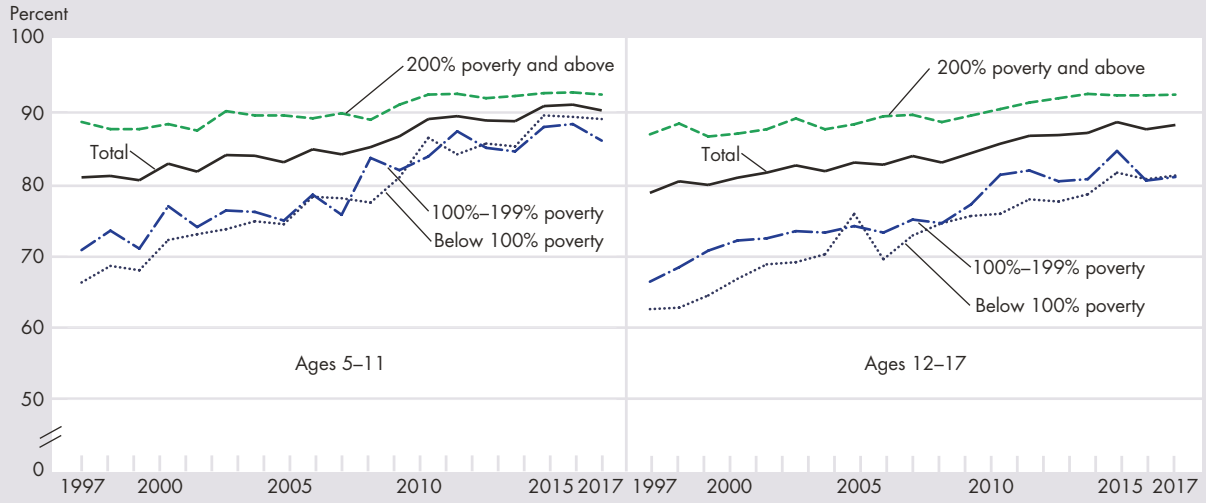
- Since 2009, the percentage of children ages 19–35 months who received the recommended combined 7-vaccine series (4:3:1:3*:3:1:4) has increased by 26 percentage points. The coverage rate was 70% in 2017.
- Children living in families with incomes below the poverty threshold had a vaccination coverage rate of 63% in 2017, compared with 74% 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 routinely recommended vaccinations for adolescents. In 2017, vaccination coverage for one dose (or more) of tetanus, diphtheria, and acellular pertussis (Tdap) was 89% and coverage for one dose (or more) of meningococcal conjugate (MenACWY) vaccine was 85%.
- For adolescents ages 13–17, vaccination coverage for one dose (or more) of human papillomavirus (HPV) vaccine increased by an average of 3 percentage points annually from 2008 to 2017 for females and 9 percentage points annually from 2010 to 2017 for males.

Bullets contain references to data that can be found in Tables HC3.A–HC3.B on pages 111–114. Endnotes begin on page 66.

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] However, dental caries (i.e., cavities) 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.[55,56]

Indicator HC4.A **Percentage of children ages 5–17 with a dental visit in the past year by age and poverty status, 1997–2017**

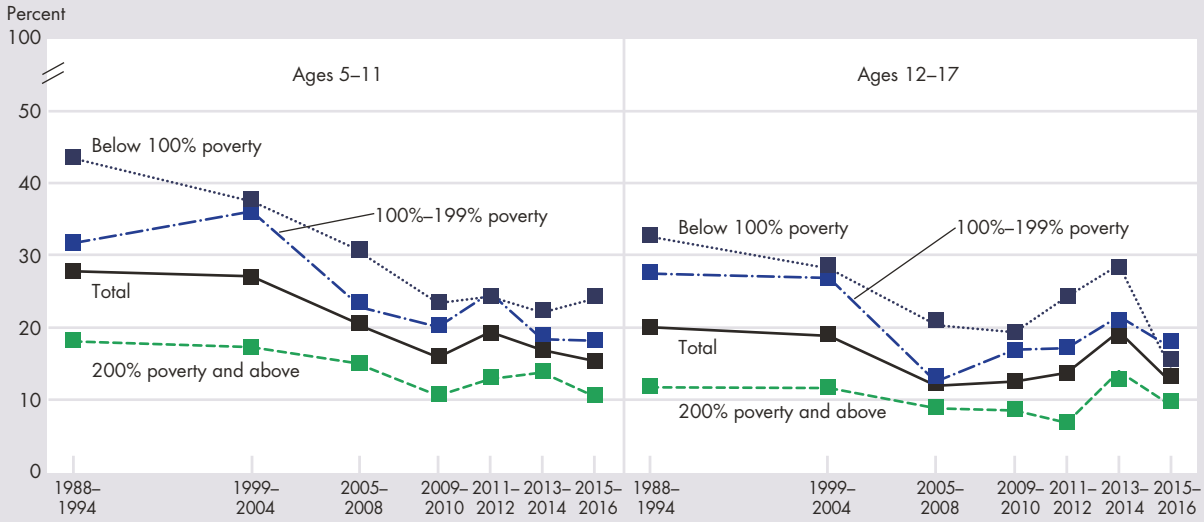


NOTE: From 1997 to 2000, children were identified as having a dental visit in the past year by asking parents "About how long has it been since your child last saw or talked to a dentist?" In 2001 and later years, the question was "About how long has it been since your child last saw a dentist?" Parents 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 2017, 9 in 10 children ages 5–17 (89%) had a dental visit in the past year. Children ages 5–11 (90%) and adolescents ages 12–17 (88%) had similar percentages of at least one dental visit in the past year in 2017.
- Between 1997 and 2017, the percentage of children with a dental visit in the past year increased by 9 percentage points among children ages 5–11 and 11 percentage points among adolescents ages 12–17.
- Between 1997 and 2017, the percentage of children ages 5–11 with a dental visit in the past year increased more for children living in families with incomes of less than 200% of the poverty level. The percentage of children ages 5–11 with a visit in the past year increased by 19 percentage points for those living below the poverty level and 14 percentage points for those in families with incomes of 100%–199% of the poverty level. In comparison, the percentage of children with a dental visit in the past year increased by 3 percentage points for those living in families with incomes of 200% or more of the poverty level.
- Between 1997 and 2017, the percentage of adolescents ages 12–17 with a dental visit in the past year increased more for those living in families with incomes of less than 200% of the poverty level. The percentage of adolescents with a visit in the past year increased by 20 percentage points for those living below the poverty level and 18 percentage points for those in families with incomes of 100%–199% of the poverty level. In comparison, the percentage of adolescents with a dental visit in the past year increased by 4 percentage points for those living in families with incomes of 200% or more of the poverty level.
- Among children ages 5–11, the percentage of children with a dental visit in the past year was higher among children with family incomes of 200% or more of the poverty level (92%) than those with family incomes of 100%–199% of the poverty level (86%). There was no other statistically significant difference in the percentage with a dental visit in the past year by poverty level for children ages 5–11.
- In 2017, among adolescents ages 12–17, the percentage of children with a dental visit in the past year was higher among children with family incomes of 200% or more of the poverty level (92%) than those living below poverty (81%) and those with family incomes of 100%–199% of the poverty level (81%).

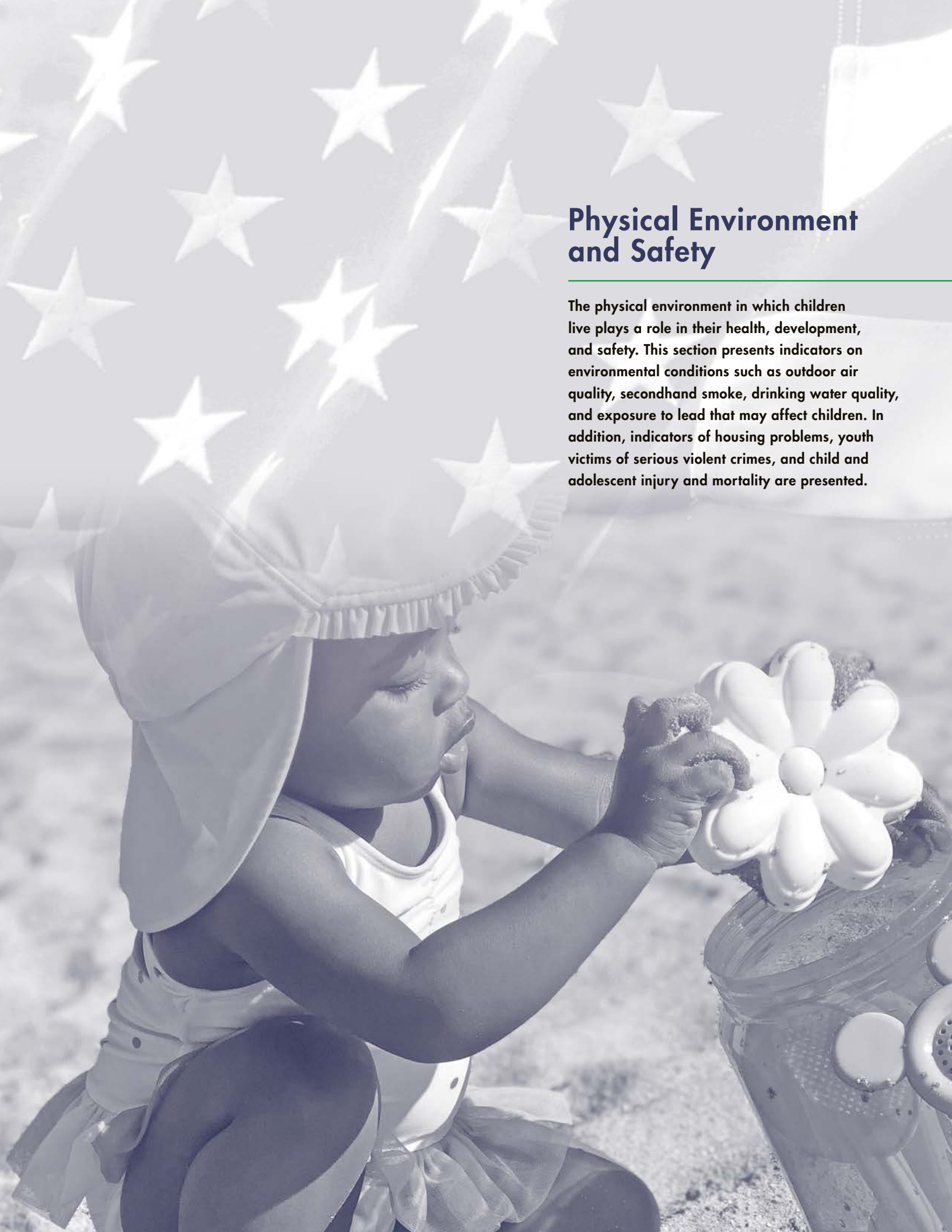
Indicator HC4.B **Percentage of children ages 5–17 with untreated dental caries (cavities) by age and poverty status, selected years 1988–1994 through 2015–2016**



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

- The percentage of children ages 5–11 with untreated dental caries (i.e., cavities) declined from 28% in 1988–1994 to 15% in 2015–2016. The percentage of adolescents ages 12–17 with untreated dental caries declined from 20% in 1988–1994 to 12% in 2015–2016.
- 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% of the poverty level than among those in lower income groups.
- In 2015–2016, among children ages 5–11, the percentage with untreated dental caries for children in poverty was 24%, more than twice as high as the percentage for children with family incomes at or above 200% of the poverty level (11%).
- Among adolescents (ages 12–17), the percentage with untreated dental caries for children living in families with incomes of 100%–199% of the poverty level (17%) was higher than those living in families at or above 200% of the poverty level (9%) in 2015–2016. There was no statistically significant difference between children living in families below 100% of the poverty level (81%) and children living in families at or above 200% of the poverty level (92%) in 2015–2016.

Bullets contain references to data that can be found in Tables HC4.A/B–HC4.C on pages 115–117. Endnotes begin on page 66.



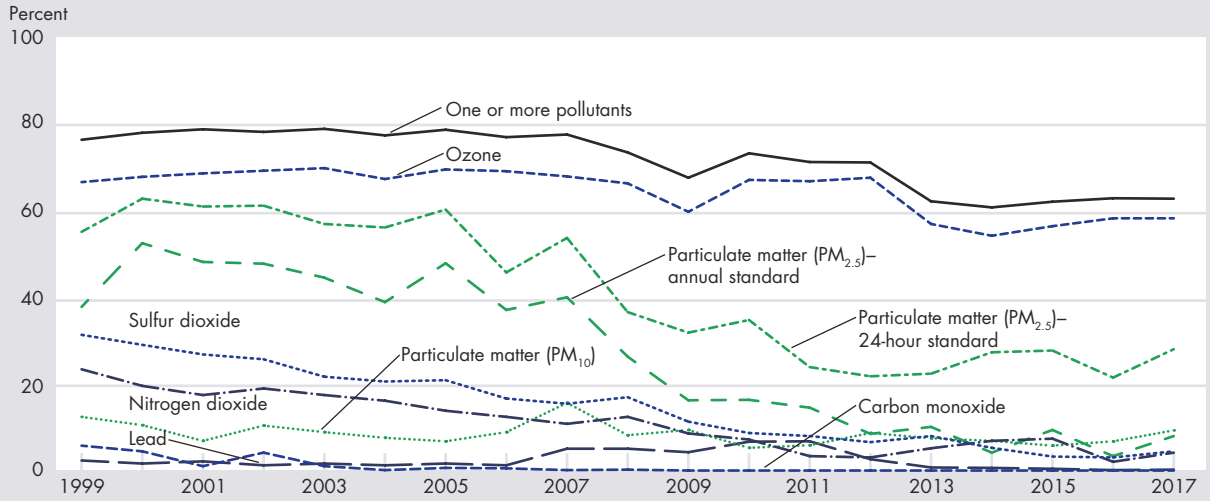
Physical Environment and Safety

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.[57] 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.[58–61] Lead can affect the development of the central nervous system in young children,[62] and exposure to carbon monoxide can reduce the capacity of blood to carry oxygen.[63]

Indicator PHY1 **Percentage of children ages 0–17 living in counties with pollutant concentrations above the levels of the current air quality standards, 1999–2017**



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 were 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.

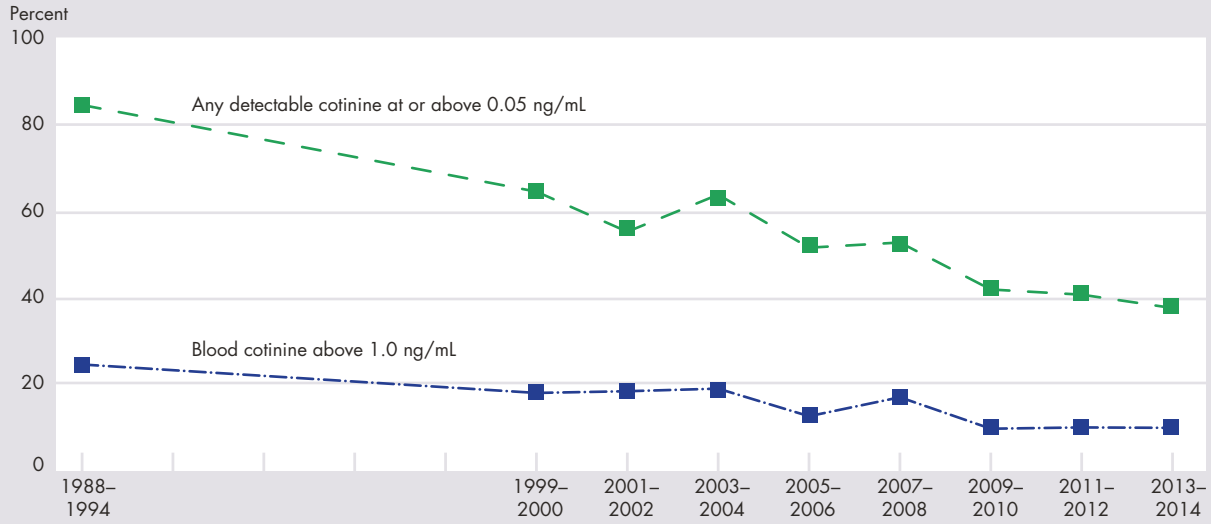
- From 1999 to 2017, the percentage of children living in counties with measured pollutant concentrations above the levels of one or more Primary National Ambient Air Quality Standards at least once during the year decreased from 76% to 62%.
- From 1999 to 2017, the percentage of children living in counties with measured ozone concentrations above the level of the current ozone standard at least one day during the year decreased from 66% to 58%.
- In 2017, approximately 28% 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 55% of children in 1999.
- From 1999 to 2017, 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% to 4%. During the same time frame, 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% to 4%.

Bullets contain references to data that can be found in Table PHY1 on pages 118–119. Endnotes begin on page 66.

Secondhand Smoke

Children who are exposed to secondhand smoke have an increased probability of experiencing adverse health effects such as infections of the lower respiratory tract, bronchitis, pneumonia, middle ear disease, sudden infant death syndrome (SIDS), and respiratory symptoms.[64] Secondhand smoke can also play a role in the development and exacerbation of asthma.[64] The U.S. Surgeon General has determined that there is no risk-free level of exposure to secondhand smoke.[64] Cotinine, a breakdown product of nicotine, is a marker for recent (previous 1–2 days) exposure to secondhand smoke in nonsmokers.

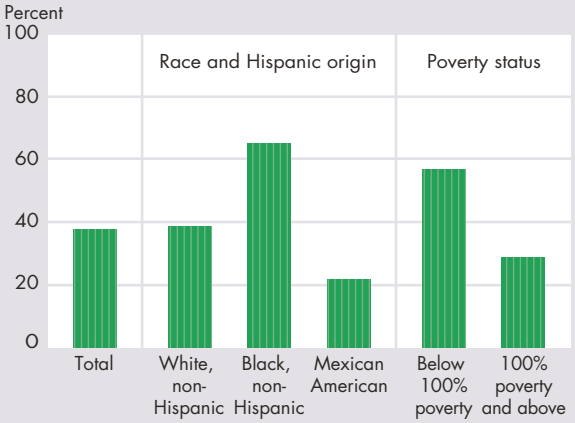
Indicator PHY2.A **Percentage of children ages 4–11 with specified blood cotinine levels, selected years 1988–2014**



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.[65]

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, 2013–2014**



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.

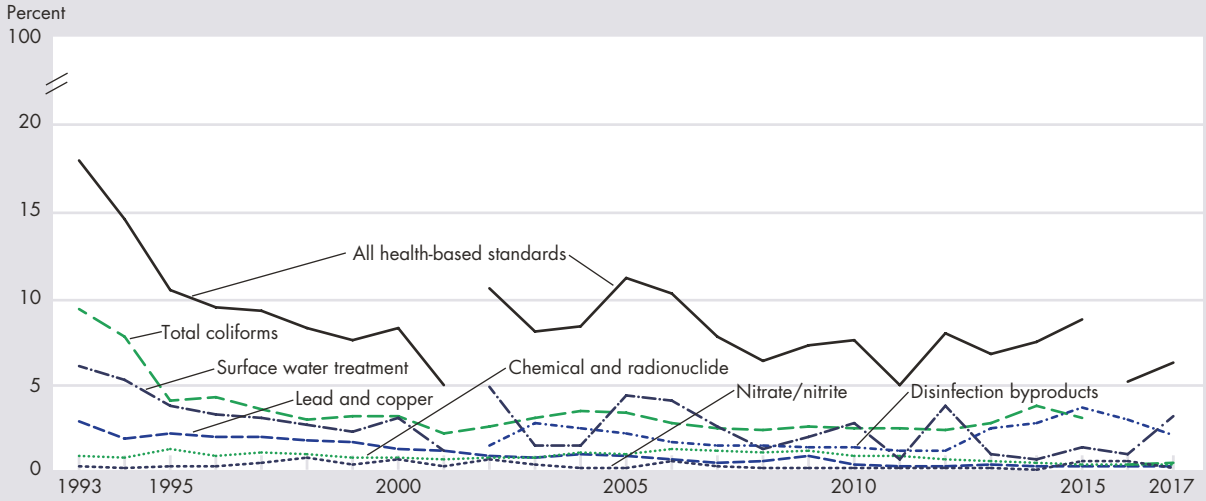
- The percentage of children ages 4–11 with detectable blood cotinine levels [at or above 0.05 nanograms per milliliter (ng/mL)] decreased from 85% in 1988–1994 to 37% in 2013–2014. In 2013–2014, about 10% of children ages 4–11 had blood cotinine levels of more than 1.0 ng/mL, down from 24% in 1988–1994.
- In 2013–2014, 65% of Black, non-Hispanic children ages 4–11 had detectable blood cotinine levels, compared with 38% of White, non-Hispanic children and 21% of Mexican American children.
- About 56% of children ages 4–11 living in poverty had detectable blood cotinine levels in 2013–2014, compared with 28% of children living above the poverty level.

Bullets contain references to data that can be found in Tables PHY2.A–PHY2.B on pages 120–121. Endnotes begin on page 66.

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.[66] 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.[67] 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. The EPA's drinking water regulations require public water systems, including community water systems, to monitor for compliance with Federal health-based standards and treat their water if needed to meet standards. About 13% of the population receives drinking water from private water systems that are not required to monitor and report the quality of drinking water.[68]

Indicator PHY3 **Percentage of children served by community water systems that did not meet all applicable health-based drinking water standards, 1993–2017**



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). Revisions to the Total Coliform Rule took effect in 2016. 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 were revised since previous publication in *America's Children*. Values for years prior to 2017 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.

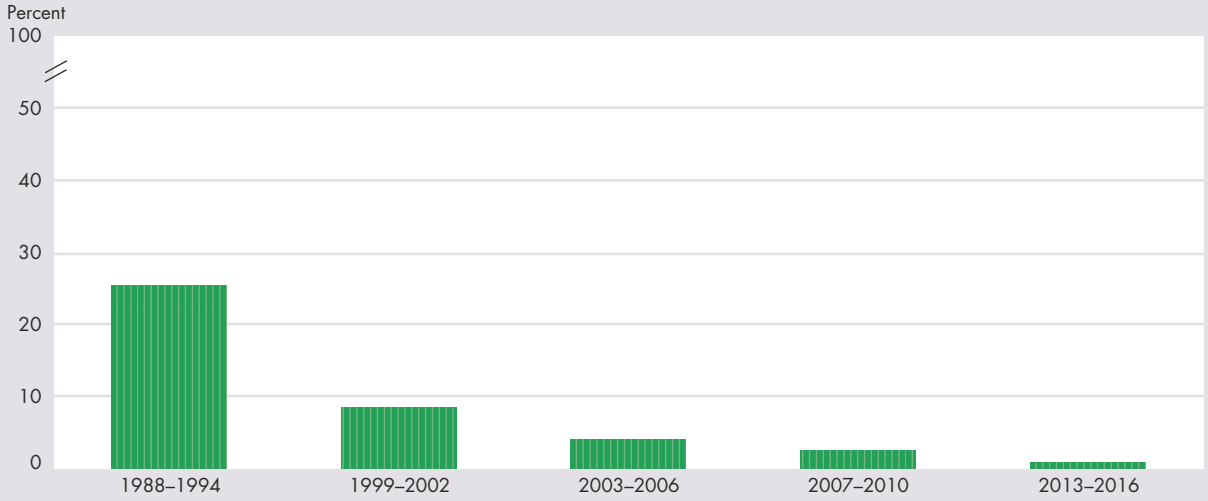
- The percentage of children served by community drinking water systems that did not meet all applicable health-based standards declined from 18% in 1993 to about 5% in 2001. Since 2002, this percentage has fluctuated between 5% and 11% and was 6% in 2017.
- Coliforms indicate the potential presence 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% in 1993 and less than 1% in 2017.
- Disinfection byproducts are formed when drinking water disinfectants react with naturally occurring organic matter in water. In 2017, about 2% 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.[69]

Bullets contain references to data that can be found in Table PHY3 on page 121. Endnotes begin on page 66.

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.[70] 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,[71] but no level of childhood lead exposure can be considered safe,[72] and adverse health effects can occur at much lower concentrations.[70] Lead exposures have declined since the 1970s, due largely to the removal of lead from gasoline and paint. Children ages 1–5 are particularly vulnerable because they frequently engage in hand-to-mouth behavior.

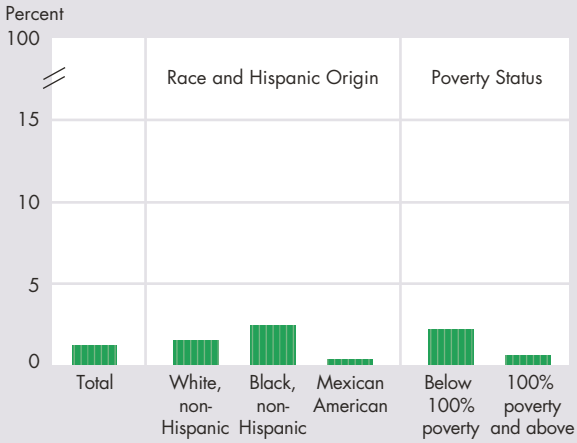
Indicator PHY4.A **Percentage of children ages 1–5 with blood lead levels at or above 5 µg/dL, selected years 1988–1994 through 2013–2016**



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[74] and poverty status, 2011–2016**



NOTE: The CDC currently uses 5 µg/dL as a reference level to identify children with elevated blood lead levels. Persons of Mexican American origin may be of any race.

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

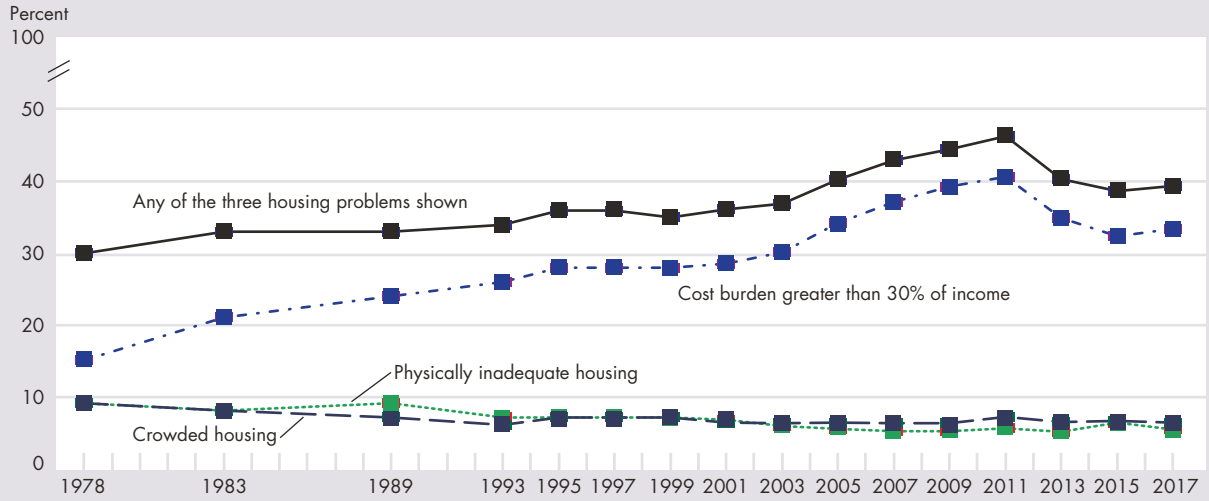
- In 2013–2016, 0.9% of children ages 1–5 had blood lead levels at or above 5 µg/dL, compared with 25.6% in 1988–1994.
- In 2011–2016, the percentages of Black, non-Hispanic children and White, non-Hispanic children with blood lead levels at or above 5 µg/dL (2.4% and 1.5%, respectively) were greater than the percentage of Mexican American children with elevated blood lead levels (0.3%).
- In 2011–2016, 2.2% of children living in poverty had blood lead levels at or above 5 µg/dL, compared with 0.6% of children living above the poverty level.

Bullets contain references to data that can be found in Tables PHY4.A–PHY4.B on page 122. Endnotes begin on page 66.

Housing Problems

Housing that is inadequate, crowded, or too costly can pose serious problems to children's physical, psychological, and material well-being.[73,74] 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.[75,76,77] During 2017, an estimated 115,000 children (2 per 1,000 children) were homeless at a single point in time, and 10% of these children were unsheltered.[78] The percentage of households with children that report that they are living in physically inadequate,[79] 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 1978–2017**



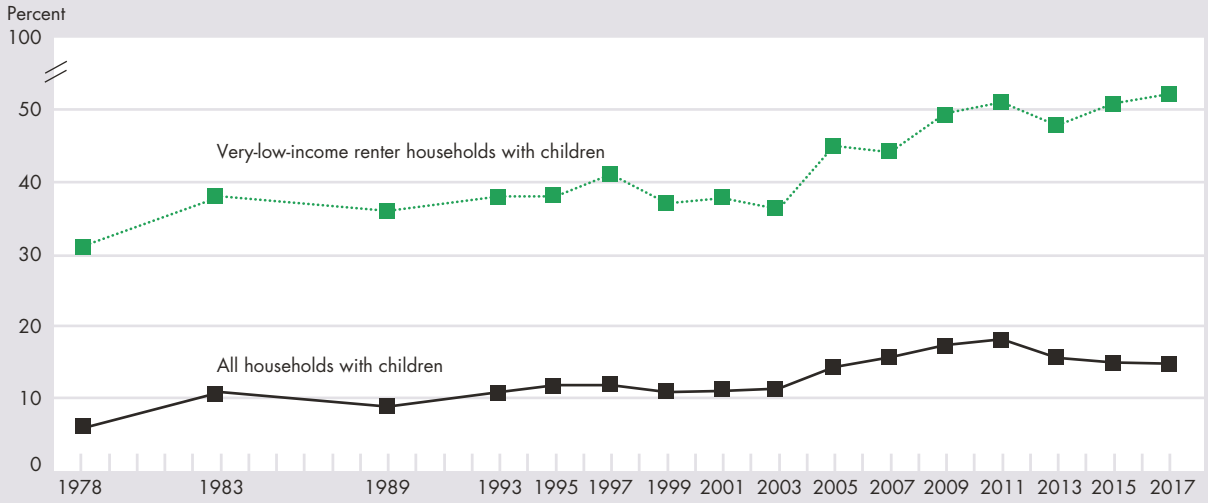
NOTE: Data are available for 1978, 1983, 1989, and biennially since 1993. All data are weighted using the decennial Census that preceded the date of their collection. The comparability of data over time is limited by questionnaire changes in 1997 and 2007 and a redesign and new longitudinal sample drawn in 2015.

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

- In 2017, 39% 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% of household income.[80] This was unchanged[81] from 2015 levels, but significantly greater than the 30% prevalence of any housing problems in 1978.
- In 2017, about 5% 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% in 1978.
- The prevalence of housing cost burdens among families with children was 33% in 2017, not significantly different from 32% in 2015. The prevalence, however, remained substantially higher than it was in 1978 (15%).

Indicator PHY5.B

Percentage of households with children ages 0–17 that reported severe housing cost burdens, selected years 1978–2017



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

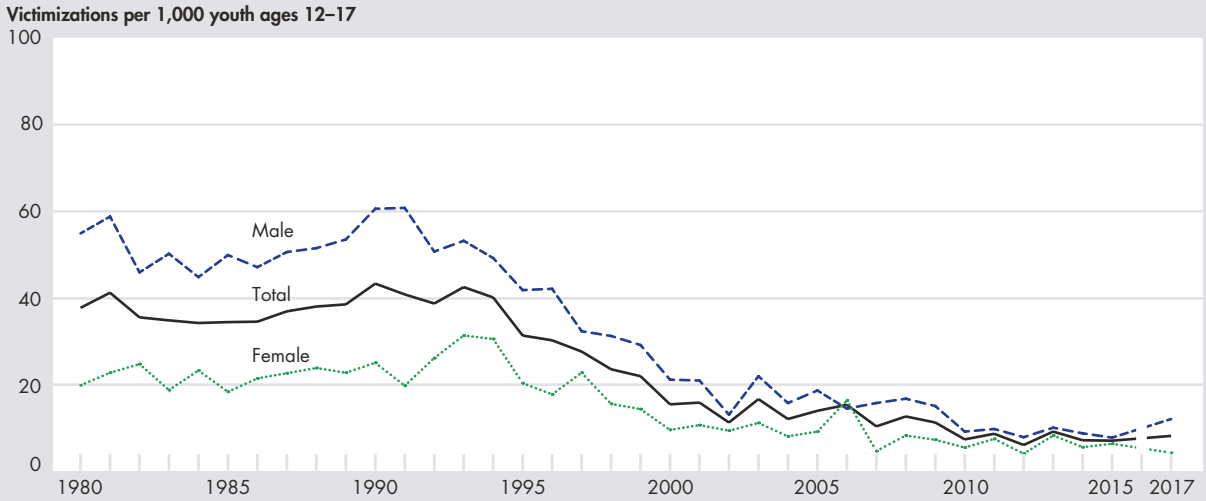
- The proportion of families with children having severe housing cost burdens, defined as paying more than half of their income for housing, was 15% in 2017, unchanged from the 2015 level but a substantial increase from 11% in 2003.
- Among very-low-income renter households[82] with children, 52% experienced severe cost burdens in 2017, not significantly different from 51% in 2015. The prevalence of severe cost burdens among this disadvantaged population has increased from 36% in 2003.

Bullets contain references to data that can be found in Table PHY5 on page 123. Endnotes begin on page 66.

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.[83,84]

Indicator PHY6 **Rate of serious violent crime victimization of youth ages 12–17 by gender, 1980–2017**



NOTE: Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide. Homicide data were not available from this source for 2017 at the time of publication. The number of homicides for 2016 is included in the overall total for 2017. In 2016, homicides represented less than 1% 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. In 2016, the National Crime Victimization Survey sample was redesigned, so 2016 estimates among youths are not comparable with estimates for other years.

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

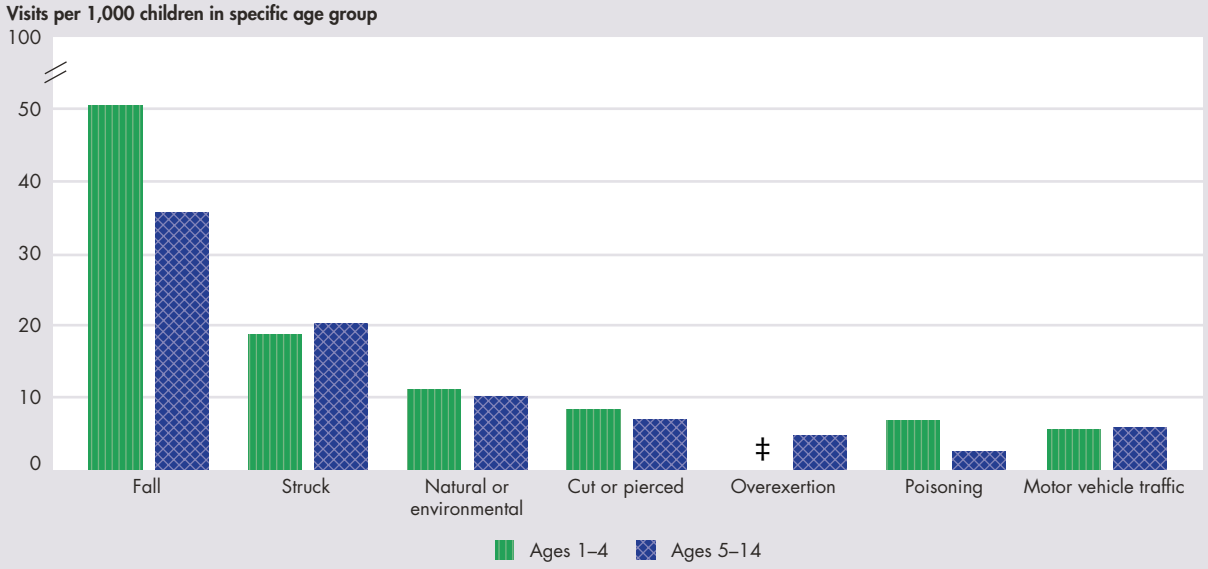
- In 2017, the rate at which youth were victims of serious violent crimes was 8 crimes per 1,000 youth ages 12–17. A total of 200,100 such crimes occurred in 2017.
- The rate of serious violent crimes involving youth victims stayed the same from 2010 to 2017. However, the rate in 2017 was significantly 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 2017.
- Male youth were more likely to be victims of a serious violent crime than female youth in 2017.
- From 1980 to 2017, the rate at which male youth were victims of serious violent crime declined from 55 crimes per 1,000 male youth ages 12–17 to 12 per 1,000. The rate for female youth declined from 20 to 4 per 1,000 female youth ages 12–17 during the same time period.

Bullets contain references to data that can be found in Table PHY6 on page 124. Endnotes begin on page 66.

Child Injury and Mortality

Although injury death rates have declined in the past two decades for children ages 1–14, 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.[85] 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.[86] For every fatal injury among children ages 1–14, there were nearly 1,200 nonfatal injury-related emergency department (ED) visits in 2017.[87] 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, 2014–2015**



‡ Reporting standards not met; estimate is considered unreliable.

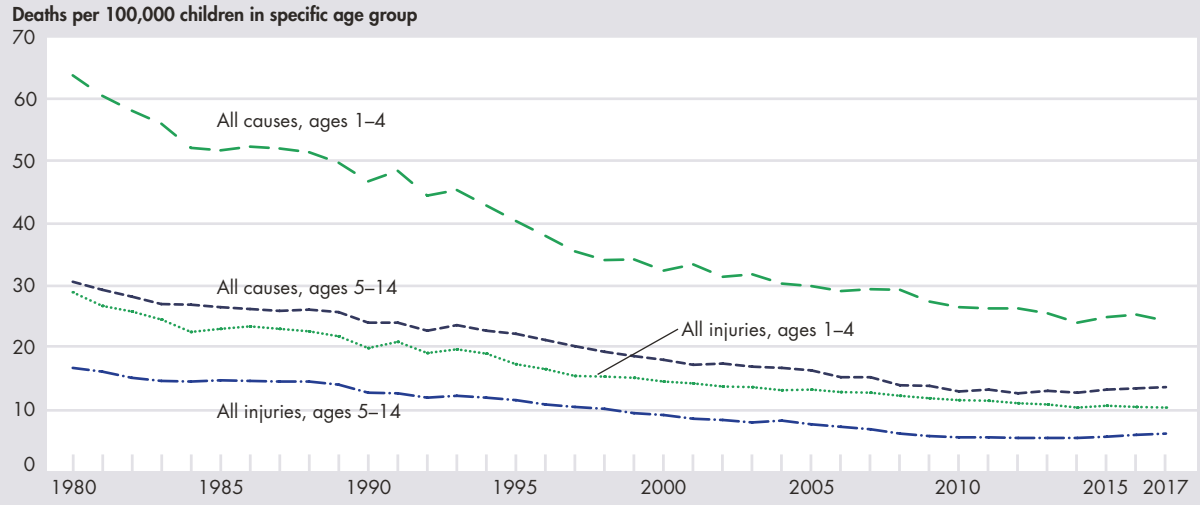
NOTE: Visits are the initial visit to the emergency department for the injury. "Struck" denotes being struck by or against an object or person, "natural or environmental" denotes injuries caused by natural or environmental factors such as insect or animal bites, and "cut or pierced" denotes injuries 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 ED visits.
- In 2014–2015, there were 51 ED visits for falls per 1,000 children ages 1–4 and 36 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 fourth 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 19 visits per 1,000 for children ages 1–4 and 20 visits per 1,000 for children ages 5–14.
- Injury-related ED visits for injuries caused by natural and environmental factors, including insect and animal bites, were 11 visits per 1,000 for children ages 1–4 and 10 visits per 1,000 for children ages 5–14.
- Injury-related ED visits resulting from being cut or pierced were 8 per 1,000 for children ages 1–4 and 7 per 1,000 for children ages 5–14.
- Injury-related ED visits for injuries caused by poisoning were 7 per 1,000 for children ages 1–4 and 3 per 1,000 for children ages 5–14.
- Injury-related ED visits for injuries caused by motor vehicle traffic crashes were 5 per 1,000 for children ages 1–4 and 6 per 1,000 for children ages 5–14.

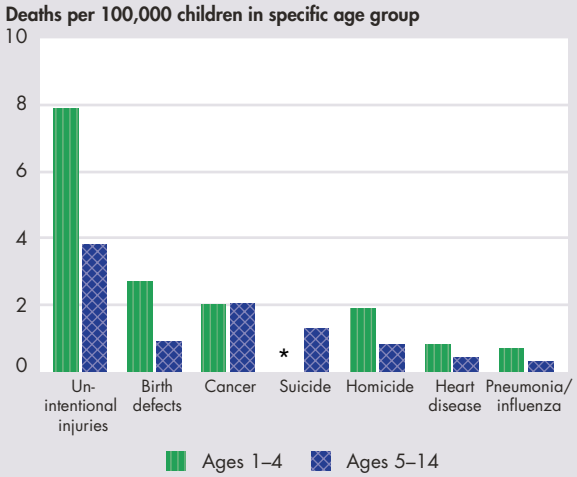
Child Injury and Mortality—cont.

Indicator PHY7.B Death rates among children ages 1–14 by all causes, all injury causes, and age group, 1980–2017



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, 2017



* Not a cause of death for children ages 1–4. Most suicides in the 5–14 age group are among those ages 10–14.

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

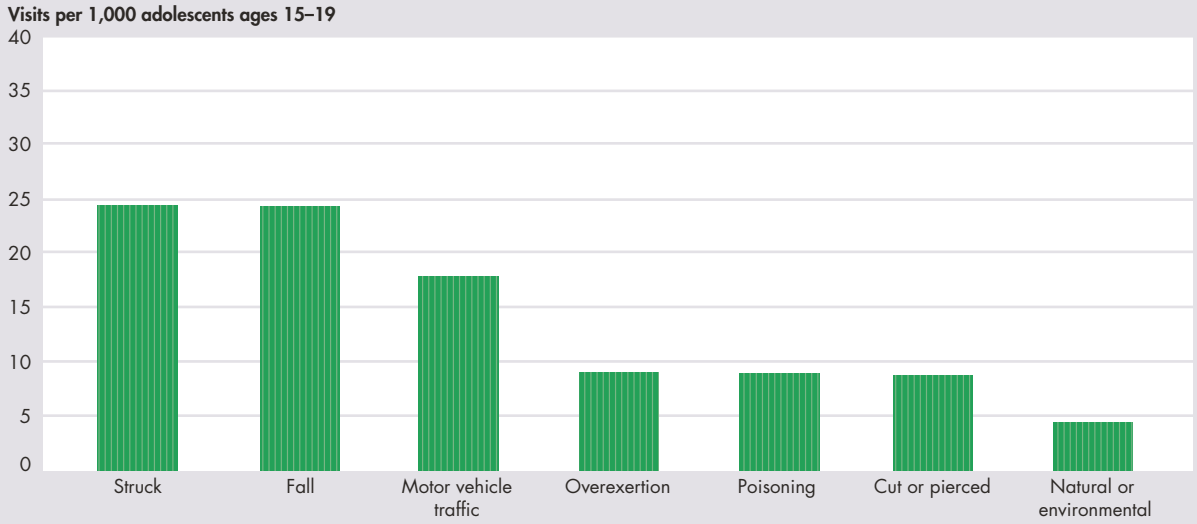
- The all-cause death rate among children ages 1–4 declined by 40 points, from 64 deaths per 100,000 in 1980 to 24 deaths per 100,000 in 2017. During the same time frame, the injury-related death rate decreased by 19 points to 10 deaths per 100,000 children ages 1–4 in 2017.
- The all-cause death rate among children ages 5–14 declined by 17 points, from 31 deaths per 100,000 in 1980 to 14 deaths per 100,000 in 2017. During the same time frame, the injury-related death rate decreased by 11 points to 6 deaths per 100,000 children ages 5–14 in 2017.
- In 2017, unintentional injuries (accidents) were the leading cause of death for children ages 1–4 (8 per 100,000) and 5–14 (4 per 100,000). Among children ages 1–4, birth defects, cancer, and homicide were also leading causes of death. Among children ages 5–14, cancer and suicide were the second and third leading causes of death in 2017.
- Among both younger and older children, males have higher death rates than females. In 2017, males ages 1–4 had a death rate of 27 per 100,000 compared with 21 deaths per 100,000 for females. Among children ages 5–14, males had a death rate of 16 deaths per 100,000 compared with 11 per 100,000 per females.

Bullets contain references to data that can be found in Tables PHY7.A–PHY7.B on pages 125–128. Endnotes begin on page 66.

Adolescent Injury and Mortality

Injury accounts for about 75% 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.[88] The leading causes of nonfatal injury resulting in an emergency department (ED) visit also differ between adolescents and younger children. For example, the leading cause of adolescent nonfatal injury ED visits is being struck by or against an object or person, whereas for younger children, the leading cause of nonfatal injury ED visits is falls (see PHY7.A). In addition, ED 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 were about 300 nonfatal injury-related ED visits in 2017.[87]

Indicator PHY8.A **Emergency department visit rates for adolescents ages 15–19 by leading causes of injury, 2014–2015**



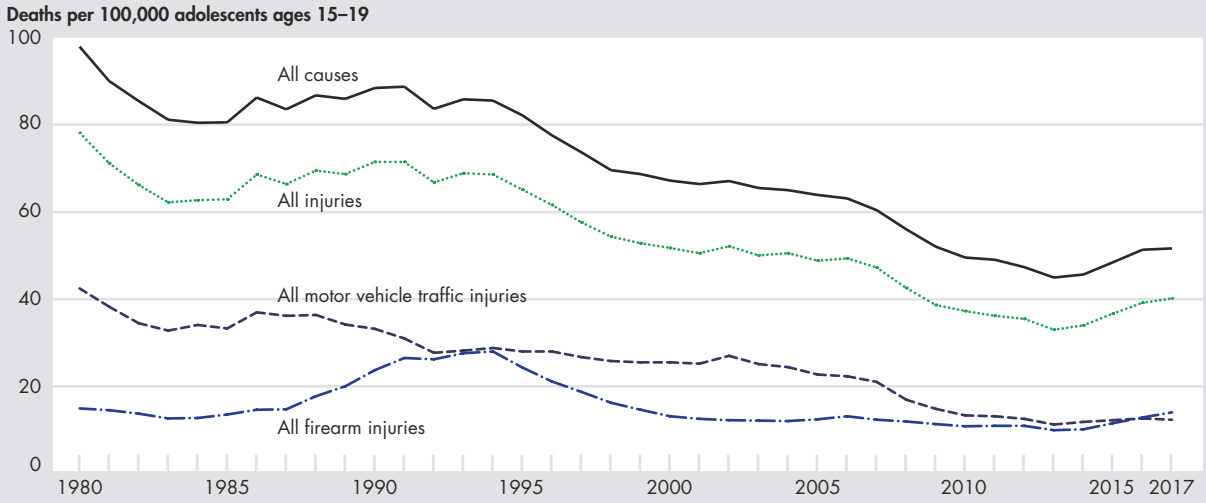
NOTE: Visits are the initial visit to the emergency department for the injury. "Struck" denotes injuries caused by being struck by or against an object or person, "overexertion" denotes injuries caused by excessive physical exercise or strenuous movements in recreational or other activities, "cut or 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 2014–2015, the three leading causes of injury-related ED visits among adolescents were being struck by or against an object or person, falls, and motor vehicle traffic crashes.
- Injury-related ED visits among adolescents ages 15–19 from being struck by or against an object or person (24 visits per 1,000), falls (24 visits per 1,000), and motor vehicle traffic crashes (18 visits per 1,000) accounted for one half of the injury-related ED visits for this age group in 2014–2015.
- Injuries caused by overexertion from excessive physical exercise or strenuous movements in recreational or other activities resulted in approximately 9 visits per 1,000 adolescents ages 15–19 in 2014–2015.
- Injuries caused by poisoning resulted in 9 visits per 1,000 adolescents ages 15–19 in 2014–2015.
- Injuries resulting from cutting or piercing from instruments or objects accounted for 9 visits per 1,000 adolescents ages 15–19 in 2014–2015. The majority of these injuries (7 per 1,000 adolescents ages 15–19) were unintentional.
- The ED visit rate for injuries caused by natural or environmental factors was 4 visits per 1,000 adolescents ages 15–19 in 2014–2015.

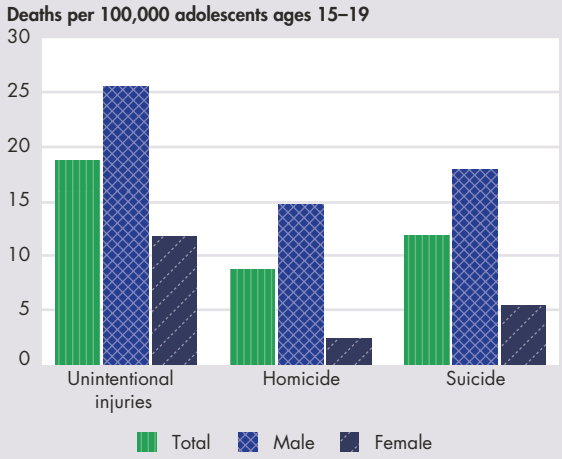
Adolescent Injury and Mortality—cont.

Indicator PHY8.B **Death rates among adolescents ages 15–19 by all causes and all injury causes and selected mechanisms of injury, 1980–2017**



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, 2017**



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 on another person (homicide).

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

- The death rate for adolescents ages 15–19 was 52 per 100,000 in 2017, 46 points lower than the death rate in 1980 (98 deaths per 100,000).
- From 1980 to 2017, injuries were the leading cause of death for adolescents. In 2017, injuries accounted for more than three fourths of adolescent deaths.
- Motor vehicle traffic injuries were the leading mechanism of injury deaths among adolescents ages 15–19 prior to 2016. In 2016, there was no statistically significant difference between deaths related to motor vehicle traffic injuries and firearm injuries. However, in 2017, firearm-related injury deaths (14 deaths per 100,000) became more common than motor vehicle traffic deaths (12 deaths per 100,000).
- After high firearm death rates in the early 1990s, death rates declined from 28 deaths per 100,000 adolescents in 1994 to 10 deaths per 100,000 adolescents in 2014. However, the death rate from firearms began to rise in 2014, and has since increased to 14 deaths per 100,000 in 2017.
- The unintentional injury (accident) death rate in 2017 was higher among male adolescents (26 per 100,000) than among female adolescents (12 per 100,000). The homicide rates were also higher among males than females (15 deaths per 100,000 and 2 deaths per 100,000, respectively), as were the suicide rates (18 per 100,000 and 5 per 100,000, respectively).

Bullets contain references to data that can be found in Tables PHY8.A–PHY8.B on pages 129–132. Endnotes begin on page 66.

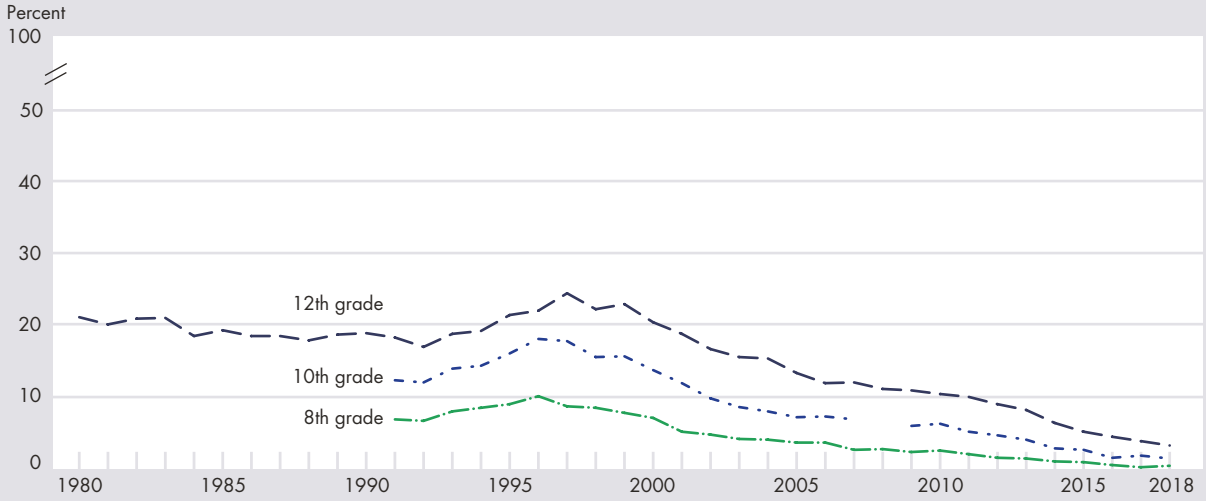
Behavior

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 the 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.[89] More than 480,000 annual deaths are attributable to tobacco use, making tobacco more lethal than all other addictive drugs. Nearly 90% of smokers start smoking by age 18. Each day, more than 1,600 youth, ages 12–17, smoke their first cigarette, and another more than 1,300 youth and young adults who are occasional smokers become daily smokers.[90] 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, 1980–2018**



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.

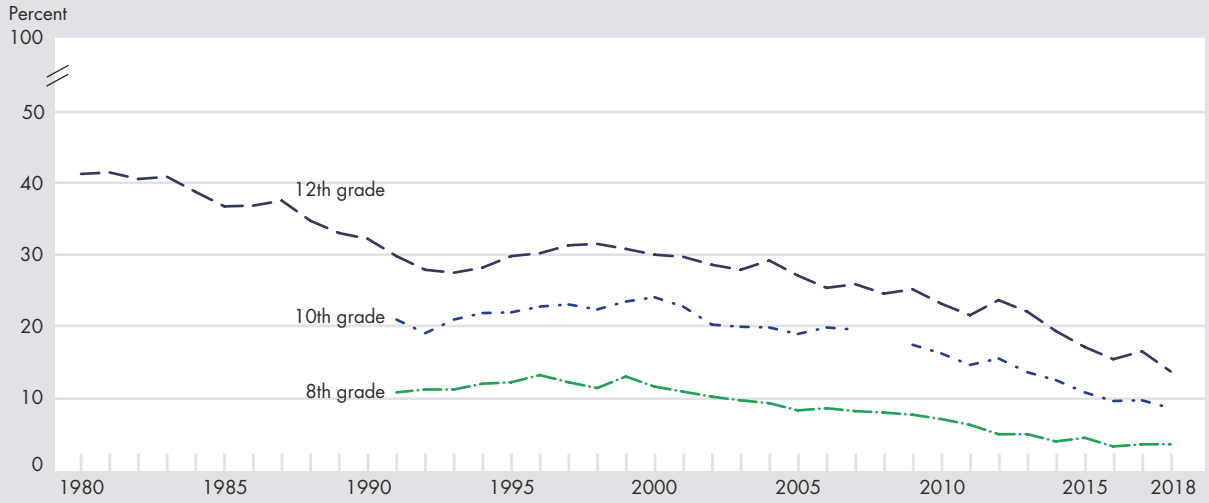
- In 2018, the percentages of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily in the past 30 days continued to be the lowest in the history of the survey.
- In 2018, 1% of 8th-grade students, 2% of 10th-grade students, and 4% of 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with their respective peaks in the mid-1990s of 10%, 18%, and 25%.
- Daily cigarette use in the past 30 days was reported by 1% each of male and female 8th graders, by 2% each of male and female 10th graders, and by 4% of 12th-grade males and 3% of 12th-grade females.
- Also, in 2018, 5% of White, non-Hispanic 12th-grade students reported smoking cigarettes daily in the past 30 days, compared with 2% each of Black, non-Hispanic 12th-grade students and Hispanic 12th-grade students.

Bullets contain references to data that can be found in Table BEH1 on page 133. Endnotes begin on page 66.

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 the workplace; and fighting, crime, and other serious consequences. 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.[91]

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, 1980–2018**



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.

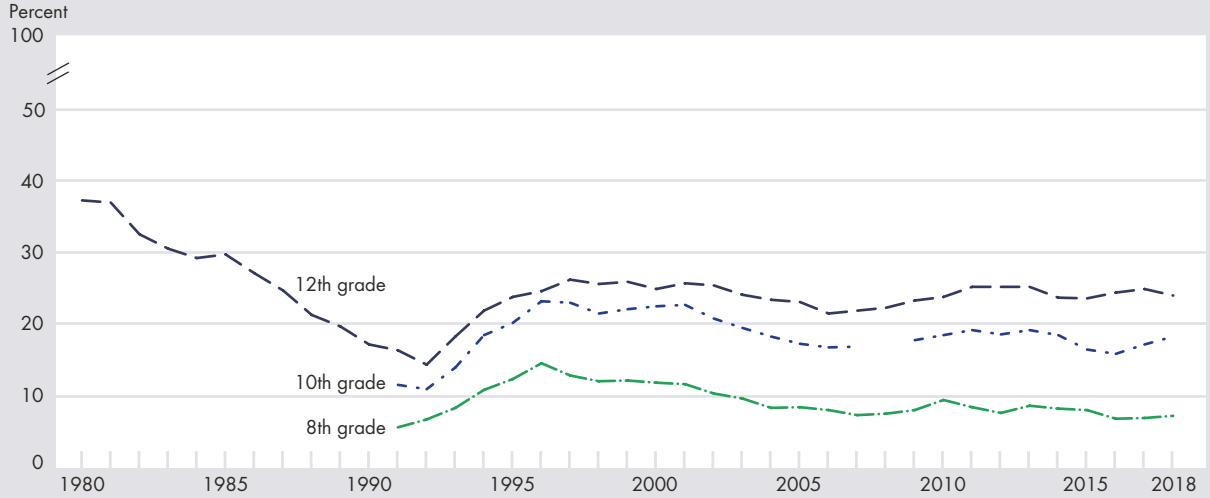
- In 2018, the percentages of 8th-, 10th-, and 12th-grade students who reported binge drinking continued a downward trend.
- Binge drinking declined from the most recent peaks of 13% in 1996 to 4% in 2018 for 8th-grade students, 24% in 2000 to 9% in 2018 for 10th-grade students, and 32% in 1998 to 14% in 2018 for 12th-grade students.
- In 2018, about 3% of male and 4% of female 8th-grade students reported binge drinking; among 10th-grade students, the proportion was 9% for males and 8% for female students. Sixteen percent of 12th-grade male students reported binge drinking, compared with 12% of 12th-grade female students.
- Among 12th graders in 2018, 19% of White, non-Hispanic, 7% of Black, non-Hispanic, and 12% of Hispanic students reported binge drinking. In the same year, 4% of Black, non-Hispanic and 11% each of White, non-Hispanic and Hispanic 10th-grade students reported binge drinking. Among 8th graders, 3% each of White, non-Hispanic and Black, non-Hispanic students and 5% of Hispanic students reported binge drinking.

Bullets contain references to data that can be found in Table BEH2 on page 134. Endnotes begin on page 66.

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.[92,93] There is an increasing perception that marijuana is safe with expanding legalization. In the past decade, the percentage of 8th, 10th, and 12th graders that perceive smoking marijuana occasionally or regularly as harmful has significantly declined. 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 (also known as Ecstasy), can affect brain chemistry and may result in problems with memory and learning new information.[94] Any illicit drug use during adolescence is a risk-taking behavior that has potentially serious negative consequences.

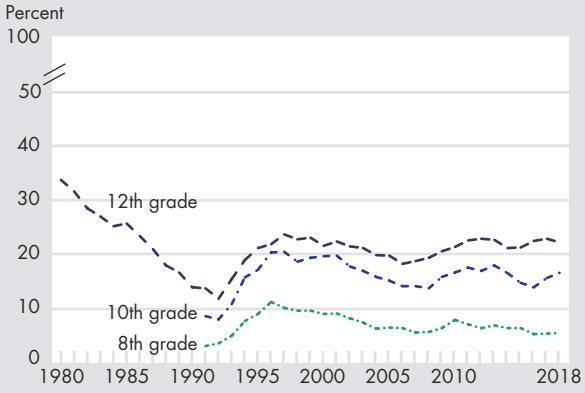
Indicator BEH3.A **Percentage of 8th-, 10th-, and 12th-grade students who reported using illicit drugs in the past 30 days by grade, 1980–2018**



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 is excluded because 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, 1980–2018**



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

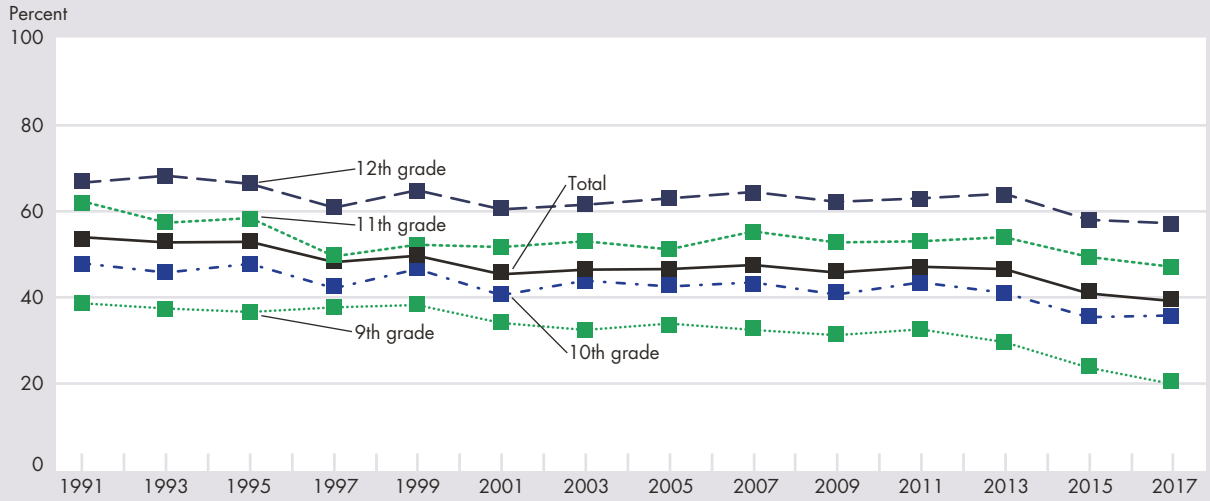
- From 2017 to 2018, reports of illicit drug use in the past 30 days remained unchanged among 8th, 10th, and 12th graders, with 7%, 18%, and 24% reporting use, respectively.
- In 2018, illicit drug use in the past 30 days was reported by 7% each of male and female 8th graders, by 19% of male and 18% of female 10th graders, and by 26% of male and 21% of female 12th graders.
- The percentages of past month illicit drug use reported in 2018, increased significantly compared with those reported in 1992, when 7% of 8th graders, 11% of 10th graders, and 14% of 12th graders reported past month illicit drug use.
- Marijuana use in the past 30 days remained unchanged from 2016–2017 and was reported by 6% of 8th graders, 17% of 10th graders, and 22% of 12th graders in 2018.

Bullets contain references to data that can be found in Tables BEH3.A–BEH3.B on pages 135–136. Endnotes begin on page 66.

Sexual Activity

Early sexual activity is associated with emotional[95] and physical health risks. Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. STIs, including human immunodeficiency virus (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,[96] and having fewer lifetime partners is associated with a decrease in the rate of STIs.[97,98] In addition, teen pregnancy is associated with a number of negative risk factors, not only for the mother but also for her child (see FAM6).

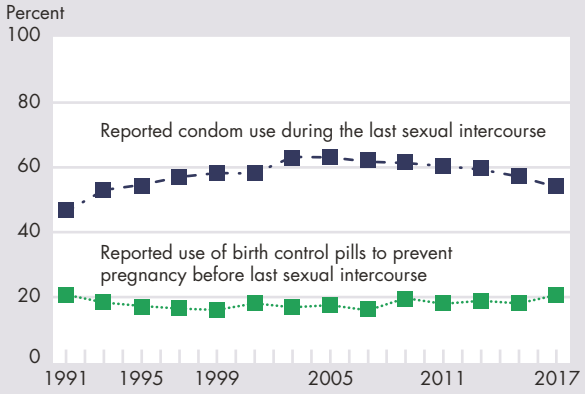
Indicator BEH4.A **Percentage of high school students who reported ever having had sexual intercourse by grade, selected years 1991–2017**



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

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 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 1991–2017**



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 Chronic Disease Prevention and Health Promotion, Youth Risk Behavior Surveillance System.

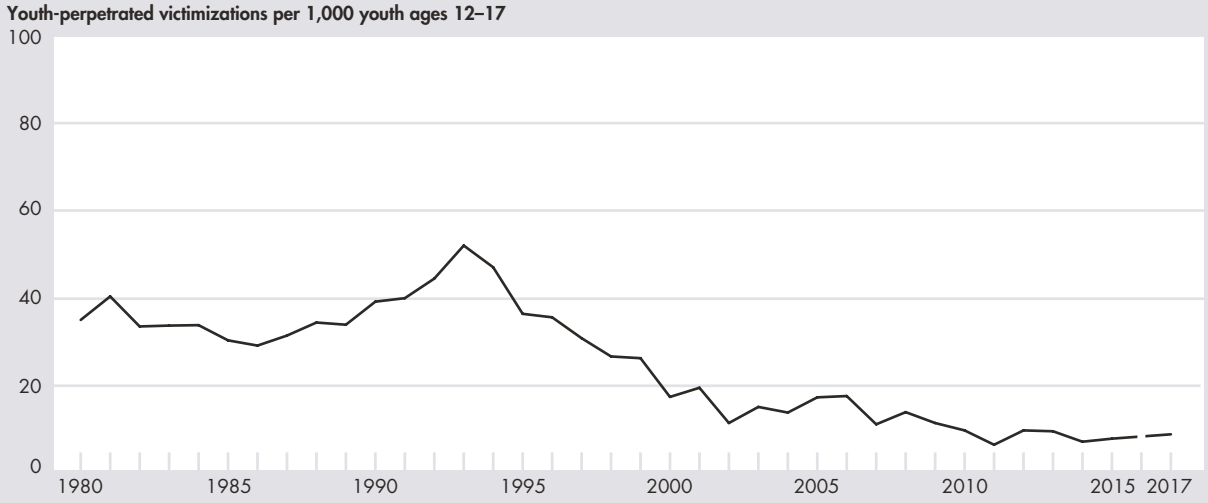
- The percentage of students reporting ever having had sexual intercourse declined from 54% in 1991 to 46% in 2001 and was relatively stable through 2013 (47%) before decreasing to 40% in 2017.[99]
- Between 1991 and 2017, the percentage of students reporting ever having had sexual intercourse declined among all four grades: 9th grade (39% to 20%), 10th grade (48% to 36%), 11th grade (62% to 47%), and 12th grade (67% to 57%).
- In 2017, of students who had sexual intercourse in the past 3 months, about 21% reported that they or their partner had used birth control pills before their last sexual intercourse and 54% reported condom use. Condom use increased between 1991 (46%) and 2005 (63%) and then decreased between 2005 and 2017.

Bullets contain references to data that can be found in Tables BEH4.A–BEH4.C on pages 136–138. Endnotes begin on page 66.

Youth Perpetrators of Serious Violent Crimes

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.[100] One measure of youth violence is the rate of serious violent crimes committed by juveniles. Because insufficient data 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.

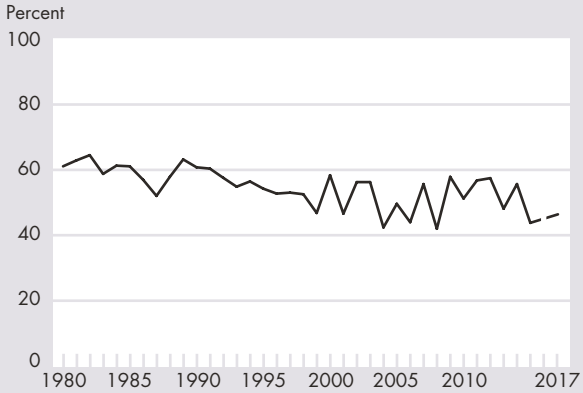
Indicator BEH5.A Rate of serious violent crimes by youth perpetrators ages 12–17, 1980–2017



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 known juvenile offender, to the number of juveniles in the population. Homicide data were not available from this source for 2017 at the time of publication. The number of homicides for 2016 is included in the overall total for 2017. In 2016, homicides represented less than 1% 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. Due to methodological changes, use caution when comparing 2006 estimates to other years. Estimates for 2016 are not included because, in 2016, the National Crime Victimization Survey sample was redesigned, so 2016 estimates among youth are not comparable with estimates from other years.

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 violence involving multiple offenders ages 12–17, 1980–2017



NOTE: In 2016, the National Crime Victimization Survey sample was redesigned, so 2016 estimates among youth are not comparable with estimates from other years.

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

- In 2017, the serious violent crime offending rate was 9 crimes per 1,000 juveniles ages 12–17, with a total of 215,000 such crimes involving juveniles. This was similar to the rate in 2015.
- The serious violent crime offending rate peaked in 1993 with 52 crimes per 1,000 juveniles age 12–17. The violent crime offending rate has declined 83% from 1993 to 2017.
- In 47% of all youth-perpetrated serious violent crimes reported by victims in 2017, more than one offender was involved in the incident.

Bullets contain references to data that can be found in Table BEH5 on page 139. Endnotes begin on page 66.

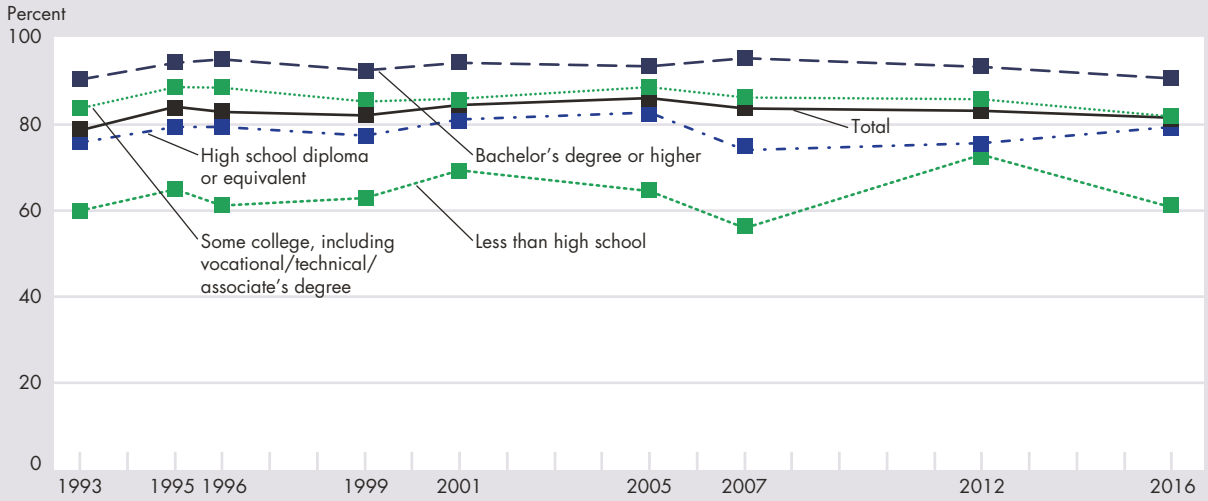
Education

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 high school academic 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 prospects).

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.[101] The percentage of young children read to three 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 three or more times in the last week by a family member by mother's education, selected years 1993–2016**



NOTE: Estimates are based on children ages 3–5 who have yet to enter kindergarten. Children without mothers or female guardians in the home are not included in the estimates. Prior to 2012, National Household Education Surveys Program (NHES) surveys were administered by telephone with an interviewer. NHES:2012 used self-administered paper-and-pencil questionnaires that were mailed to respondents. For NHES:2016, all sampled households received initial contact by mail. Although the majority of respondents completed paper questionnaires, a small sample of cases was part of a web experiment with mailed invitations to complete the survey online. Measurable differences in estimates between 2012, 2016, and prior years could reflect actual changes in the population, or the changes may have resulted from the mode change. Some data were revised from previously published figures.

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

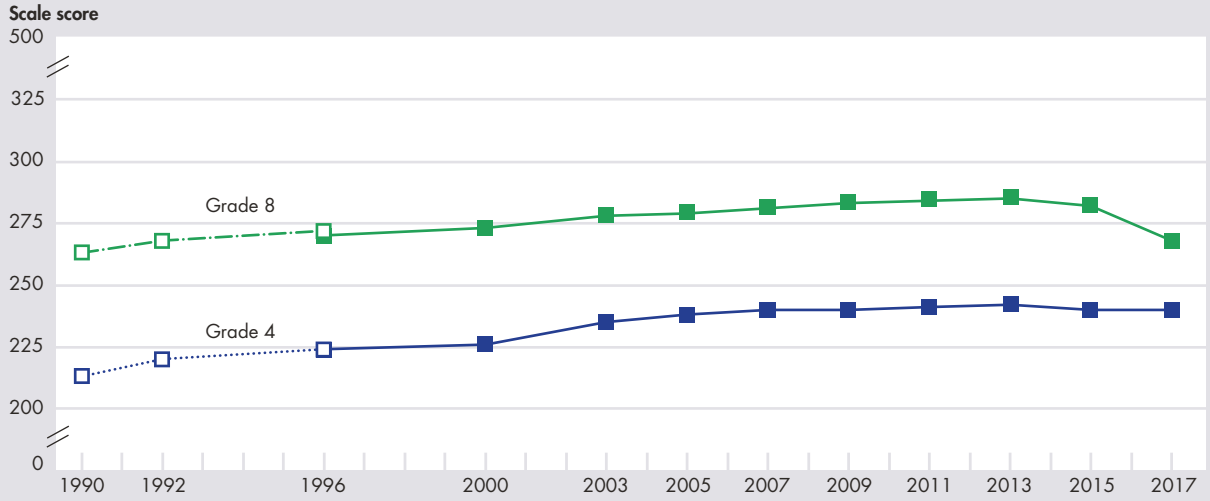
- In 2016, approximately 81% of children ages 3–5 who were not yet in kindergarten were read to three or more times per week by a family member. This rate was higher than the rate in 1993 (78%), although it fluctuated in the intervening years.
- The percentage of children who were read to three or more times per week by a family member in 2016 was higher for those whose mothers had higher levels of educational attainment. For example, 90% of children whose mothers had at least a bachelor's degree were read to three or more times per week, compared with 81% of children whose mothers had some college education, including a vocational, technical, and associate's degree; 79% of children whose mothers had a high school diploma or equivalent; and 61% of children whose mothers had less than a high school diploma.
- In 2016, the percentage of children who were read to three or more times per week by a family member was higher for White, non-Hispanic children (88%) than for their Black, non-Hispanic (79%); Asian, non-Hispanic (74%); and Hispanic (71%) peers. There were no statistically significant differences between the percentages of Asian, non-Hispanic; Black, non-Hispanic; and Hispanic children who were read to three or more times per week.
- In 2016, the percentage of children who were read to three or more times per week by a family member was higher for children in families with incomes at 200% or more of the poverty level (87%) than for those in families with incomes at 100%–199% of the poverty level (75%) and those in families with incomes below the poverty level (71%).
- For every group of children by mother's highest level of education, there were no measurable differences between 1993 and 2016 in the percentage of children who were read to three or more times per week by a family member.

Bullets contain references to data that can be found in Table ED1 on pages 140–141. Endnotes begin on page 66.

Mathematics and Reading Achievement

Factors such as the extent of children's knowledge and children's 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 can be good indicators of overall achievement in school. To assess progress in mathematics and reading, the National Assessment of Educational Progress (NAEP) measures trends in the academic performance of students in Grades 4, 8, and 12. The most recent NAEP mathematics and reading assessments were conducted for Grades 4 and 8 in 2017 and for Grade 12 in 2015.

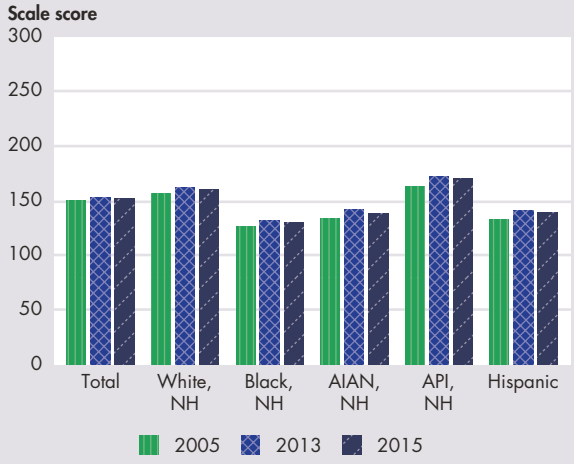
Indicator ED2.A Average mathematics scale scores for students in Grades 4 and 8, selected years 1990–2017



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 content area: number properties and operations; measurement; geometry; data analysis, statistics, and probability; and 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. For 1996, scores are provided for both the assessment with and 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,[102] 2005, 2013, and 2015

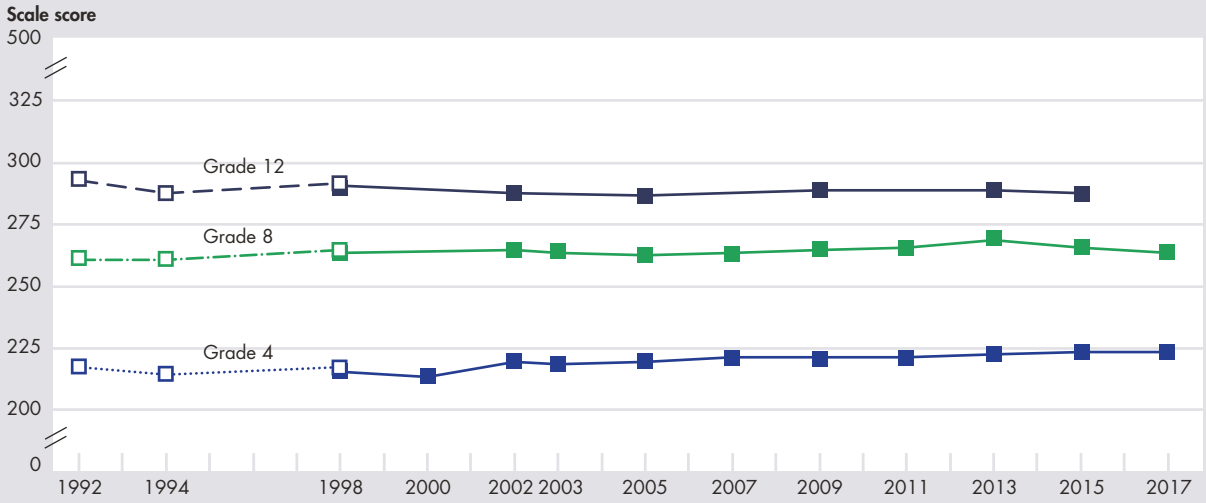


NOTE: NH = non-Hispanic origin; AIAN = American Indian or Alaska Native; and API = Asian or Pacific Islander.

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

- At both Grade 4 and Grade 8, the average mathematics score in 2017 was higher than in 1990. However, the 2017 scores were not significantly different from the 2015 scores at either grade.
- At Grade 12, the average mathematics score in 2015 was not significantly different from the score in 2005, the earliest year with comparable data.[103] However, the 2015 score was lower than the score in 2013.
- At both Grade 4 and Grade 8, similar to the overall pattern, average mathematics scores were higher in 2017 than in 1990 for students who were White, non-Hispanic; Black, non-Hispanic; Asian or Pacific Islander, non-Hispanic; and Hispanic. At Grade 12, average mathematics scores were higher in 2015 than in 2005 for students who were White, non-Hispanic; Black, non-Hispanic; Asian or Pacific Islander, non-Hispanic; and Hispanic. For American Indian or Alaska Native, non-Hispanic students in Grade 12, there was no measurable difference between the average mathematics scores in 2015 and 2005.[104]

Indicator ED2.C **Average reading scale scores for students in Grades 4, 8, and 12, selected years 1992–2017**



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 included data for only Grade 4, and the 2003, 2007, 2011, and 2017 assessments included data for only 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. For 1998, scores are provided for both the assessment with and without accommodations to show comparability across the assessments.

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

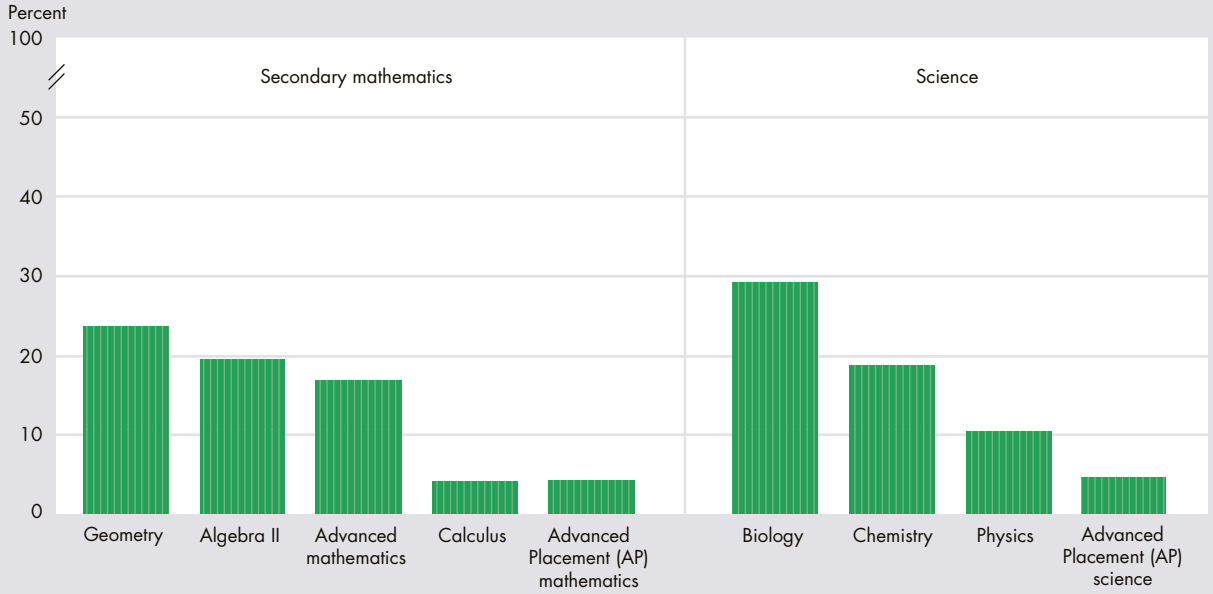
- At Grades 4 and 8 in 2017, Asian or Pacific Islander, non-Hispanic students had the highest average mathematics scores, and White, non-Hispanic students scored higher than their peers in the remaining racial and ethnic groups. Black, non-Hispanic students scored lower than students in the other racial and ethnic groups. At Grade 12, the same patterns can be observed for 2015.
- At Grade 4, the average reading score in 2017 was higher than the score in 1992, but not measurably different from the score in 2015. At Grade 8, the average reading score in 2017 was higher than the scores in 1992 and in 2015. At Grade 12, the score in 2015 was lower than the score in 1992, but not measurably different from the score in 2013.
- At Grades 4 and 8 in 2017, Asian, non-Hispanic students had, on average, the highest reading scores of all the racial and ethnic groups; White, non-Hispanic students also scored higher, on average, than their other peers. In addition, at these grade levels in 2017, Hispanic students had higher average reading scores than their Black, non-Hispanic peers. At Grade 12 in 2015, White, non-Hispanic and Asian, non-Hispanic students had higher reading scores than Black, non-Hispanic and Hispanic students; the average reading score was also higher for Hispanic students than for Black, non-Hispanic students.
- At Grades 4 and 8, females scored, on average, lower than males in mathematics but higher than males in reading in 2017. The same pattern can be observed for Grade 12 in 2015.
- In 2017, for students in Grade 8, higher parental education levels were associated with higher average mathematics and reading scores. The same pattern can be observed for students in Grade 12 in 2015.[105]

Bullets contain references to data that can be found in Tables ED2.A/B–ED2.C on pages 142–145. Endnotes begin on page 66.

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.[106,107] Research also suggests that student enrollment in rigorous mathematics and science courses increases interest in majoring in science, technology, engineering, and mathematics (STEM) fields.[108] 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.[109]

Indicator ED3 **Percentage of public school students enrolled in selected secondary mathematics and science courses, 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/mathematical analysis, analytic geometry, mathematical analysis, mathematical analysis/analytic geometry, probability and statistics, and precalculus.

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

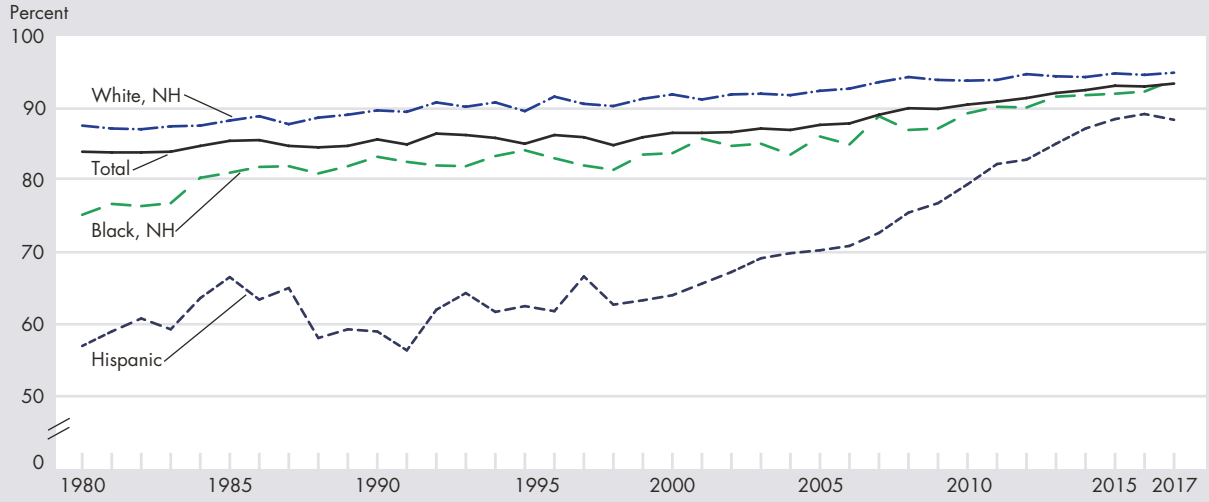
- During the 2013–14 school year, about 24% of public high school students in Grades 9–12 were enrolled in geometry classes, 19% were enrolled in algebra II, 17% were enrolled in advanced mathematics, 4% were enrolled in calculus, and 4% were enrolled in Advanced Placement (AP) mathematics. In terms of science classes, about 29% of public high school students were enrolled in biology, 19% were enrolled in chemistry, 10% were enrolled in physics, and 4% were enrolled in AP science.
- During the 2013–14 school year, a higher percentage of females than males in Grades 9–12 in public high 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 mathematics. A higher percentage of males than females were enrolled in physics.
- A higher percentage of Asian, non-Hispanic students (13%) than students of any other racial or ethnic group were enrolled in AP mathematics during the 2013–14 school year. The percentage of students enrolled in AP mathematics was lowest for Black, non-Hispanic and American Indian or Alaska Native, non-Hispanic students (both 2%). Similarly, the percentage of students enrolled in AP science was highest for Asian, non-Hispanics (14%) and lowest for Black, non-Hispanics and American Indian or Alaska Native, non-Hispanics (both 2%).
- For both males and females, a greater percentage of Asian, non-Hispanic students than students of other races and ethnicities enrolled in AP mathematics and AP science.

Bullets contain references to data that can be found in Tables ED3.A–ED3.B on pages 146–147. Endnotes begin on page 66.

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 higher education. Persons with higher levels of education tend to have better economic outcomes than their peers with lower levels of education.[110]

Indicator ED4 **Percentage of young adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2017**



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 General Educational Development (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.

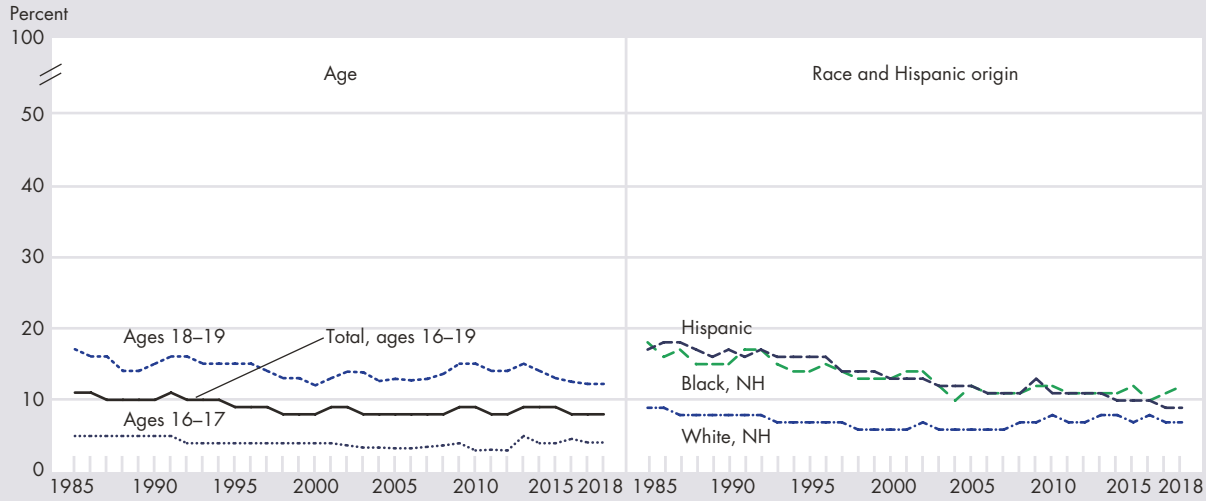
- In 2017, about 93% of young adults ages 18–24 had completed high school with a diploma or an alternative credential, such as a General Educational Development (GED) certificate. The high school completion rate has increased since 1980, when it was 84%.
- Between 1980 and 2017, the high school completion rate increased for Black, non-Hispanic young adults (from 75% to 94%) and for White, non-Hispanic young adults (from 87% to 95%).
- During this period, the completion rate for Black, non-Hispanic young adults was lower than that for their White, non-Hispanic peers in every year except 2017, when the rates were not measurably different between these two groups.
- The completion rate for Hispanic young adults increased 31 percentage points between 1980 and 2017, from 57% to 88%, although it was 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 2017 for young adults who were Hispanic (from 69% to 88%); Black, non-Hispanic (from 85% to 94%); White, non-Hispanic (from 92% to 95%); and Asian, non-Hispanic (from 95% to 99%). In contrast, the completion rates in 2017 for non-Hispanic young adults who were American Indian or Alaska Native (86%), Pacific Islander (89%), and of Two or more races (96%) were not statistically different from the rates in 2003.
- In 2017, the high school completion rate was higher for non-Hispanic young adults who were Asian (99%), of Two or more races (96%), White (95%), and Black (94%) than for young adults who were Hispanic (88%) and American Indian or Alaska Native, non-Hispanic (86%). 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 148. Endnotes begin on page 66.

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. A new report shows that "a disconnected youth will suffer an earnings penalty of over $30,000 per year in middle adulthood as compared to someone who came from a family with the same income but who was in school or working those critical, transitional years to adulthood."[111] 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.

Indicator ED5 **Percentage of youth ages 16–19 who are neither enrolled in school nor working by age and race and Hispanic origin, 1985–2018**



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.

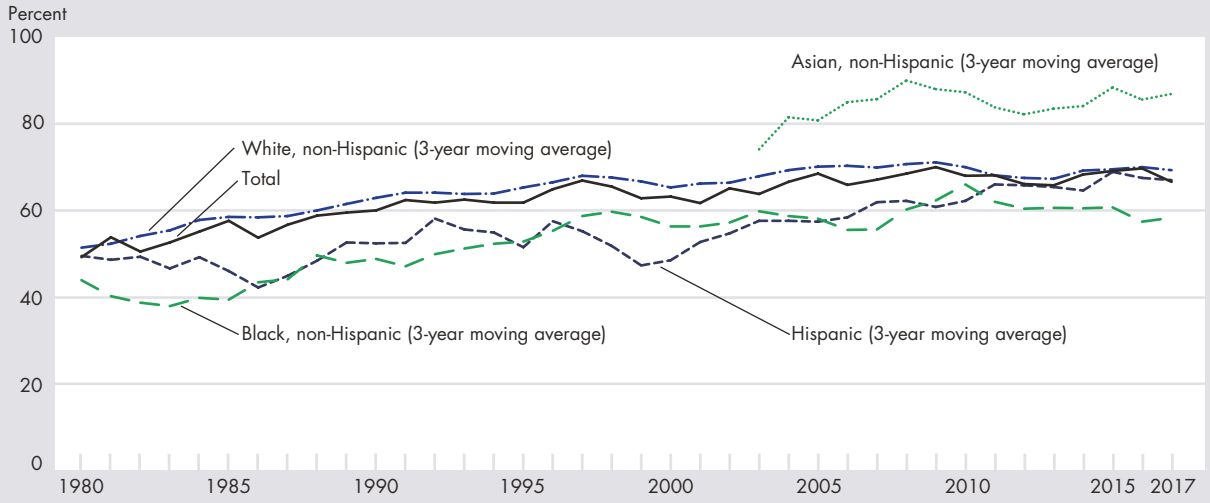
- In 2018, 8% of youth ages 16–19 were neither enrolled in school nor working. This estimate remains unchanged from the prior 2 years and has remained roughly unchanged over the past 20 years.
- The percentage of Black, non-Hispanic youth and Hispanic youth neither enrolled in school nor working has declined since 1985.
- Black, non-Hispanic youth and Hispanic youth had higher rates of detachment from work and school than White, non-Hispanic youth. In 2018, 12% of Black, non-Hispanic youth and 9% of Hispanic youth were neither enrolled in school nor working, compared with 7% of White, non-Hispanic youth.
- Older youth ages 18–19 are three times as likely to be detached from school and work activities as youth ages 16–17. In 2018, 12% of youth ages 18–19 were neither enrolled in school nor working, compared with 4% of youth ages 16–17. A little less than half of older youth were enrolled in school and not working in 2018 (47%), compared with 34% in 2000.

Bullets contain references to data that can be found in Tables ED5.A–ED5.C on pages 149–153. Endnotes begin on page 66.

College Enrollment

A college education generally enhances a person's employment prospects and increases his or her earning potential.[105] 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.[111] 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.[112]

Indicator ED6 **Percentage of high school completers who were enrolled in college the October immediately after completing high school by race and Hispanic origin, 1980–2017**

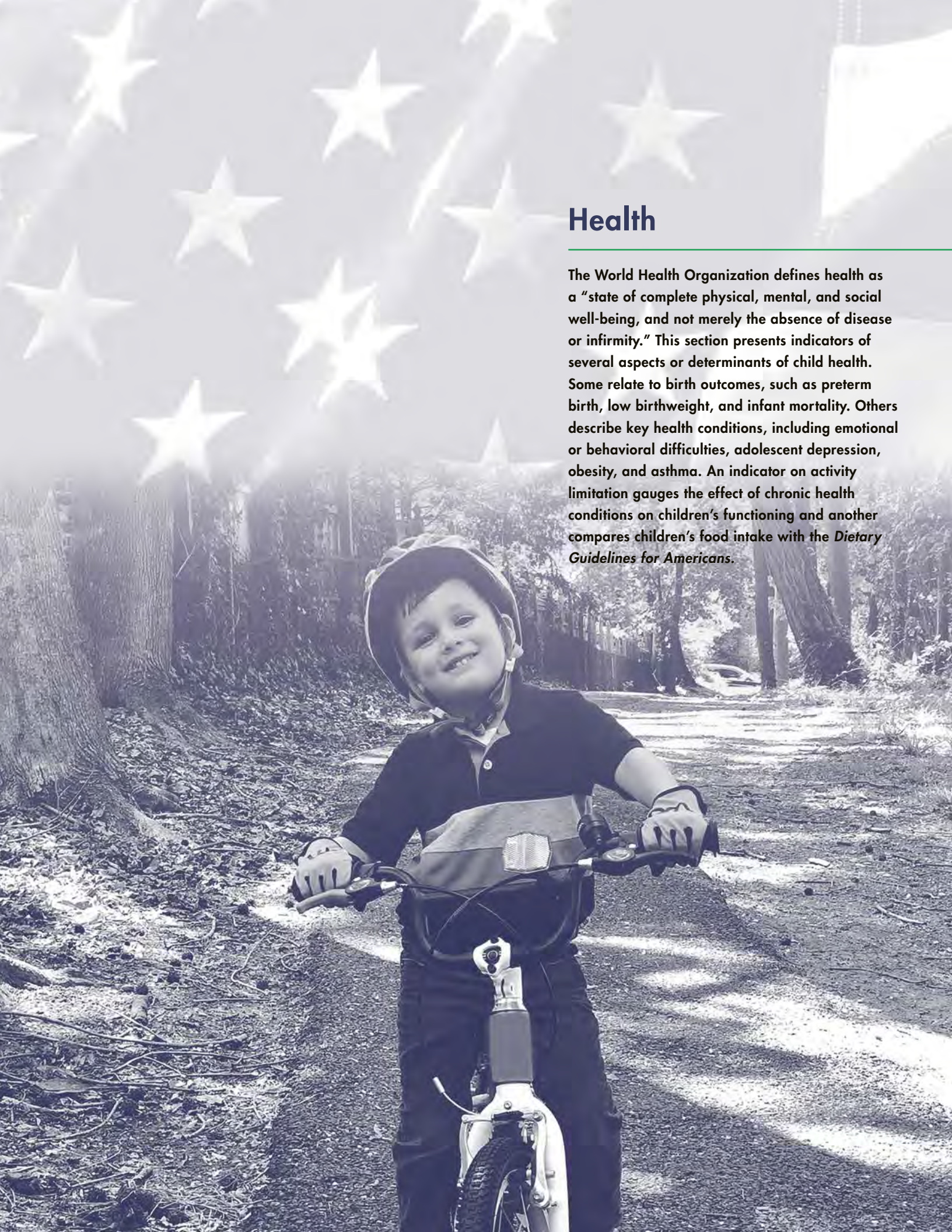


NOTE: Enrollment in college as of October of each year for individuals ages 16–24 who had completed high school earlier in the calendar year. High school completers include recipients of a General Educational Development (GED) or other high school equivalency credential. Data were revised since previous 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 2017, a 2-year moving average is used, reflecting an average of the 2016 and 2017 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 2017, some 67% 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 2017, the immediate college enrollment rate increased from 49% to 67%.
- In 1980, some 52% of White, non-Hispanic high school completers immediately enrolled in college; this rate increased to 69% in 2017.[113] The immediate college enrollment rate for Black, non-Hispanic high school completers increased from 44% in 1980 to 58% in 2017. The rate for Hispanic high school completers also increased, from 50% in 1980 to 67% in 2017. Separate data for Asian, non-Hispanic high school completers have been available since 2003. The immediate college enrollment rate for Asian, non-Hispanic high school completers fluctuated between 2003 and 2017, but the rate was higher in 2017 (87%) than in 2003 (74%).
- In 2017, the immediate college enrollment rate was higher for Asian, non-Hispanic high school completers (87%) than for their White, non-Hispanic (69%), Hispanic (67%), and Black, non-Hispanic (58%) peers. In 2017, the immediate college enrollment rate was also higher for White, non-Hispanic high school completers than for their Black, non-Hispanic peers, while neither group's rate was statistically different from that of their Hispanic peers. Similarly, in 1980, the immediate college enrollment rate was higher for White, non-Hispanic high school completers (52%) than for their Black, non-Hispanic peers (44%), and neither group's rate was statistically different from that of their Hispanic peers (50%).
- In 2017, the immediate college enrollment rate for female high school completers (72%) was higher than that of their male peers (61%). From 1980 to 2017, the immediate enrollment rate for female high school completers increased from 52% to 72%, and the rate for male high school completers increased from 47% to 61%.

Bullets contain references to data that can be found in Table ED6 on page 154. Endnotes begin on page 66.



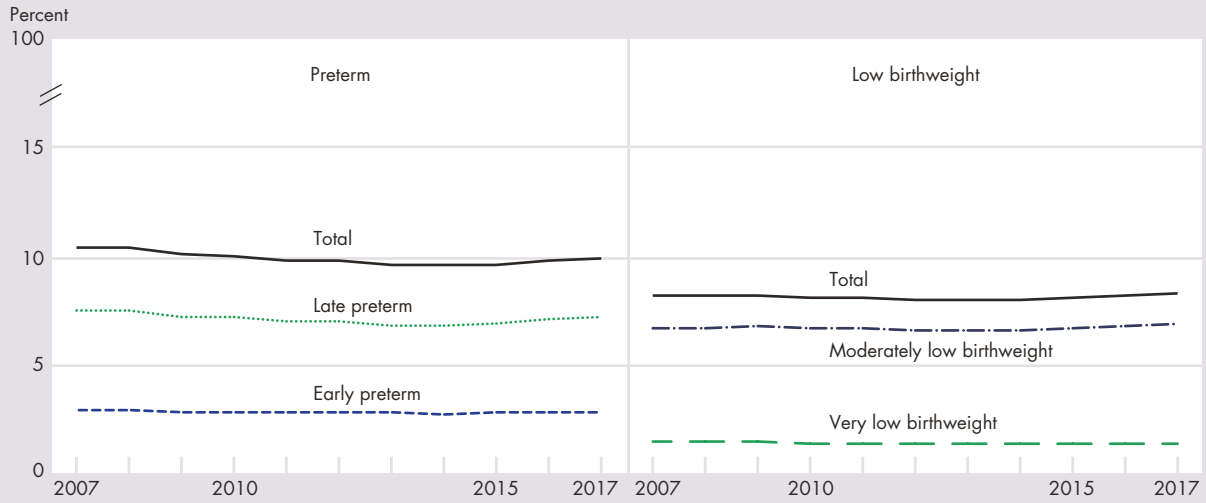
Health

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 aspects or determinants of child health. Some relate to birth outcomes, such as preterm birth, low birthweight, and infant mortality. Others describe key health conditions, including emotional or behavioral difficulties, adolescent depression, obesity, and asthma. An indicator on activity limitation gauges the effect of chronic health conditions on children's functioning and another compares children's food intake with the *Dietary Guidelines for Americans*.

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.[114,115,116] 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% of preterm births were low birthweight.[117] 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 a lower risk of poor outcomes than infants born earlier but are at a higher risk than infants delivered at term or later.[115] 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.[117] Disorders related to preterm birth and low birthweight are the second leading cause of infant death in the United States.[115,118]

Indicator HEALTH1.A **Percentage of infants born preterm and percentage of infants born with low birthweight, 2007–2017**

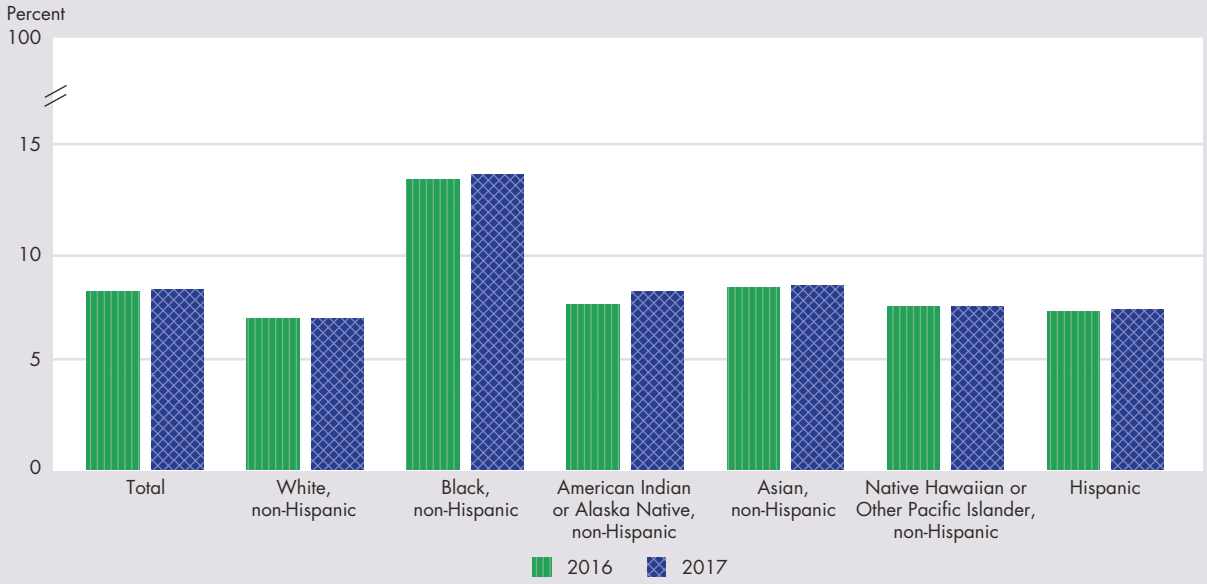


NOTE: Late preterm infants are born at 34–36 weeks of gestation; early preterm infants are born at less than 34 weeks of gestation. Moderately low-birthweight infants weigh 1,500–2,499 grams at birth; very-low-birthweight infants weigh less than 1,500 grams at birth. Gestational age is estimated using the obstetric estimate of gestational delivery. 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) declined from 10.4% in 2007 to 9.6% in 2014, and then stabilized through 2017. In 2017, 9.9% of infants were born preterm.
- The percentage of infants born late preterm (34–36 completed weeks of gestation) in 2017 was 7.2%, down from 7.5% in 2007.
- The percentage of infants born early preterm (less than 34 completed weeks of gestation) in 2017 was 2.8%, slightly down from 2.9% in 2007.
- The percentage of infants born with low birthweight (less than 2,500 grams, or 5 lb. 8 oz.) declined from 8.2% in 2007 to 8.0% in 2014 and then increased through 2017 to 8.3%.
- The percentage of infants born with very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.) in 2017 was 1.4%, slightly down from 1.5% in 2007.

Indicator HEALTH1.B Percentage of infants born with low birthweight by race and Hispanic origin of mother, 2016 and 2017



NOTE: The 1997 U.S. Office of Management and Budget standards on race and ethnicity were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are single race. 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.

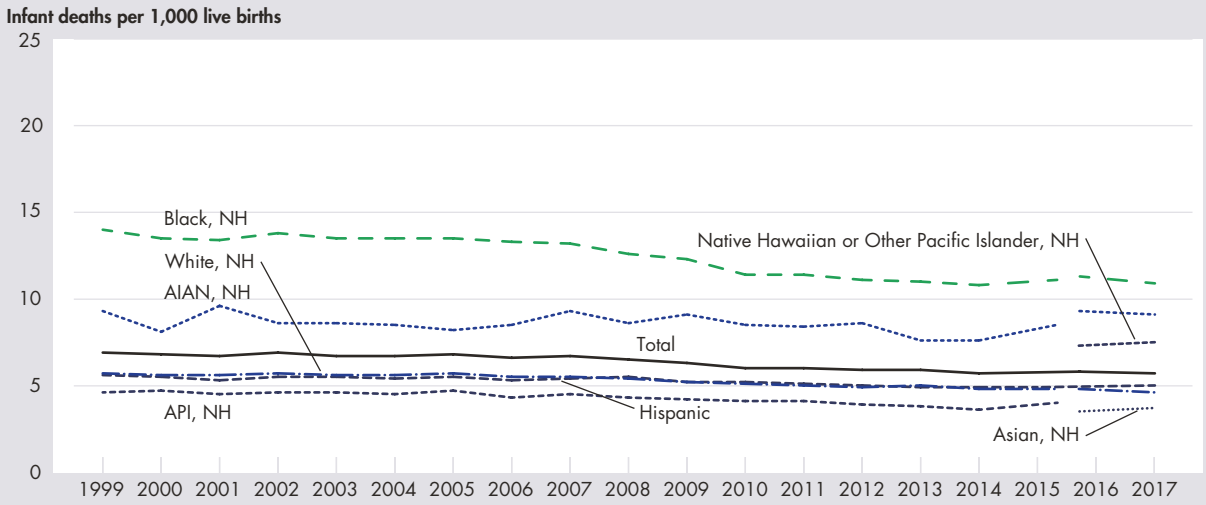
- In 2017, Black, non-Hispanic women were the most likely to have a low-birthweight infant (13.9%); compared with Asian, non-Hispanic (8.5%); American Indian or Alaska Native, non-Hispanic (8.2%); Native Hawaiian and Other Pacific Islander, non-Hispanic (7.7%); Hispanic (7.4%); and White, non-Hispanic (7.0%) women.
- From 2016 to 2017, the percentage of low-birthweight infants born to Black, non-Hispanic; American Indian or Alaska Native, non-Hispanic; and Hispanic women increased.

Bullets contain references to data that can be found in Tables HEALTH1.A–HEALTH1.B on pages 155–157. Endnotes begin on page 66.

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 the availability and use of appropriate health care for infants and pregnant women.[119,120] 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.[121,122] 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.[123]

Indicator HEALTH2 **Death rates among infants by race and Hispanic origin of mother, 1999–2017**



NOTE: NH = non-Hispanic origin; AIAN = American Indian or Alaska Native; and API = Asian or Pacific Islander. Infant deaths are deaths before an infant's first birthday. Race refers to mother's race. For data through 2015, 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. 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. Beginning with 2016 data, the 1997 U.S. OMB standards on race and ethnicity were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are now single race. As a result, data for 2016 and subsequent years are not strictly comparable with earlier data. 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.

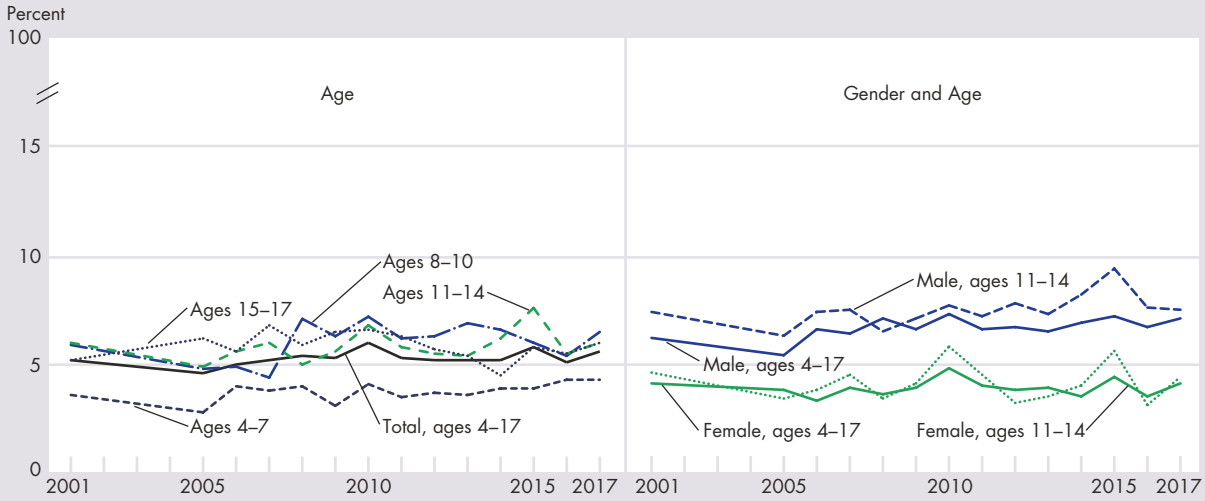
- Between 1999 and 2017, the infant mortality rate declined from 7 infant deaths per 1,000 live births to 6 infant deaths per 1,000 live births.
- From 1999 through 2017, the infant mortality rate declined for White, non-Hispanic; Black, non-Hispanic; Asian or Pacific Islander, non-Hispanic; and Hispanic infants. The infant mortality for American Indian or Alaska Native, non-Hispanic infants was stable throughout the time period.
- Despite the declines in infant mortality between 1999 and 2017, rates for Black, non-Hispanic and for 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 2017, the infant mortality rates were 11 infant deaths per 1,000 live births for Black, non-Hispanic; 9 infant deaths per 1,000 live births American Indian or Alaska Native, non-Hispanic; 8 infant deaths per 1,000 live births for Native Hawaiian or Other Pacific Islander, non-Hispanic; 5 infant deaths per 1,000 live births for Hispanic; 5 infant deaths per 1,000 live births for White, non-Hispanic; and 4 infant deaths per 1,000 live births for Asian or Pacific Islander, non-Hispanic infants.
- In 2017, Black, non-Hispanic infants had the highest mortality rate, while Asian, non-Hispanic infants had the lowest mortality rate.

Bullets contain references to data that can be found in Table HEALTH2 on page 158. Endnotes begin on page 66.

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.[124] Children with emotional or behavioral difficulties may experience problems managing their emotions, focusing on tasks, interacting with family and peers, or controlling their behavior. These difficulties, which may persist throughout a child's development, can lead to lifelong problems.[125] Parents play a crucial role in informing health professionals about a child's emotional and behavioral difficulties and obtaining mental health services.[126]

Indicator HEALTH3 **Percentage of children ages 4–17 reported by a parent to have serious emotional or behavioral difficulties by age and gender, 2001–2017**



NOTE: Emotional or behavioral difficulties of children were based on parental responses to the following question on the Strengths and Difficulties Questionnaire:[127] "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.

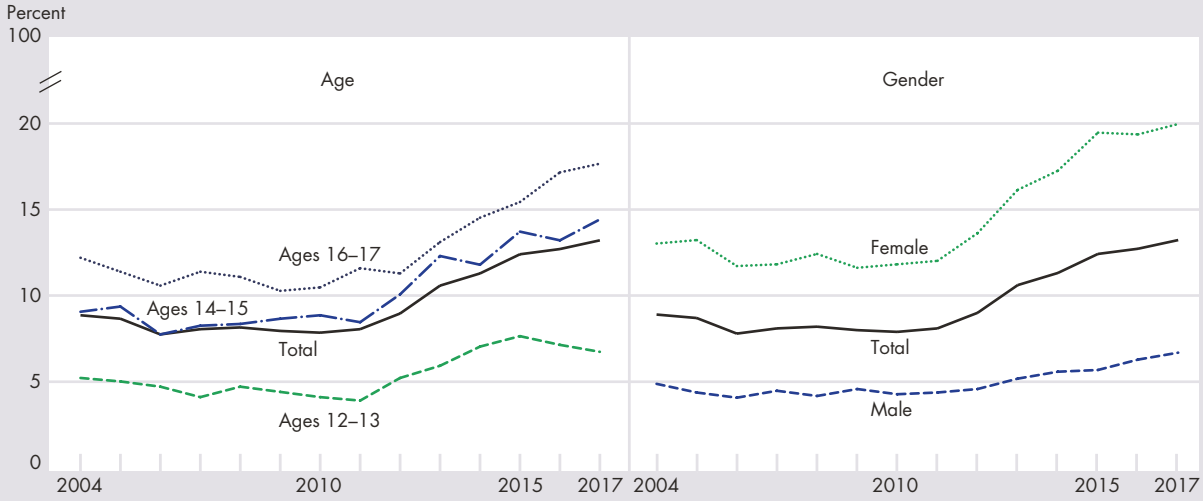
- In 2017, based on parent reported data, 6% of parents reported that their child ages 4–17 displayed serious difficulties with emotions, concentration, behavior, or getting along with other people. This percentage has been stable at 5%–6% since 2001.
- The percentage of children whose parents reported serious emotional or behavioral difficulties in 2017 was lowest among children ages 4–7 (4%), compared with children ages 8–10 (6%), children ages 11–14 (6%), and adolescents ages 15–17 (6%).
- In 2017, parents were more likely to report serious emotional or behavioral difficulties for males than for females among those ages 8–10 (8% versus 5%), 11–14 (8% versus 4%), and 15–17 (8% versus 4%). The percentages for children ages 4–7 by gender were not statistically significantly different.
- Among males ages 11–17, the prevalence of serious emotional and behavioral difficulties has remained consistently higher since 2001, compared with younger males ages 4–10.
- Among children living in two parent households, the percentage of children reported as having serious emotional or behavioral difficulties increased from 4% in 2016 to 9% in 2017.

Bullets contain references to data that can be found in Tables HEALTH3.A–HEALTH3.B on pages 159–161. Endnotes begin on page 66.

Adolescent Depression

Depression has a significant impact on adolescent development and well-being.[128] 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.[129,130,131] Depressive episodes often persist, recur, or continue into adulthood.[132] 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.[90,133,134]

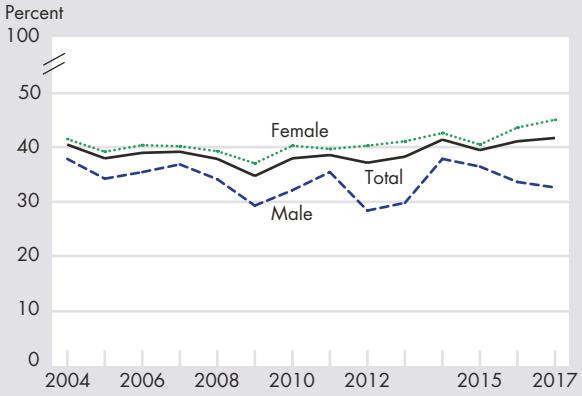
Indicator HEALTH4.A **Percentage of youth ages 12–17 who experienced a major depressive episode (MDE) In the past year by age and gender, 2004–2017**



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.

Indicator HEALTH4.B **Percentage of those receiving treatment for depression among youth ages 12–17 with at least one MDE in the past year by gender, 2004–2017**



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.

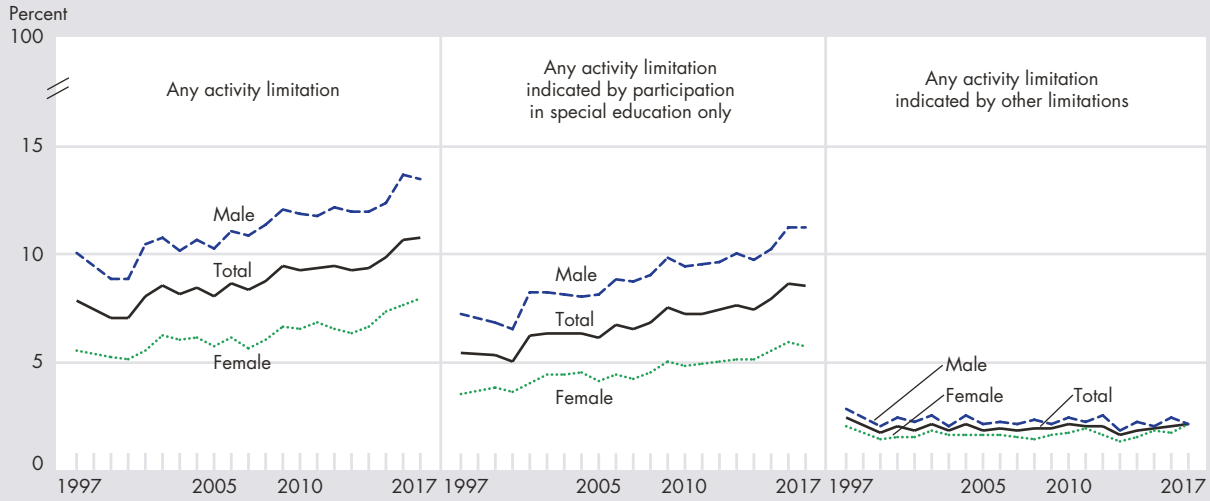
- In 2017, 13% of the population ages 12–17 had at least one MDE during the past year, a higher prevalence than that reported in each year between 2004 (9%) and 2014 (11%).
- Among youth ages 12–17 in each year between 2004 and 2017, the prevalence of MDE was more than twice as high among females (ranging from 12% to 20%) as among males (ranging from 4% to 7%).
- The prevalence of MDE in 2017 was lowest among youth ages 12–13 (7%), compared with youth ages 14–15 (15%) and youth ages 16–17 (18%).
- Between 2004 and 2017, the prevalence of MDE increased among all 3 age groups (ages 12–13, 14–15, and 16–17), among two male age groups (ages 14–15 and 16–17), and among all three female age groups.
- The percentage of youth with MDE in the past year receiving treatment for depression remained stable between 2004 (40%) and 2017 (42%). Treatment was higher among females (45%) than among males (33%) in 2017.

Bullets contain references to data that can be found in Tables HEALTH4.A–HEALTH4.C on pages 162–164. Endnotes begin on page 66.

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.[135]

Indicator HEALTH5 **Percentage of children ages 5–17 with activity limitation resulting from one or more chronic health conditions by gender, 1997–2017**



NOTE: Children are identified as having activity limitation by asking parents whether children receive special education services and whether children are limited in their ability to walk, care for themselves, or participate in other activities. "Activity limitation indicated by participation in special education" 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.

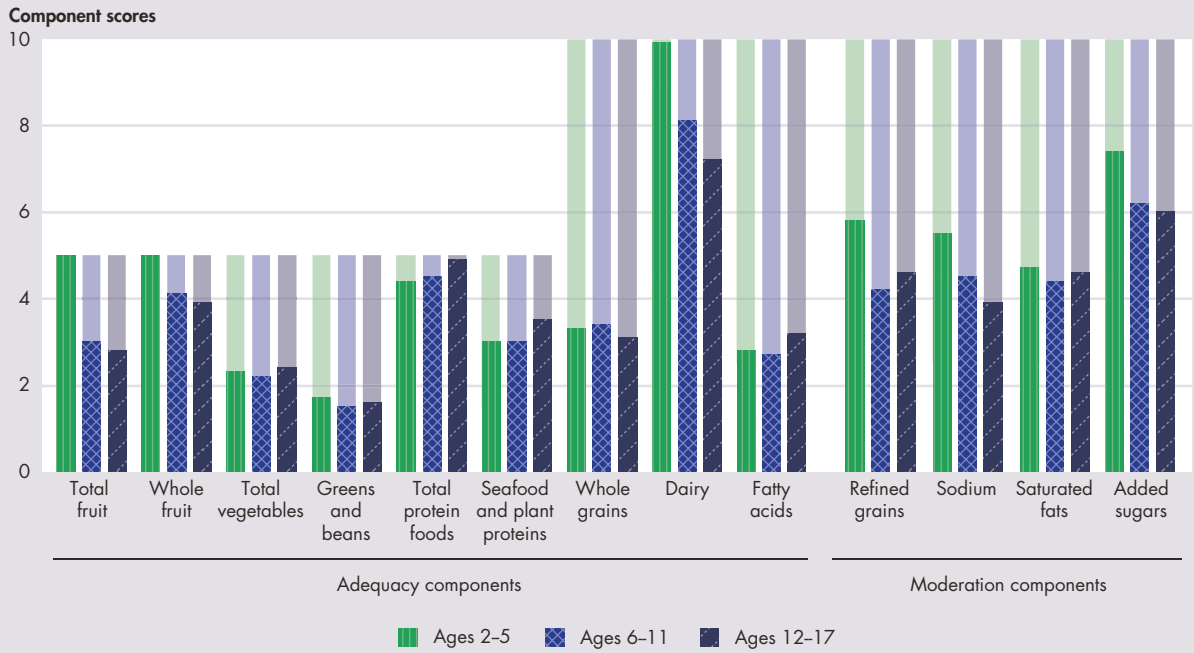
- In 2017, 11% of children ages 5–17 were reported by parents to have activity limitation caused by chronic conditions. Roughly 9% of children ages 5–17 were identified as having activity limitation solely by their participation in special education. About 2% of children ages 5–17 were identified as having an activity limitation by difficulties in their ability to walk, care for themselves, or participate in other activities, regardless of their participation in special education.
- The percentage of children with an activity limitation increased by 3 percentage points between 1997 and 2017. 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% in 1997 to 9% in 2017.
- Activity limitation was reported more often for boys (13%) than for girls (8%) in 2017. Boys were also more likely than girls to participate in special education (11% of boys versus 6% of girls).
- In 2017, Hispanic children (9%) were less likely than White, non-Hispanic (12%) and Black, non-Hispanic (12%) children to have an activity limitation. There was no statistically significant difference in the percentage of reported activity limitation for White, non-Hispanic and Black, non-Hispanic children in 2017.
- The percentage of boys with an activity limitation increased by 3 percentage points between 1997 and 2015. During the same time frame, the percentage of girls with an activity limitation increased by 2 percentage points. Both increases were driven by increases in the percentage of children identified as having activity limitation solely by their participation in special education.

Bullets contain references to data that can be found in Table HEALTH5 on page 165. Endnotes begin on page 66.

Diet Quality

A good quality diet is a major contributing factor to the health and well-being of children. Poor eating patterns in childhood are associated with obesity and obesity-related chronic diseases, thus understanding children's eating patterns is important in terms of children's health. 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.[136] The Healthy Eating Index–2015 (HEI–2015) is a measure of diet quality used to assess how well a set of foods aligns with key recommendations of the *2015–2020 Dietary Guidelines for Americans.*[137] The HEI–2015 total and component scores in this analysis are averages across children ages 2–17 and reflect usual dietary intakes. Diet quality focuses on the totality of what children eat and drink on multiple eating occasions over time, both at home and away from home. Children can improve the quality of their diets by shifting choices across and within food groups.[138] Making nutrient dense choices could result in higher diet quality.

Indicator HEALTH6 **Average diet quality scores using the Healthy Eating Index–2015 for children ages 2–17 by age group, 2015–2016**



NOTE: The Healthy Eating Index–2015 (HEI–2015) is a dietary assessment tool with 13 components designed to measure quality in terms of how well a set of foods aligns with the key recommendations of the *2015–2020 Dietary Guidelines for Americans*. Intakes equal to or better than the standards set for each component are assigned a maximum score. Maximum HEI–2015 component scores range from 5 to 10 points. Scores for intakes between the minimum and maximum standards are scored proportionately. Scores for each component are summed to create a total maximum HEI–2015 score of 100 points. Nine of the thirteen components assess adequacy components. The remaining four 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 diet that aligns better with the Dietary Guidelines. HEI–2015 total and component scores reflect usual dietary intakes among children in the United States. The light solid bars represent the maximum scores possible for each component. The dark shaded bars represent the actual scores obtained for each component.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Surveys 2015–2016; U.S. Department of Agriculture, Center for Nutrition Policy and Promotion; and the U.S. Department of Health and Human Services, Healthy Eating Index–2015.

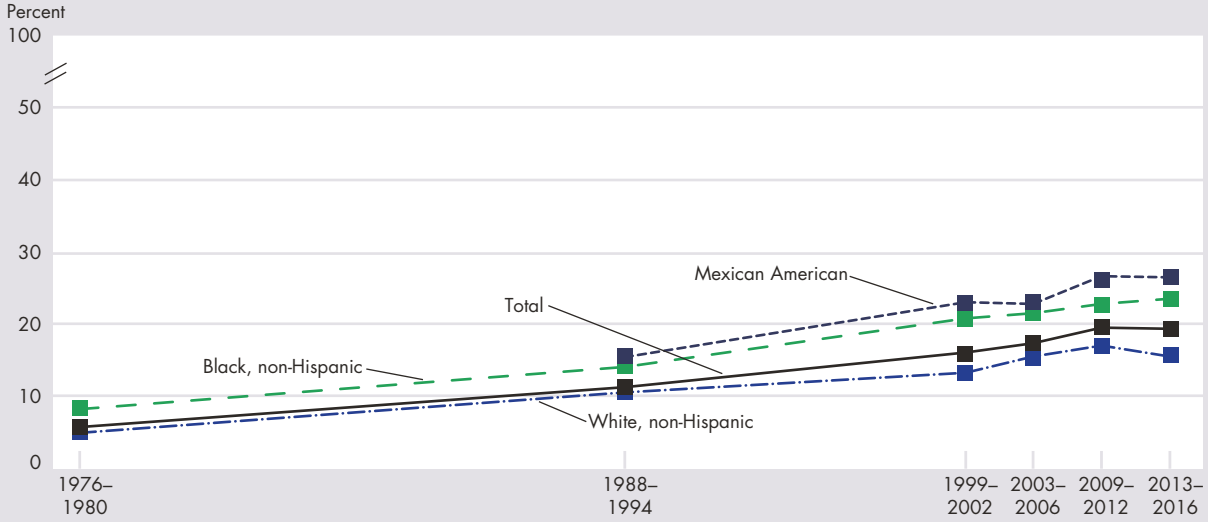
- In general, the foods and beverages consumed by children ages 2–17 during 2015–2016 did not meet the food groups' component standards for maximum scores.
- The total average HEI–2015 scores were 60, 52, and 52 out of a maximum 100 points during 2015–2016 for children ages 2–5, 6–11, and 12–17, respectively. For children ages 2–17, the total HEI–2015 score was 54 during 2015–2016.
- During 2015–2016, children ages 2–5 were the only age group that met the maximum HEI–2015 component scores for total fruit, whole fruit, and dairy products. For all other age groups, no component score reached the maximum.

Bullets contain references to data that can be found in Table HEALTH6 on page 166. Endnotes begin on page 66.

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.[139,140] The consequences of obesity for children and adolescents are often psychosocial but also include high blood pressure, diabetes, early puberty, and asthma.[140,141] The prevalence of obesity among U.S. children changed relatively little from the early 1960s through 1980; however, after 1980, it increased sharply.[142] 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.[143]

Indicator HEALTH7 **Percentage of children ages 6–17 with obesity by race and Hispanic origin, selected years 1976–1980 through 2013–2016**



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 with estimates of overweight in past reports.[144] 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 the following 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.

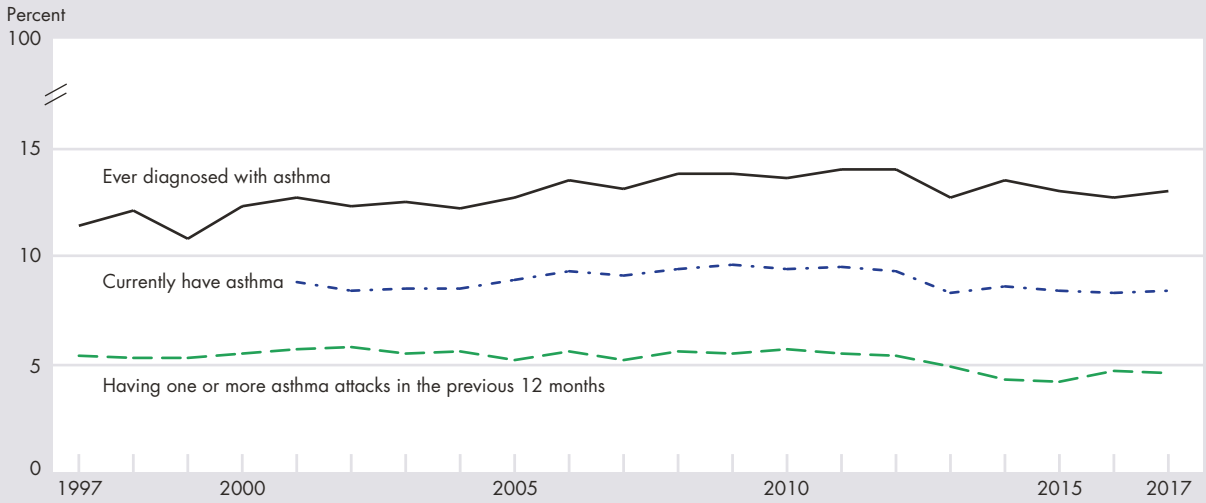
- In 1976–1980, 6% of children ages 6–17 had obesity. This percentage rose to 11% in 1988–1994 and 16% in 1999–2002.
- In 1976–1980, 5% of White, non-Hispanic children ages 6–17 had obesity. This percentage rose to 11% in 1988–1994 and 16% in 2013–2016. In 1976–1980, 8% of Black, non-Hispanic children ages 6–17 had obesity. This percentage rose to 14% in 1988–1994 and 24% in 2013–2016. In 1988–1994, 8% of Mexican American children ages 6–17 had obesity; this increased to 26% in 2013–2016.
- From 1999–2002 through 2013–2016, the percentage of children ages 6–17 with obesity did not differ statistically, ranging from 16% to 19%.
- In 2013–2016, about 18% of children ages 6–11 and 21% of adolescents ages 12–17 had obesity; there was no statistical difference between the percentages.
- In 2013–2016, Hispanic (25%) and Black, non-Hispanic (23%) children ages 6–17 were more likely to have obesity than White, non-Hispanic (16%) or Asian, non-Hispanic (11%) children ages 6–17.
- In 2013–2016, there was no statistical difference between the percentages of boys (20%) and girls (19%) ages 6–17 who had obesity.

Bullets contain references to data that can be found in Table HEALTH7 on page 167. Endnotes begin on page 66.

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.[60,61,64,145,146,147]

Indicator HEALTH8 **Percentage of children ages 0–17 with asthma, 1997–2017**



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 2017, there was an overall increasing trend in the prevalence of children ages 0–17 ever diagnosed with asthma. Estimates of the prevalence of children who currently have asthma increased from 2001 to 2010 and then declined through 2017. The percentage of children with an asthma attack in the past 12 months was stable from 1997 to 2011 and then declined through 2017.
- In 2017, 13% of children ages 0–17 had been diagnosed with asthma at some time in their lives.
- About 8% of children were reported to currently have asthma in 2017.
- In 2017, approximately 5% 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 2017, about 13% of Black, non-Hispanic children were reported to currently have asthma, compared with 8% of White, non-Hispanic children, 8% of Hispanic children, and 4% of Asian, non-Hispanic children. Disparities exist within the Hispanic population, including a higher prevalence of current asthma among Puerto Rican children (11%) than children of Mexican origin (6%).

Bullets contain references to data that can be found in Tables HEALTH8.A–HEALTH8.B on page 168. Endnotes begin on page 66.

Data Topics

The Federal Interagency 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. 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, a 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 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 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 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 the 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 U.S. 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 *The 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 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 incarcerated 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 Forum's website (https://www.childstats.gov).

- *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.

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 Children, for the purposes of this publication, are the population from ages 0 to 17. In addition to the terms "children" and "child," "youth," "juveniles," and "adolescents" are terms used interchangeably in this year's report.

2 The percentage of children living with their fathers only and the percentage of children living with neither of their parents are not statistically different from each other.

3 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 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.

4 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.

5 Although the percentage of children living with two unmarried parents is statistically different from the percentage of children living with a single father, neither percentage is statistically different from the percentage of children living with no parents.

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

7 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.

8 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.

9 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.

10 National Center for Health Statistics. User's guide to the birth data file 2017.

11 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.

12 Nugent, C. N. & Daugherty, J. (2018). A demographic, attitudinal, and behavioral profile of cohabiting adults in the United States, 2011–2015. *National Health Statistics Reports; 111.* Hyattsville, MD: National Center for Health Statistics.

13 The birth rate for unmarried women is the number of births per 1,000 unmarried women in a given age group (e.g., 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% 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.

14 Throughout indicators FAM3A and FAM3B, "children ages 3–5" refers to children who were not yet enrolled in kindergarten.

15 Center-based arrangements include day care centers, Head Start programs, preschools, prekindergartens, and other early childhood programs.

16 A child's primary care arrangement is classified into five groups based on the type of arrangement in which the child spent the most time per week: (1) center-based care, (2) home-based relative care, (3) home-based nonrelative care, (4) multiple arrangements (i.e., children who spent an equal amount of time in each of two or more types of arrangements), and (5) parental care only (i.e., children who had no regularly scheduled care arrangement and received care only from their parent[s]).

17 Grieco, E. (2010). Race and Hispanic origin of the foreign-born population in the United States: 2007. In *American Community Survey reports* (ACS-11). Retrieved from https://www.census.gov/library/publications/2010/acs/acs-11.html

18 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

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 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 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. The percentages of Asian-alone, non-Hispanic, White-alone, non-Hispanic, and Black-alone, non-Hispanic school children who spoke a language other than English at home were statistically different from each other.

21 The percentages of Asian-alone, non-Hispanic, White-alone, non-Hispanic, and Black-alone, non-Hispanic children ages 5–17 who spoke English less than "Very well" were statistically different from each other.

22 Martinez, G., Copen, C. E., & Abma, J. C. (2011). Teenagers in the United States: Sexual activity, contraceptive use, and childbearing, 2006–2010 National Survey of Family Growth. *Vital and Health Statistics Series, 23*(31). Hyattsville, MD: National Center for Health Statistics.

23 Ventura, S. J., Hamilton, B. E., & Mathews, T. J. (2014). National and state patterns of teen births in the United States, 1940–2013. *National Vital Statistics Reports, 63*(4). Hyattsville, MD: National Center for Health Statistics.

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

25 Hamilton, B. E., & Ventura, S. J. (2012). *Birth rate for U.S. teenagers reach historic lows for all age and ethnic groups* (NCHS Data Brief, No. 39). Hyattsville, MD: National Center for Health Statistics.

26 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.

27 Child Welfare Information Gateway. (2013). *Long-term consequences of child abuse and neglect.* Washington, DC: U.S. Department of Health and Human Services, Children's Bureau. Retrieved from https://www.childwelfare.gov/pubpdfs/long_term_consequences.pdf

28 Christian, C. W., Block, R., & the Committee on Child Abuse and Neglect. (2009). Abusive head trauma in infants and children. *Pediatrics, 123,* 1409–1411.

29 Strohschein, L. (2005). 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.

32 Dahl, G., & Lochner, L. (2008). *The impact of family income on child achievement: Evidence from the earned income tax credit* (NBER Working Paper No. 14599). Cambridge, MA: National Bureau of Economic Research. Retrieved from http://www.nber.org/papers/w14599

[33] Following U.S. Office of Management and Budget 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 2017, the poverty threshold for a family with two adults and two children was $24,858. 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 in extreme poverty in 2017 was not statistically different from the percentage of children living in families in extreme poverty in 1990.

[35] For the latest report, see Fox, L. (2018). The supplemental poverty measure: 2017. In *Current population reports* (P60–265). Washington, DC: U.S. Census Bureau. Retrieved from https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-265.pdf

[36] Estimates include unrelated individuals under age 15.

[37] Child Trends. (2015). *Parental employment.* Retrieved from http://www.childtrends.org/indicators/secure-parental-employment

[38] Cauthen, N. K. (2002). Policies that improve family income matter for children. In *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

[39] Anderson, S. A. (Ed.). (1990). Core indicators of nutritional state for difficult-to-sample populations. *Journal of Nutrition 120*(11S), 1557–1600.

[40] Coleman-Jensen, A., McFall, W., & Nord, M. (2013). *Food insecurity in households with children: Prevalence, severity, and household characteristics, 2010–11* (Economic Information Bulletin No. 113). Washington DC: U.S. Department of Agriculture, Economic Research Service. Retrieved from https://www.ers.usda.gov/publications/pub-details/?pubid=43765

[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 https://www.ers.usda.gov/topics/food-nutrition-assistance/food-security-in-the-us/definitions-of-food-security/.

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Appendices

Appendix A: Detailed Tables

Tables include data from 1950 to 2018 and projections through 2050, 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 website (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 1950–2018 and projected 2030 and 2050

	Estimated										Projected	
Number (in millions)	1950	1960	1970	1980	1990	2000	2010	2015	2017	2018	2030	2050
All children	47.3	64.5	69.8	63.7	64.2	72.4	74.1	73.6	73.6	73.4	75.7	78.2
Age												
Ages 0–5	19.1	24.3	20.9	19.6	22.5	23.1	24.3	23.9	23.9	23.8	25.2	25.9
Ages 6–11	15.3	21.8	24.6	20.8	21.6	25.0	24.6	24.7	24.6	24.6	25.4	26.0
Ages 12–17	12.9	18.4	24.3	23.3	20.1	24.3	25.3	25.0	25.0	25.0	25.1	26.3

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 2018 are based on the population estimates released for July 1, 2018. Data beyond 2018 are derived from the national population projections released in September 2018.

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 1950–2018 and projected 2030 and 2050

	Estimated										Projected	
Age	1950	1960	1970	1980	1990	2000	2010	2015	2017	2018	2030	2050
Percentage of total population												
Ages 0–17	31.0	36.0	34.0	28.0	25.7	25.7	24.0	23.0	22.6	22.4	21.3	20.1
Ages 18–64	61.0	55.0	56.0	60.7	61.8	61.9	63.0	62.2	61.7	61.5	58.1	57.9
Age 65 and older	8.0	9.0	10.0	11.3	12.5	12.4	13.1	14.9	15.6	16.0	20.6	22.0
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	60.7	59.2	58.3	50.8	47.7

[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 2018 are based on the population estimates released for July 1, 2018. Data beyond 2018 are derived from the national population projections released in September 2018.

Table POP3

Race and Hispanic origin composition: Percentage of U.S. children ages 0–17 by race and Hispanic origin, selected years 1980–2018 and projected 2020, 2030 and 2050

	Estimated								Projected		
	1980	1990	2000	2005	2010	2015	2017	2018	2020	2030	2050
Race and Hispanic origin											
White	82.4	80.1	76.8	75.4	73.8	72.8	72.4	72.2	71.6	69.4	65.2
Black	14.9	15.4	15.6	15.5	15.2	15.1	15.1	15.1	15.2	15.5	15.7
American Indian and Alaska Native (AIAN)	0.9	1.1	1.3	1.4	1.6	1.6	1.6	1.6	1.6	1.5	1.5
Asian and Pacific Islander	1.8	3.4	—	—	—	—	—	—	—	—	—
Asian	—	—	3.6	4.1	4.6	5.1	5.3	5.4	5.5	6.3	7.5
Native Hawaiian and Other Pacific Islander (NHPI)	—	—	0.2	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3
Two or more races	—	—	2.5	3.4	4.5	5.1	5.3	5.4	5.8	7.0	9.8
Hispanic	8.9	12.3	17.2	20.1	23.2	24.7	25.2	25.5	25.5	26.5	30.8
Non-Hispanic											
White	74.0	68.9	61.2	57.4	53.7	51.5	50.7	50.3	49.8	46.9	39.4
Black	14.5	14.7	14.8	14.5	14.1	13.8	13.7	13.7	13.8	14.0	13.9
AIAN	0.8	1.0	1.0	0.9	0.9	0.9	0.8	0.8	0.8	0.8	0.7
Asian and Pacific Islander	1.7	3.2	—	—	—	—	—	—	—	—	—
Asian	—	—	3.5	3.9	4.4	4.8	5.0	5.1	5.2	6.0	7.2
NHPI	—	—	0.2	0.2	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	4.3	4.3	4.6	5.7	7.7

— 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 website 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 2018 are based on the population estimates released on July 1, 2018. Data beyond 2018 are derived from the national population projections released in September 2018.

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 1980–2018

Race and Hispanic origin, and family structure	1980	1985	1990	1995	2000	2005[b]	2010[b]	2015	2017	2018
Total										
Two parents	—	—	—	—	—	—	69.4	69.2	68.9	69.1
Two married parents	77.0	74.0	73.0	69.0	69.0	67.3	65.7	64.7	65.0	65.0
Mother only	18.0	21.0	22.0	23.0	22.0	23.4	23.1	23.1	22.7	22.2
Father only	2.0	2.0	3.0	4.0	4.0	4.8	3.4	3.7	4.3	4.4
No parent	4.0	3.0	3.0	4.0	4.0	4.5	4.1	3.9	4.0	4.3
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	76.7	77.2
Two married parents	—	—	—	—	—	75.9	75.0	74.5	73.6	73.9
Mother only	—	—	—	—	—	16.4	15.5	15.5	15.7	14.7
Father only	—	—	—	—	—	4.8	3.8	4.1	4.5	4.7
No parent	—	—	—	—	—	2.9	3.1	2.9	3.1	3.4
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	39.7	39.7
Two married parents	—	—	—	—	—	35.0	35.1	34.0	36.1	35.9
Mother only	—	—	—	—	—	50.2	49.3	49.4	48.5	48.1
Father only	—	—	—	—	—	5.0	3.6	4.2	4.4	5.0
No parent	—	—	—	—	—	9.8	7.4	7.7	7.5	7.1
Hispanic										
Two parents	—	—	—	—	—	—	67.0	67.0	66.9	67.0
Two married parents	75.0	68.0	67.0	63.0	65.0	64.7	60.9	59.8	61.2	61.1
Mother only	20.0	27.0	27.0	28.0	25.0	25.4	26.3	25.9	24.7	24.9
Father only	2.0	2.0	3.0	4.0	4.0	4.8	2.7	3.0	4.4	4.0
No parent	3.0	3.0	3.0	4.0	5.0	5.1	4.0	4.1	4.0	4.2

— 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 2018 exclude about 204,000 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 be identified only 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 a 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 website at https://www.census.gov/data/tables/2017/demo/families/cps-2017.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, 2018

Characteristic	Total	Two parents[a]			
		Two biological/adoptive parents		Biological/adoptive parent and stepparent	
		Married	Cohabiting	Married	Cohabiting
Total children (in thousands)	**73,740**	**44,310**	**2,523**	**3,635**	**484**
Percent of total	100.0	60.1	3.4	4.9	0.7
Percent by number of parents	100.0	87.0	5.0	7.1	0.9
Gender					
Male	51.0	51.6	47.8	52.3	50.6
Female	49.0	48.4	52.2	47.7	49.4
Race and Hispanic origin[b]					
White	72.3	78.6	71.1	75.8	74.9
White, non-Hispanic	50.5	57.6	39.4	54.4	50.0
Black	15.0	7.9	14.3	13.5	11.5
Black, non-Hispanic	13.7	7.1	13.1	12.4	10.9
Asian	5.4	7.4	3.1	3.5	1.0
All other races	7.3	6.2	11.4	7.3	12.6
Hispanic (of any race)	25.3	23.7	37.2	25.3	31.7
Age					
Ages 0–5	32.4	35.1	59.2	8.6	15.7
Ages 6–14	50.3	49.0	36.0	61.3	64.3
Ages 15–17	17.3	15.9	4.8	30.1	19.9
Father's education					
Father not present	26.5	—	—	—	—
Less than high school	8.3	10.4	24.3	11.5	18.2
High school graduate	18.6	23.1	42.1	33.7	36.6
Some college	17.9	23.3	23.4	30.7	30.9
Bachelor's degree or more	28.7	43.2	10.1	24.1	14.3
Mother's education					
Mother not present	8.7	—	—	—	—
Less than high school	9.9	9.2	18.4	9.5	11.9
High school graduate	20.9	19.1	36.2	24.2	34.2
Some college	26.0	24.7	33.2	37.2	36.8
Bachelor's degree or more	34.5	47.0	12.2	29.0	17.1
Poverty status					
Below 100% poverty	18.1	8.2	41.6	11.3	28.3
100%–199% poverty	21.1	17.3	28.0	18.4	24.8
200% poverty and above	60.8	74.5	30.4	70.3	46.9

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, 2018**

Characteristic	One parent			
	Mother		Father	
	Not cohabiting	Cohabiting	Not cohabiting	Cohabiting
Total (in thousands)	**14,560**	**1,838**	**2,314**	**938**
Percent of total	19.7	2.5	3.1	1.3
Percent by number of parents	74.1	9.4	11.8	4.8
Gender				
Male	49.3	49.7	53.9	54.8
Female	50.7	50.3	46.1	45.2
Race and Hispanic origin[b]				
White	54.5	71.6	73.5	69.2
White, non-Hispanic	31.6	48.7	55.8	48.2
Black	34.1	18.9	16.8	17.8
Black, non-Hispanic	31.5	15.5	15.9	14.1
Asian	2.2	1.1	2.5	3.3
All other races	9.2	8.5	7.1	9.6
Hispanic (of any race)	28.4	27.5	20.3	28.8
Age				
Ages 0–5	29.6	24.2	19.9	44.1
Ages 6–14	51.5	55.7	55.8	43.6
Ages 15–17	18.9	20.1	24.3	12.3
Father's education				
Father not present	100.0	100.0	—	—
Less than high school	—	—	11.0	14.4
High school graduate	—	—	30.9	35.6
Some college	—	—	31.5	32.1
Bachelor's degree or more	—	—	26.5	17.8
Mother's education				
Mother not present	—	—	100.0	100.0
Less than high school	14.8	12.7	—	—
High school graduate	30.3	32.5	—	—
Some college	35.7	33.9	—	—
Bachelor's degree or more	19.2	20.9	—	—
Poverty status				
Below 100% poverty	37.3	42.2	16.0	18.6
100%–199% poverty	30.5	25.2	23.2	24.9
200% poverty and above	32.2	32.6	60.8	56.5

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, 2018**

Characteristic	No parents				
	Grandparent	Other relatives only—no grandparent	Nonrelative only—not foster	Foster parent(s)	All other[c]
Total (in thousands)	**1,700**	**666**	**305**	**294**	**177**
Percent of total	2.3	0.9	0.4	0.4	0.2
Percent by number of parents	54.1	21.2	9.7	9.4	5.6
Gender					
Male	49.1	49.0	55.4	47.8	49.0
Female	50.9	51.0	44.6	52.2	51.0
Race and Hispanic origin[b]					
White	62.0	55.1	73.2	65.5	58.4
White, non-Hispanic	43.6	27.9	52.0	39.0	35.3
Black	27.9	27.3	13.1	14.6	27.2
Black, non-Hispanic	26.4	25.5	10.4	12.7	27.2
Asian	2.1	6.0	5.3	—	3.2
All other races	8.0	11.6	8.4	20.0	11.2
Hispanic (of any race)	20.4	33.0	25.0	31.8	23.4
Age					
Ages 0–5	24.5	24.9	31.4	28.9	29.2
Ages 6–14	56.7	52.4	48.2	55.0	44.0
Ages 15–17	18.8	22.7	20.4	16.1	26.8
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	24.2	39.3	96.6	100.0	60.5
100%–199% poverty	31.0	23.8	1.5	—	15.2
200% poverty and above	44.8	36.9	1.9	—	24.3

— Not available.

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

[b] Beginning in 2003, the Current Population Survey (CPS) 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 204,000 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 1980–2017

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

Age of mother	1980	1985	1990	1994	1995	2000	2005	2007	2010	2015	2016	2017
Total ages 15–44	**29.4**	**32.8**	**43.8**	**46.2**	**44.3**	**44.1**	**47.2**	**51.8**	**47.6**	**43.4**	**42.4**	**41.0**
Age												
Ages 15–17	20.6	22.4	29.6	31.7	30.1	23.9	19.4	20.4	16.8	9.6	8.6	7.7
Ages 18–19	39.0	45.9	60.7	69.1	66.5	62.2	57.0	61.9	52.0	36.5	33.5	31.4
Ages 20–24	40.9	46.5	65.1	70.9	68.7	72.2	74.5	79.8	70.0	59.7	56.6	54.2
Ages 25–29	34.0	39.9	56.0	57.4	54.3	58.5	71.5	76.9	69.2	66.9	65.8	64.4
Ages 30–34	21.1	25.2	37.6	39.6	38.9	39.3	50.4	58.0	56.3	60.3	59.2	57.9
Ages 35–39	9.7	11.6	17.3	19.7	19.3	19.7	24.5	28.7	29.6	34.1	35.6	36.0
Ages 40–44	2.6	2.5	3.6	4.7	4.7	5.0	6.2	6.8	8.0	9.0	10.0	10.1

NOTE: Births to unmarried women were somewhat underreported in Michigan and Texas from 1989 to 1993; data since 1994 have been reported on a complete basis. Starting with 2017 data, California no longer provides record-level data on the marital status of the mother. California provided the National Center for Health Statistics (NCHS) with counts of births by marital status category by age and race and Hispanic origin of the mother. NCHS redistributed the counts from California to maternal age, race, and marital status subgroups. This approach is consistent with the way NCHS imputes other missing data.

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 1980–2017

Age of mother	1980	1985	1990	1995	2000	2005	2010	2015	2016	2017
All ages	**18.4**	**22.0**	**28.0**	**32.2**	**33.2**	**36.9**	**40.8**	**40.3**	**39.8**	**39.8**
Age										
Under age 15	88.7	91.8	91.6	93.5	96.5	98.0	99.3	99.6	99.8	99.4
Ages 15–17	61.5	70.9	77.7	83.7	87.7	90.9	95.0	95.7	96.2	96.5
Ages 18–19	39.8	50.7	61.3	69.8	74.3	79.7	85.1	86.3	86.6	86.8
Ages 20–24	19.3	26.3	36.9	44.7	49.5	56.2	63.1	65.9	65.8	65.8
Ages 25–29	9.0	12.7	18.0	21.5	23.5	29.3	33.9	37.8	38.3	39.2
Ages 30–34	7.4	9.7	13.3	14.7	14.0	17.0	21.1	23.1	23.1	23.6
Ages 35–39	9.4	11.2	13.9	15.7	14.3	15.7	19.6	22.1	22.4	22.6
Ages 40 and older	12.1	14.0	17.0	18.1	16.8	18.8	21.7	24.8	25.5	25.6

NOTE: Births to unmarried women were somewhat underreported in Michigan and Texas from 1989 to 1993; data since 1994 have been reported on a complete basis. Starting with 2017 data, California no longer provides record-level data on the marital status of the mother. California provided the National Center for Health Statistics (NCHS) with counts of births by marital status category by age and race and Hispanic origin of the mother. NCHS redistributed the counts from California to maternal age, race, and marital status subgroups. This approach is consistent with the way NCHS imputes other missing data.

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

Table FAM3.A

Child care: Primary care arrangements for children ages 3–5, not yet enrolled in kindergarten with employed mothers, selected years 1995–2016

Type of primary care arrangement	1995	2001	2005	2012	2016
Parental care only	11.4	13.6	15.6	11.8	15.1
Nonparental primary care arrangement[a]	**88.6**	**86.4**	**84.4**	**88.2**	**84.9**
Center-based care[b]	46.6	50.2	50.9	52.6	53.6
Home-based nonrelative care	20.1	15.8	11.4	12.4	10.5
Home-based relative care	20.2	18.7	19.2	20.5	17.5
Multiple arrangements[c]	1.8	1.8	2.9	2.6	3.2

[a] A child's nonparental primary care arrangement is the regular nonparental care arrangement or early childhood education program in which the child spent the most time per week.

[b] Center-based arrangements include day care centers, Head Start programs, preschools, prekindergartens, and other early childhood programs.

[c] Children who spent an equal number of hours per week in multiple nonparental care arrangements.

NOTE: Excludes children living in households with no mother or female guardian present. Prior to 2012, National Household Education Surveys Program (NHES) surveys were administered by telephone with an interviewer. NHES:2012 used self-administered paper-and-pencil questionnaires that were mailed to respondents. For NHES:2016, all sampled households received initial contact by mail. While the majority of respondents completed paper questionnaires, a small sample of cases was part of a web experiment with mailed invitations to complete the survey online. Measurable differences in estimates between 2012, 2016, and prior years could reflect actual changes in the population, or the changes could be due to the mode change. Detail may not sum to totals because of rounding.

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

Table FAM3.B **Child care: Percentage of children ages 3–5, not yet enrolled in kindergarten with employed mothers, in center-based care arrangements by child and family characteristics and region, selected years 1995–2016**

Characteristic	1995	2001	2005	2007	2012	2016
Total	**60.9**	**62.4**	**62.7**	**64.2**	**66.8**	**69.6**
Race and Hispanic origin[a]						
White, non-Hispanic	61.7	63.2	63.5	67.9	71.5	74.8
Black, non-Hispanic	66.2	66.8	77.8	69.6	66.6	67.0
American Indian or Alaska Native, non-Hispanic	‡	‡	‡	‡	‡	‡
Asian or Pacific Islander, non-Hispanic	57.2	69.7	74.7	74.5	72.0	63.6
Asian, non-Hispanic	—	—	75.2	75.4	75.0	65.3
Pacific Islander, non-Hispanic	—	—	‡	‡	‡	‡
Two or more races, non-Hispanic	62.3	67.0	55.1	56.7	60.4	65.0
Hispanic	45.0	51.7	48.2	48.0	56.2	62.4
Poverty status						
Below 100% poverty	54.4	52.7	56.2	47.5	48.3	63.7
100%–199% poverty	51.0	56.2	50.0	54.7	55.4	53.5
200% poverty and above	66.6	67.2	69.2	72.3	76.8	76.6
Family type						
Two parents[b]	60.0	63.0	62.3	64.8	68.8	70.4
Two parents, married	—	63.8	64.0	66.6	71.3	72.6
Two parents, unmarried	—	53.1	45.3	42.2	47.3	55.3
One parent	63.6	60.6	63.3	62.4	60.8	69.8
No parents	‡	62.2	68.9	‡	69.8	48.5
Mother's highest level of education						
Less than high school	30.5	42.5	34.8	38.4	39.2	43.9
High school diploma or equivalent	54.2	53.7	52.8	50.9	56.3	61.5
Some college, including vocational/technical/ associate's degree	60.7	66.0	62.0	61.2	62.6	64.1
Bachelor's degree or higher	77.0	72.7	74.9	78.5	82.1	80.6
Region[c]						
Northeast	60.2	65.7	69.4	70.2	73.2	79.1
South	65.6	67.5	65.3	63.6	69.5	71.1
Midwest	58.5	58.0	57.1	68.9	64.8	69.5
West	56.2	57.0	59.4	55.0	59.6	61.3

— Not available.

‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the coefficient of variation (CV) is 50% or greater.

[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. In 2012 and 2016, children reporting as both Asian and Pacific Islander with no other races were included in 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, 2012, and 2016 include same-sex parents.

[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: Excludes children living in households with no mother or female guardian present. Center-based programs include day care centers, prekindergartens, nursery schools, Head Start programs, and other early childhood education programs. Prior to 2012, National Household Education Surveys Program (NHES) surveys were administered by telephone with an interviewer. NHES:2012 used self-administered paper-and-pencil questionnaires that were mailed to respondents. For NHES:2016, all sampled households received initial contact by mail. While the majority of respondents completed paper questionnaires, a small sample of cases was part of a web experiment with mailed invitations to complete the survey online. Measurable differences in estimates between 2012, 2016, and prior years could reflect actual changes in the population, or the changes could be due to the mode change.

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

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 1994–2018

Characteristic	1994			2004[b]		
	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
Number of children ages 0–17 living with one or both parents (in thousands)	**56,340**	**8,176**	**2,160**	**55,050**	**12,170**	**2,708**
Percent of all children[c]	82	12	3	75	17	4
Gender of child						
Male	—	—	—	51	52	50
Female	—	—	—	49	48	50
Age of child						
Under 1 year	—	—	—	5	7	1
Ages 1–2	—	—	—	11	14	3
Ages 3–5	—	—	—	16	18	10
Ages 6–8	—	—	—	16	17	14
Ages 9–11	—	—	—	17	17	20
Ages 12–14	—	—	—	18	15	25
Ages 15–17	—	—	—	17	12	28
Race and Hispanic origin of child[d]						
White-alone	—	—	—	79	72	71
White-alone, non-Hispanic	—	—	—	71	20	19
White-alone or in combination with one or more races	—	—	—	81	75	72
Black-alone	—	—	—	17	9	8
Black-alone or in combination with one or more races	—	—	—	18	10	9
Asian-alone	—	—	—	1	15	18
Asian-alone or in combination with one or more races	—	—	—	1	17	18
Hispanic	—	—	—	9	54	55
All remaining single races and all race combinations	—	—	—	4	5	3
Education of parent[e]						
Less than high school	14	38	48	10	34	42
High school graduate	35	21	20	31	24	21
Some college or associate's degree	28	19	11	32	17	13
Bachelor's degree or greater	23	22	21	28	25	24
Poverty status[f]						
Below 100% poverty	20	28	41	15	21	30
100% poverty and above	80	72	59	—	—	—
100%–199% poverty	—	—	—	19	28	33
200% poverty and above	—	—	—	65	51	37
Presence of parents						
Two married parents present[g]	70	82	78	68	81	81
Living with mother only	26	16	19	27	16	16
Living with father only	4	2	3	5	4	3
Presence of adults other than parents						
Other relatives only	17	25	36	17	26	31
Nonrelatives only	5	5	5	6	5	4
Both relatives and nonrelatives	1	1	3	1	1	2
No other relatives or nonrelatives	78	68	56	76	68	64

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 1994–2018**

Characteristic	2014			2018		
	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
Number of children ages 0–17 living with one or both parents (in thousands)	**52,810**	**15,790**	**2,264**	**51,640**	**16,720**	**2,241**
Percent of all children[c]	72	21	3	70	23	3
Gender of child						
Male	51	51	49	51	51	50
Female	49	49	51	49	49	50
Age of child						
Under 1 year	5	6	1	5	6	1
Ages 1–2	11	12	4	11	11	4
Ages 3–5	16	18	9	16	16	14
Ages 6–8	17	17	14	16	17	16
Ages 9–11	16	17	18	17	17	17
Ages 12–14	17	16	21	17	17	20
Ages 15–17	17	14	33	17	15	26
Race and Hispanic origin of child[d]						
White-alone	76	67	57	76	67	55
White-alone, non-Hispanic	65	16	20	63	16	21
White-alone or in combination with one or more races	81	72	58	81	72	56
Black-alone	16	11	15	16	11	13
Black-alone or in combination with one or more races	19	12	16	19	13	14
Asian-alone	1	16	25	1	15	29
Asian-alone or in combination with one or more races	2	19	25	3	18	30
Hispanic	14	57	41	15	55	37
All remaining single races and all race combinations	7	7	3	7	7	3
Education of parent[e]						
Less than high school	5	24	27	5	20	17
High school graduate	21	22	19	19	24	20
Some college or associate's degree	32	19	14	31	19	12
Bachelor's degree or greater	42	35	41	45	37	51
Poverty status[f]						
Below 100% poverty	*	*	*	15	21	26
100%–199% poverty	*	*	*	19	26	27
200% poverty and above	*	*	*	65	54	47
Presence of parents						
Two parents present[g]	68	82	81	68	83	81
Living with mother only	27	16	16	26	15	16
Living with father only	5	2	3	5	2	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 1994–2018**

Characteristic	2014			2018		
	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
Presence of adults other than parents						
Other relatives only	20	28	27	20	29	25
Nonrelatives only	5	3	3	5	3	2
Both relatives and nonrelatives	1	1	1	1	1	2
No other relatives or nonrelatives	74	68	70	74	67	71

— 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. Foreign-born children with native-born parents are included in the native children with native parents category.

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

[c] In 2018, all children total 73,741,000. 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% of poverty refers to children living below the poverty threshold, 100%–199% of poverty refers to children living in low-income households, and 200% 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 a 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 1979–2017

Characteristic	Current Population Survey				American Community Survey					
	1979	1989	1992	1995[b]	2000	2005	2010	2015	2016	2017
Children who speak another language at home										
Number (in thousands)	3,826	5,177	6,264	6,657	9,526	10,507	11,872	11,931	12,093	12,132
Language spoken[c] (in thousands)										
Spanish	2,529	3,550	4,314	5,037	6,533	7,530	8,456	8,568	8,688	8,675
Other Indo-European	622	727	505	514	1,535	1,462	1,568	1,528	1,499	1,546
Asian or Pacific Island languages	160	551	978	504	1,147	1,140	1,313	1,307	1,307	1,294
Other languages	515	349	467	602	311	375	444	528	599	617
Ability to speak English (in thousands)										
Very well	2,576	3,369	4,104	4,226	6,640	7,701	9,078	9,578	9,677	9,753
Well	783	1,144	1,436	1,538	1,754	1,818	1,872	1,628	1,666	1,650
Not well	362	568	627	749	926	819	717	615	622	611
Not at all	105	96	97	143	206	169	116	110	128	118
Percentage of school-age children	**8.5**	**12.3**	**13.2**	**14.1**	**18.1**	**19.9**	**21.9**	**22.2**	**22.5**	**22.5**
Race and Hispanic origin[d]										
White	8.7	12.0	12.6	13.3	—	—	—	—	—	—
White-alone	—	—	—	—	14.4	14.7	17.8	18.7	18.6	18.7
White, non-Hispanic	3.2	3.3	3.3	3.6	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	5.7	5.6	5.6	5.6	5.7	5.8
Black	1.9	3.1	4.3	4.2	—	—	—	—	—	—
Black-alone	—	—	—	—	5.1	6.0	7.0	7.4	7.9	8.5
Black, non-Hispanic	1.3	2.3	3.7	3.0	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	4.4	5.3	6.0	6.4	6.8	7.3
American Indian or Alaska Native	—	16.6	13.6	17.8	—	—	—	—	—	—
American Indian or Alaska Native-alone	—	—	—	—	20.5	20.0	21.2	20.5	20.9	20.7
Asian or Pacific Islander	—	62.2	65.2	60.2	—	—	—	—	—	—
Asian-alone	—	—	—	—	67.1	64.0	62.8	58.2	57.0	56.3
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	29.8	29.8	29.3	27.9	29.3	25.9
Other	44.5	43.6	51.7	64.0	—	—	—	—	—	—
Some other race alone	—	—	—	—	75.4	74.5	75.8	74.7	75.6	74.6
Two or more races	—	—	—	—	17.6	14.4	16.0	13.7	13.8	13.0
Hispanic (of any race)	75.1	69.4	71.5	73.8	68.6	68.9	65.3	62.0	62.1	61.1
Education of parent[e]										
Less than high school graduate	—	—	—	—	47.4	55.3	60.7	63.1	63.7	63.3
High school graduate	—	—	—	—	15.5	20.4	25.2	28.9	29.4	30.1
Some college	—	—	—	—	12.4	13.4	14.8	15.2	15.7	16.1
Bachelor's degree or higher	—	—	—	—	12.9	13.2	14.3	14.0	14.2	14.5
Poverty status[f]										
Below 100% poverty	—	—	—	—	28.4	30.2	32.5	33.2	33.7	33.3
100% poverty and above	—	—	—	—	16.1	17.7	19.2	19.6	20.0	20.4
Nativity status[g]										
Native child and parents	—	—	—	—	5.0	5.0	5.4	5.3	5.4	5.5
Foreign-born parent	—	—	—	—	72.0	71.8	72.1	69.5	69.4	68.5
Native child	—	—	—	—	66.9	67.1	68.6	66.6	66.4	65.4
Foreign-born child	—	—	—	—	87.9	88.6	88.2	86.4	86.5	86.1

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 1979–2017**

	Current Population Survey				American Community Survey					
Characteristic	1979	1989	1992	1995[b]	2000	2005	2010	2015	2016	2017
Children who speak another language at home—cont.										
Family structure										
Two married parents	—	—	—	—	18.5	20.4	22.6	23.2	23.4	23.4
Mother only	—	—	—	—	15.8	17.9	20.1	20.9	21.3	21.5
Father only	—	—	—	—	19.3	21.1	22.5	21.4	21.7	21.8
No parent	—	—	—	—	20.1	20.4	19.9	17.9	18.8	18.3
Region[h]										
Northeast	10.5	12.8	14.9	15.2	19.1	19.7	21.7	22.6	23.9	23.5
South	6.8	10.6	10.5	11.7	14.6	16.8	19.3	20.2	20.4	20.7
Midwest	3.7	4.7	5.3	5.9	9.5	10.8	12.3	12.6	12.7	13.0
West	17.0	23.6	25.3	26.4	31.0	33.0	34.4	33.4	33.4	33.2
Living in limited-English-speaking household[i]										
Number (in thousands)	—	—	—	—	2,576	2,952	2,986	2,759	2,804	2,644
Percentage of school-age children	—	—	—	—	4.9	5.6	5.5	5.1	5.2	4.9
Children who speak another language at home and have difficulty speaking English										
Number (in thousands)	1,250	1,808	2,160	2,431	2,886	2,806	2,704	2,353	2,417	2,379
Percentage of school-age children	2.8	4.3	4.6	5.2	5.5	5.3	5.0	4.4	4.5	4.4
Language spoken[c]										
Spanish	2.1	3.1	3.3	4.3	4.0	4.0	3.6	3.0	3.1	3.1
Other Indo-European	0.2	0.4	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	0.7	0.6	0.6	0.6	0.6	0.6
Other languages	0.4	0.2	0.3	0.3	0.1	0.1	0.2	0.2	0.2	0.2
Race and Hispanic origin[d]										
White	2.8	4.2	4.3	4.9	—	—	—	—	—	—
White-alone	—	—	—	—	4.4	3.9	4.4	3.7	3.6	3.5
White, non-Hispanic	0.5	0.7	0.6	0.7	—	—	—	—	—	—
White-alone, non-Hispanic	—	—	—	—	1.3	1.3	1.1	1.1	1.1	1.2
Black	0.5	0.7	1.5	1.5	—	—	—	—	—	—
Black-alone	—	—	—	—	1.4	1.4	1.5	1.5	1.5	1.7
Black, non-Hispanic	0.3	0.5	1.2	0.9	—	—	—	—	—	—
Black-alone, non-Hispanic	—	—	—	—	1.2	1.3	1.3	1.2	1.3	1.5
American Indian or Alaska Native	—	4.5	1.4	3.8	—	—	—	—	—	—
American Indian or Alaska Native-alone	—	—	—	—	4.6	4.1	4.8	3.7	2.8	3.7
Asian or Pacific Islander	—	24.5	25.0	19.4	—	—	—	—	—	—
Asian-alone	—	—	—	—	19.8	17.2	15.5	14.0	14.0	12.8
Native Hawaiian or Other Pacific Islander-alone	—	—	—	—	10.3	7.3	5.2	7.3	8.6	7.5
Other	19.5	9.0	18.1	27.1	—	—	—	—	—	—
Some other race alone	—	—	—	—	24.7	20.7	17.7	13.0	15.1	14.6
Two or more races	—	—	—	—	4.2	2.6	2.9	2.4	2.2	2.2
Hispanic (of any race)	28.7	26.7	27.9	30.9	22.8	19.4	15.4	11.9	12.1	11.6
Education of parent[e]										
Less than high school graduate	—	—	—	—	17.8	18.7	18.1	15.2	15.6	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 1979–2017**

Characteristic	Current Population Survey				American Community Survey					
	1979	1989	1992	1995[b]	2000	2005	2010	2015	2016	2017
Children who speak another language at home and have difficulty speaking English—cont.										
Education of parent[e]—cont.										
High school graduate	—	—	—	—	4.4	5.2	5.8	5.5	5.7	5.7
Some college	—	—	—	—	3.0	2.9	2.6	2.5	2.6	2.6
Bachelor's degree or higher	—	—	—	—	2.8	2.6	2.4	2.3	2.3	2.4
Poverty status[f]										
Below 100% poverty	—	—	—	—	11.3	10.2	9.3	8.1	8.7	8.5
100% poverty and above	—	—	—	—	4.3	4.3	3.9	3.5	3.5	3.5
Nativity status[g]										
Native child and parents	—	—	—	—	1.3	1.1	1.0	0.9	0.9	1.0
Foreign-born parent	—	—	—	—	21.8	19.4	16.9	13.7	13.8	13.3
Native child	—	—	—	—	17.2	15.1	14.0	11.0	10.9	10.0
Foreign-born child	—	—	—	—	36.0	34.6	29.7	28.9	31.0	32.1
Family structure										
Two married parents	—	—	—	—	5.4	5.4	4.9	4.4	4.5	4.4
Mother only	—	—	—	—	4.3	4.2	4.5	4.0	4.2	4.2
Father only	—	—	—	—	6.8	6.6	6.1	5.0	4.8	4.8
No parent	—	—	—	—	8.6	7.5	6.5	4.8	5.6	5.5
Region[h]										
Northeast	2.9	4.5	4.8	5.0	5.0	4.5	4.6	4.4	4.9	4.8
South	2.2	3.8	3.3	3.4	4.4	4.6	4.6	4.4	4.3	4.5
Midwest	1.1	1.2	1.5	2.3	2.8	3.1	2.9	2.6	2.5	2.7
West	6.5	8.6	9.8	11.4	10.0	8.9	7.8	5.9	6.2	5.6

— 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 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 1992–1999 CPS questionnaires, the language spoken at home variable had four 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 limited-English-speaking household is one in which no person age 14 or older speaks English at least "Very well." That is, no person age 14 or older 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. For more information, see https://www.census.gov/programs-surveys/acs/.

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

Table FAM6 Adolescent births: Birth rates by race and Hispanic origin and mother's age, selected years 1990–2017

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

Characteristic	1990	1992	1994	2000	2003	2005	2008	2009	2010	2015	2016	2017
All races												
Ages 10–14	1.4	1.4	1.4	0.9	0.6	0.6	0.6	0.5	0.4	0.2	0.2	0.2
Ages 15–17	37.5	37.6	37.2	26.9	22.2	21.1	21.1	19.6	17.3	9.9	8.8	7.9
Ages 18–19	88.6	93.6	90.2	78.1	69.6	68.4	68.2	64.0	58.2	40.7	37.5	35.1
Ages 15–19	59.9	60.3	58.2	47.7	41.1	39.7	40.2	37.9	34.2	22.3	20.3	18.8
White, non-Hispanic[a,b]												
Ages 10–14	0.5	0.5	0.5	0.3	0.2	0.2	0.2	0.2	0.2	0.1	0.1	0.1
Ages 15–17	23.2	22.7	22.7	15.8	12.4	11.5	11.6	11.0	10.0	6.0	5.3	4.6
Ages 18–19	66.6	69.8	67.6	57.5	50.0	48.0	48.6	46.2	42.5	30.6	27.9	26.0
Ages 15–19	42.5	41.7	40.4	32.6	27.4	26.0	26.7	25.7	23.5	16.0	14.4	13.2
Black, non-Hispanic[a,b]												
Ages 10–14	5.0	4.8	4.6	2.4	1.6	1.6	1.4	1.1	1.0	0.6	0.5	0.4
Ages 15–17	84.9	82.9	77.0	50.1	38.2	34.1	33.6	31.0	27.4	15.3	13.7	12.5
Ages 18–19	157.5	161.1	150.4	121.9	103.4	100.2	100.0	93.5	85.6	56.7	52.6	49.8
Ages 15–19	116.2	114.7	105.7	79.2	63.8	59.4	60.4	56.8	51.5	31.8	29.3	27.5
American Indian or Alaska Native, non-Hispanic[a,b]												
Ages 10–14	1.8	1.7	2.0	1.2	1.2	1.0	1.0	0.8	0.8	0.4	0.5	0.5
Ages 15–17	53.9	57.8	54.1	40.3	35.3	34.5	35.0	32.8	28.2	18.5	16.4	15.7
Ages 18–19	143.9	145.5	139.7	116.3	104.1	103.3	110.4	105.0	95.0	66.8	62.1	58.1
Ages 15–19	90.1	91.7	85.9	69.3	62.3	60.8	65.0	62.0	55.5	37.6	34.7	32.9
Asian or Pacific Islander, non-Hispanic[a,c]												
Ages 10–14	0.7	0.7	0.7	0.3	0.2	0.2	0.1	0.1	0.1	0.1	‡	—
Ages 15–17	15.7	15.1	15.7	11.1	7.8	6.7	6.1	5.6	4.4	2.3	1.8	—
Ages 18–19	39.8	41.6	40.1	31.5	25.7	23.7	20.9	18.9	17.1	11.2	10.0	—
Ages 15–19	26.1	26.2	25.8	19.8	15.3	13.7	12.4	11.3	9.9	6.0	5.2	—
Asian, non-Hispanic[b]												
Ages 10–14	—	—	—	—	—	—	—	—	—	—	‡	‡
Ages 15–17	—	—	—	—	—	—	—	—	—	—	1.4	1.1
Ages 18–19	—	—	—	—	—	—	—	—	—	—	7.5	6.5
Ages 15–19	—	—	—	—	—	—	—	—	—	—	3.9	3.3
Native Hawaiian or Other Pacific Islander, non-Hispanic[b]												
Ages 10–14	—	—	—	—	—	—	—	—	—	—	‡	‡
Ages 15–17	—	—	—	—	—	—	—	—	—	—	11.0	8.7
Ages 18–19	—	—	—	—	—	—	—	—	—	—	55.3	50.6
Ages 15–19	—	—	—	—	—	—	—	—	—	—	28.6	25.5

See notes at end of table.

Table FAM6 (cont.) **Adolescent births: Birth rates by race and Hispanic origin and mother's age, selected years 1990–2017**

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

Characteristic	1990	1992	1994	2000	2003	2005	2008	2009	2010	2015	2016	2017
Hispanic[d]												
Ages 10–14	2.4	2.5	2.6	1.7	1.3	1.3	1.1	1.0	0.8	0.4	0.4	0.3
Ages 15–17	65.9	68.9	69.9	55.5	47.6	45.8	42.2	37.3	32.3	17.4	15.6	13.6
Ages 18–19	147.7	153.9	147.5	132.6	124.8	124.4	114.0	103.3	90.7	61.9	57.3	52.7
Ages 15–19	100.3	103.3	101.3	87.3	78.4	76.5	70.3	63.6	55.7	34.9	31.9	28.9

— Not available.

‡ Reporting standards not met; estimate is considered unreliable.

[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, 49 states and DC in 2014 and 2015, and all 50 states and DC in 2016. The multiple-race data for these states were bridged during this transition to the single-race categories of the 1977 OMB standards for comparability with other states. As of 2017, the 1997 OMB standards for data on race and ethnicity were used. Data on race and Hispanic origin are collected and reported separately.

[b] The 1997 OMB standards were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are single race. Due to small cell sizes, data on persons identifying themselves as multiple race are not reported. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Due to the adoption of the 1997 OMB standards for 2016 data and beyond, rates for the racial and ethnic groups are not strictly comparable with earlier data.

[c] Data for 2016 were bridged to the 1977 categories. Data for 2016 and beyond are shown separately for "Asian" and "Native Hawaiian or Other Pacific Islander" race groups.

[d] 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 all 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, 2008–2017

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

Characteristic	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Total	**9.3**	**9.0**	**8.9**	**8.8**	**8.8**	**8.8**	**9.1**	**9.2**	**9.1**	**9.1**
Gender										
Male	8.7	8.4	8.5	8.4	8.4	8.4	8.7	8.8	8.7	8.6
Female	9.7	9.4	9.4	9.2	9.2	9.2	9.4	9.6	9.5	9.5
Race and Hispanic origin[a]										
White, non-Hispanic	7.7	7.3	7.6	7.6	7.7	7.3	8.1	8.1	8.1	8.1
Black, non-Hispanic	15.2	14.1	13.6	13.7	13.6	13.3	14.4	14.5	13.9	13.9
American Indian or Alaska Native, non-Hispanic	11.9	10.8	10.7	11.0	11.9	11.7	12.6	13.8	14.2	14.3
Asian, non-Hispanic	2.1	1.8	1.7	1.6	1.7	1.6	1.7	1.7	1.6	1.6
Native Hawaiian or Other Pacific Islander, non-Hispanic	10.2	10.5	9.4	8.2	8.3	7.6	8.4	8.8	8.6	8.7
Two or more races, non-Hispanic	10.3	10.7	9.2	9.5	9.7	10.2	10.4	10.4	11.2	11.3
Hispanic	8.9	8.2	8.2	8.4	8.2	8.2	8.7	8.4	8.0	8.0
Age										
Ages 0–3	13.2	12.9	13.8	13.6	13.7	13.8	14.3	14.5	14.6	14.6
Age <1	20.1	19.1	20.7	20.3	21.1	22.3	23.5	24.2	24.8	25.3
Ages 1–3	10.9	10.8	11.6	11.4	11.3	11.0	11.2	11.3	11.2	11.0
Ages 4–7	9.7	9.4	9.6	9.4	9.7	9.9	10.2	10.2	9.9	9.6
Ages 8–11	8.2	7.8	7.6	7.3	7.4	7.3	7.6	7.7	7.8	7.9
Ages 12–15	7.6	7.4	7.0	6.7	6.6	6.5	6.6	6.7	6.6	6.6
Ages 16–17	5.1	5.1	4.9	4.6	4.5	4.4	4.5	4.5	4.6	4.6

[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 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 a change from years prior to the *America's Children, 2017* edition when a child was counted each time the child was determined to be a victim, 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 the Commonwealth of Puerto Rico. The number of states reporting may vary slightly from year to year: not all states report on all measures and not all states report in all years. Additional technical notes are available in the annual reports titled: *Child Maltreatment.* These reports are available on the Internet at https://www.acf.hhs.gov/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, 2017

Characteristic	Physical abuse	Neglect	Medical neglect	Sexual abuse	Psychological abuse	Other abuse	Unknown
Overall	**18.3**	**74.9**	**2.2**	**8.6**	**5.7**	**7.1**	**0.0**
Age							
Ages 0–3	17.4	81.3	2.5	1.2	4.1	7.6	0.0
Age <1	21.2	78.4	3.1	0.4	2.7	7.0	0.0
Ages 1–3	14.6	83.4	2.0	1.9	5.1	8.0	0.0
Ages 4–7	17.4	76.7	1.9	7.2	6.1	7.3	0.0
Ages 8–11	18.1	73.1	1.9	10.8	7.0	6.9	0.0
Ages 12–15	20.0	65.4	2.5	19.5	6.9	6.2	0.0
Ages 16–17	21.5	63.2	2.9	20.2	6.4	6.3	0.0
Unknown or missing	30.1	59.0	1.0	9.7	7.0	7.3	0.0

NOTE: Based on data from 50 states, and 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 years prior to the *America's Children, 2017* edition 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 kinds of maltreatment. Substantiated maltreatment includes the dispositions of substantiated or indicated. This is a change from estimates prior to *America's Children, 2017,* which included alternative response victims as maltreated. 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 titled: *Child Maltreatment.* These reports are available on the Internet at https://www.acf.hhs.gov/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 1980–2017**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2016	2017
Below 100% poverty										
Total	18.3	20.7	20.6	20.8	16.2	17.6	22.0	19.7	18.0	17.5
Gender										
Male	18.1	20.3	20.5	20.4	16.0	17.4	22.2	19.5	17.6	17.3
Female	18.6	21.1	20.8	21.2	16.3	17.8	21.9	19.9	18.4	17.7
Age										
Ages 0–5	20.7	23.0	23.6	24.1	18.3	20.2	25.8	21.3	19.7	19.3
Ages 6–17	17.3	19.5	19.0	19.1	15.2	16.3	20.2	19.0	17.2	16.6
Race and Hispanic origin[a]										
White, non-Hispanic	11.8	12.8	12.3	11.2	9.1	10.0	12.3	12.1	10.8	10.9
Black, non-Hispanic	42.3	43.3	44.5	41.5	31.0	34.5	39.1	33.6	30.9	28.7
Hispanic	33.2	40.3	38.4	40.0	28.4	28.3	34.9	28.9	26.6	25.0
Region[b]										
Northeast	16.3	18.5	18.4	19.0	14.5	15.5	18.5	18.4	15.6	16.6
South	22.5	22.8	23.8	23.5	18.4	19.7	24.3	22.1	20.0	19.0
Midwest	16.3	20.7	18.8	16.9	13.1	15.9	20.5	17.2	17.3	16.4
West	16.1	19.3	19.8	22.1	16.9	17.5	22.2	19.0	17.0	16.6
Children in married-couple families										
Total	10.1	11.4	10.3	10.0	8.0	8.5	11.6	9.8	8.4	8.4
Ages 0–5	11.6	12.9	11.7	11.1	8.7	9.9	13.4	10.1	9.5	9.5
Ages 6–17	9.4	10.5	9.5	9.4	7.7	7.7	10.7	9.6	7.9	7.9
White, non-Hispanic	7.5	8.2	6.9	6.0	4.7	4.5	6.4	6.0	4.8	5.7
Black, non-Hispanic	19.7	17.2	17.8	12.0	8.5	12.4	16.0	11.0	10.7	10.2
Hispanic	23.0	27.2	26.6	28.4	20.8	20.1	25.1	19.5	17.0	14.8
Children in female-householder families, no husband present										
Total	51.4	54.1	54.2	50.7	40.5	43.1	47.1	42.6	42.0	40.7
Ages 0–5	65.4	65.7	65.9	61.9	50.7	52.9	58.7	49.5	49.1	48.4
Ages 6–17	46.2	49.1	48.4	45.2	36.3	38.9	41.9	39.5	39.0	37.5
White, non-Hispanic	38.6	39.1	41.4	34.9	29.3	33.8	36.0	34.8	34.3	32.7
Black, non-Hispanic	64.9	66.7	65.1	61.5	48.9	50.2	52.6	46.9	45.6	42.5
Hispanic	64.8	73.0	68.9	66.0	50.5	51.0	56.8	48.7	48.3	48.3
Below 50% poverty										
Total	6.9	8.6	8.8	8.5	6.7	7.7	9.9	8.9	8.2	8.0
Gender										
Male	6.9	8.6	8.8	8.4	6.6	7.3	10.0	8.8	7.9	7.7
Female	6.9	8.6	8.8	8.5	6.8	8.1	9.8	9.0	8.5	8.3
Age										
Ages 0–5	8.3	10.0	10.7	10.8	8.1	9.1	12.0	10.2	9.6	9.0
Ages 6–17	6.2	7.8	7.8	7.2	6.0	7.0	8.9	8.3	7.5	7.5
Race and Hispanic origin[a]										
White, non-Hispanic	4.3	5.0	5.0	3.9	3.7	4.1	5.1	5.8	5.0	5.0
Black, non-Hispanic	17.7	22.1	22.7	20.5	14.9	17.3	20.1	16.2	16.9	15.3
Hispanic	10.8	14.1	14.2	16.3	10.2	11.5	15.0	11.5	10.2	10.5
Region[b]										
Northeast	4.7	6.5	7.6	8.6	6.4	7.5	8.9	7.9	7.4	8.0
South	9.7	10.9	11.3	10.1	7.9	9.0	10.5	10.3	9.5	9.2
Midwest	6.3	9.5	8.9	6.6	5.5	6.5	9.8	7.6	7.7	7.1
West	5.1	5.6	6.1	7.8	6.2	7.0	9.8	8.3	7.0	6.8

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 1980–2017**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2016	2017
Below 50% poverty—cont.										
Children in married-couple families										
Total	3.1	3.5	2.7	2.6	2.2	2.4	3.5	3.0	2.5	2.7
Ages 0–5	3.7	4.0	3.2	2.9	2.2	2.8	4.1	3.1	3.0	2.9
Ages 6–17	2.8	3.1	2.4	2.5	2.2	2.2	3.2	3.0	2.2	2.5
White, non-Hispanic	2.5	2.6	2.0	1.5	1.5	1.2	1.8	2.4	1.7	2.1
Black, non-Hispanic	4.2	5.2	3.9	2.5	2.9	4.5	5.7	4.2	3.4	3.4
Hispanic	6.2	7.4	6.7	8.6	4.5	5.2	7.5	4.4	3.8	3.9
Children in female-householder families, no husband present										
Total	22.3	27.0	28.7	24.4	19.7	22.5	25.3	22.1	22.7	21.8
Ages 0–5	31.4	35.8	37.7	34.3	28.4	29.4	33.3	29.0	29.1	27.9
Ages 6–17	18.8	23.2	24.2	19.7	16.1	19.6	21.7	19.0	19.9	19.3
White, non-Hispanic	15.3	17.5	21.1	14.5	13.4	16.4	18.6	18.1	17.8	17.5
Black, non-Hispanic	31.0	38.0	37.1	32.6	23.9	26.5	28.2	23.1	27.1	24.3
Hispanic	24.7	31.1	33.1	33.1	26.0	29.1	31.5	25.9	24.6	25.5
Below 150% poverty										
Total	29.9	32.3	31.4	32.2	26.7	28.2	33.4	31.4	28.9	28.9
Gender										
Male	29.6	32.2	31.3	31.7	26.6	28.0	33.6	31.0	28.6	28.6
Female	30.3	32.3	31.6	32.7	26.8	28.3	33.3	31.8	29.2	29.2
Age										
Ages 0–5	33.2	35.6	34.6	35.5	29.3	31.5	37.1	33.3	30.9	31.5
Ages 6–17	28.4	30.5	29.7	30.5	25.4	26.5	31.6	30.5	27.9	27.6
Race and Hispanic origin[a]										
White, non-Hispanic	21.7	22.6	21.4	20.1	16.4	17.2	20.5	20.2	18.5	18.4
Black, non-Hispanic	57.3	59.5	57.8	56.5	45.4	48.7	54.0	48.5	45.1	44.7
Hispanic	52.7	57.8	56.0	59.4	47.3	45.9	51.7	46.8	43.1	41.8
Region[b]										
Northeast	27.0	28.1	26.7	28.8	23.4	24.9	27.5	27.8	25.3	26.9
South	35.8	36.7	36.0	35.8	29.5	31.2	36.9	34.9	32.0	31.3
Midwest	26.0	31.0	28.7	26.8	21.8	25.0	31.1	28.2	26.3	26.1
West	27.9	30.4	31.4	35.0	29.3	28.8	34.2	31.0	28.5	28.6
Children in married-couple families										
Total	20.6	22.2	20.1	20.0	16.2	17.0	21.0	18.8	16.8	17.3
Ages 0–5	23.7	25.7	22.2	21.3	17.8	19.8	23.3	19.7	18.1	19.1
Ages 6–17	19.1	20.3	18.8	19.2	15.5	15.6	19.8	18.4	16.2	16.4
White, non-Hispanic	16.5	17.1	14.7	13.4	10.0	10.0	12.9	12.2	10.5	11.3
Black, non-Hispanic	34.6	37.1	31.6	25.3	20.0	22.9	27.0	21.1	19.4	19.9
Hispanic	43.4	47.3	46.6	49.8	39.4	38.5	42.3	36.7	33.3	31.1
Children in female-householder families, no husband present										
Total	66.7	68.1	67.6	65.7	57.6	58.9	63.2	60.1	58.2	58.0
Ages 0–5	79.1	77.4	77.1	75.3	67.2	68.8	72.9	67.6	66.0	66.6
Ages 6–17	62.0	64.1	62.9	61.0	53.7	54.7	58.9	56.7	55.0	54.4
White, non-Hispanic	53.6	54.4	56.1	50.1	45.1	47.8	50.1	49.8	49.3	47.4
Black, non-Hispanic	79.9	79.6	77.4	76.2	66.1	66.9	70.4	65.1	63.3	63.2
Hispanic	80.7	84.8	80.8	81.7	70.3	67.4	72.9	67.8	64.4	65.4

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 1980–2017**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2016	2017
Below 200% poverty										
Total	42.3	43.5	42.4	43.3	37.5	38.9	43.7	41.8	39.1	38.8
Gender										
Male	42.3	43.2	42.5	43.1	37.5	38.6	43.7	41.4	38.9	38.2
Female	42.4	43.7	42.3	43.5	37.6	39.3	43.6	42.1	39.2	39.3
Age										
Ages 0–5	46.8	47.1	46.0	46.7	41.0	42.4	47.4	44.2	41.2	41.2
Ages 6–17	40.3	41.6	40.5	41.5	35.9	37.3	41.9	40.6	38.0	37.6
Race and Hispanic origin[a]										
White, non-Hispanic	33.8	33.6	32.3	30.5	25.5	26.2	29.1	28.9	26.9	26.7
Black, non-Hispanic	70.1	70.9	68.1	68.0	58.9	61.2	65.1	60.0	57.6	57.4
Hispanic	67.2	70.3	69.5	72.9	62.6	60.7	64.8	60.8	56.1	53.9
Region[b]										
Northeast	39.1	37.5	36.3	38.2	33.0	33.9	35.9	36.0	35.2	36.4
South	47.8	48.6	47.7	48.4	41.6	42.5	47.4	45.0	42.1	41.3
Midwest	39.1	42.5	39.6	36.9	31.2	35.3	41.2	39.3	36.6	35.8
West	40.5	41.7	42.7	46.1	40.5	40.5	45.5	42.7	38.9	38.7
Children in married-couple families										
Total	33.2	33.9	31.4	31.1	26.4	27.0	30.8	28.3	26.0	26.1
Ages 0–5	38.1	38.1	34.5	33.2	29.2	30.2	33.4	29.8	27.5	28.3
Ages 6–17	30.8	31.6	29.6	29.9	25.1	25.4	29.4	27.6	25.3	25.0
White, non-Hispanic	28.3	27.8	25.4	23.3	18.2	18.1	20.5	20.0	17.6	18.3
Black, non-Hispanic	50.9	52.5	44.7	38.3	35.3	35.3	40.4	30.8	31.3	32.9
Hispanic	60.5	62.8	62.1	66.0	55.5	54.1	56.0	51.3	47.1	43.4
Children in female-householder families, no husband present										
Total	78.2	77.4	77.6	76.4	69.7	71.2	73.9	72.1	69.8	70.2
Ages 0–5	87.9	84.5	85.4	84.3	78.6	80.2	82.4	79.1	77.2	77.6
Ages 6–17	74.5	74.4	73.7	72.5	66.0	67.4	70.1	69.0	66.7	67.1
White, non-Hispanic	67.8	66.6	68.0	62.6	57.1	60.2	62.0	61.6	60.2	59.5
Black, non-Hispanic	89.1	87.1	85.7	86.9	78.4	78.8	80.1	77.5	75.7	75.9
Hispanic	87.3	89.9	89.1	88.6	82.5	80.6	83.5	79.7	75.9	77.8

[a] 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. 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.

[b] 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 were revised to reflect a correction to the weights in the 2005 CPS Annual Social and Economic Supplement. 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 2017, the poverty threshold for a two parent, two child family was $24,858. 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. 263, https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-263.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 1980–2017

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2016	2017
Poverty status										
Below 50% of poverty threshold	6.9	8.6	8.8	8.5	6.7	7.7	9.9	8.9	8.2	8.0
50%–99% of poverty threshold	11.4	12.1	11.8	12.3	9.5	9.9	12.1	10.8	9.8	9.5
100%–199% of poverty threshold	24.0	22.8	21.8	22.5	21.4	21.3	21.6	22.1	21.0	21.3
200%–399% of poverty threshold	41.1	37.4	36.6	34.2	33.8	31.9	29.4	27.6	29.1	28.8
400%–599% of poverty threshold	11.5	13.6	13.7	13.7	16.3	15.9	14.6	15.7	15.7	15.7
600% of poverty threshold and above	5.1	5.5	7.3	8.8	12.4	13.3	12.3	14.9	16.1	16.7

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 2017, the poverty threshold for a family of four with two children was $24,858. For example, a family of four with two children would be living below 50% of the poverty threshold if their income was less than $12,429 (50% of $24,858). If the same family's income was at least $24,858 but less than $49,716, the family would be living at 100%–199% of the poverty threshold. Data for 2010 used the Census 2010-based population controls. The 2004 data were revised to reflect a correction to the weights in the 2005 Current Population Survey (CPS) Annual Social and Economic Supplement. 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, 2017[a]

Characteristic	Official poverty measure	Supplemental poverty measure
Total	**17.5**	**15.6**
Race and Hispanic origin[b]		
White, non-Hispanic	10.9	9.5
Black, non-Hispanic	28.6	24.5
Asian, non-Hispanic	11.3	14.8
Hispanic (of any race)	25.0	23.2

[a] Estimates include unrelated individuals under the age of 15.

[b] 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 Fox, L. (2018). The supplemental poverty measure: 2017. In *Current Population Reports* (P60-265). Retrieved from https://www.census.gov/content/dam/Census/library/publications/2018/demo/p60-265.pdf.

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

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 1980–2017**

Characteristic	1980	1985	1990	1995	2005	2010	2015	2016	2017
All children living with parent(s)									
Total children living with parent(s) (in thousands)	60,683	61,264	63,351	68,090	70,292	71,732	70,906	70,799	70,607
Total living with relatives but not with parent(s) (in thousands)	1,954	1,379	1,455	2,160	2,419	2,352	2,286	2,428	2,397
Total	70.0	70.0	72.0	74.0	78.3	71.0	75.4	77.0	77.9
Race and Hispanic origin[b]									
White, non-Hispanic	75.0	77.0	79.0	81.0	83.6	79.0	80.9	82.2	83.8
Black, non-Hispanic	50.0	48.0	50.0	54.0	62.1	53.0	62.3	63.7	64.7
Hispanic	59.0	55.0	60.0	61.0	73.9	61.0	69.3	71.8	72.8
Poverty status									
Below 100% poverty	21.0	20.0	22.0	25.0	31.9	24.0	29.5	28.7	32.6
100% poverty and above	81.0	82.0	85.0	86.0	87.7	83.0	86.2	87.0	87.1
Age									
Ages 0–5	67.0	67.0	68.0	69.0	75.3	66.0	72.9	74.6	75.7
Ages 6–17	72.0	72.0	74.0	76.0	79.8	73.0	76.6	77.8	79.0
Children living in families maintained by two married parents									
Total	80.0	81.0	85.0	87.0	88.8	83.0	87.6	88.3	88.9
Race and Hispanic origin[b]									
White, non-Hispanic	81.0	83.0	86.0	89.0	90.6	87.0	89.3	90.3	91.2
Black, non-Hispanic	73.0	76.0	84.0	85.0	84.9	76.0	.86.4	85.1	84.7
Hispanic	71.0	70.0	74.0	77.0	84.7	73.0	82.9	84.6	85.4
Poverty status									
Below 100% poverty	38.0	37.0	44.0	46.0	56.6	40.0	51.4	50.0	54.7
100% poverty and above	84.0	87.0	89.0	91.0	91.7	89.0	91.5	91.8	92.0
Age									
Ages 0–5	76.0	79.0	83.0	86.0	87.1	80.0	86.2	87.0	87.5
Ages 6–17	81.0	82.0	85.0	87.0	89.7	84.0	88.3	89.0	89.6
With both parents working year-round									
Full time	17.0	20.0	25.0	28.0	31.0	28.0	33.1	33.6	34.3
Children living in families maintained by single mothers[c]									
Total	33.0	32.0	33.0	38.0	47.8	41.0	45.9	48.0	49.4
Race and Hispanic origin[b]									
White, non-Hispanic	39.0	39.0	40.0	46.0	51.7	46.0	48.1	50.3	52.6
Black, non-Hispanic	28.0	25.0	27.0	33.0	45.4	40.0	46.5	48.5	50.0
Hispanic	22.0	22.0	24.0	27.0	44.5	36.0	41.1	44.5	45.8
Poverty status									
Below 100% poverty	7.0	7.0	9.0	14.0	17.2	15.0	16.3	17.5	20.2
100% poverty and above	59.0	59.0	60.0	61.0	70.3	65.0	67.7	70.3	69.6
Age									
Ages 0–5	20.0	20.0	21.0	24.0	37.0	31.0	38.0	40.0	41.0
Ages 6–17	38.0	37.0	40.0	45.0	52.6	47.0	49.4	51.4	53.0

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 1980–2017**

Characteristic	1980	1985	1990	1995	2005	2010	2015	2016	2017
Children living in families maintained by single fathers[c]									
Total	57.0	60.0	64.0	67.0	71.0	55.0	63.0	65.4	69.0
Race and Hispanic origin[b]									
White, non-Hispanic	61.0	62.0	68.0	72.0	73.7	62.0	66.9	69.5	73.1
Black, non-Hispanic	41.0	59.0	53.0	64.0	65.0	41.0	59.9	54.6	62.9
Hispanic	53.0	53.0	59.0	58.0	66.9	52.0	62.3	64.4	66.5
Poverty status									
Below 100% poverty	15.0	23.0	21.0	24.0	31.9	18.0	28.3	24.5	30.4
100% poverty and above	68.0	69.0	74.0	79.0	80.0	69.0	75.2	75.6	77.5
Age									
Ages 0–5	48.0	57.0	58.0	54.0	65.8	50.0	61.6	64.0	66.5
Ages 6–17	59.0	62.0	67.0	74.0	73.2	58.0	63.7	66.1	70.2

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

[b] 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.

[c] 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 1995–2017**

Characteristic	1995[a]	2005	2010	2011	2012	2013	2014	2015	2016	2017
All children										
In food-insecure households[b]	19.4	16.9	21.6	22.4	21.6	21.4	20.9	17.9	17.5	17.0
In households with very low food security among children[c]	1.3	0.8	1.3	1.1	1.3	1.0	1.2	0.7	1.0	0.7
Poverty status										
Below 100% poverty										
In food-insecure households[b]	44.4	42.5	43.7	46.0	45.8	46.4	45.1	43.5	42.1	43.4
In households with very low food security among children[c]	3.4	2.9	3.3	3.0	3.4	2.4	3.8	2.1	3.3	2.8
100%–199% poverty										
In food-insecure households[b]	25.4	26.4	32.3	31.7	32.1	32.3	30.4	27.5	25.7	26.0
In households with very low food security among children[c]	1.4	0.8	1.3	1.4	2.2	1.2	1.1	1.0	0.8	1.2
200% poverty and above										
In food-insecure households[b]	4.8	6.0	8.6	7.0	7.7	6.8	6.8	5.5	5.6	5.5
In households with very low food security among children[c]	0.2	0.3	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	14.9	16.0	16.9	15.4	15.0	13.7	13.2	12.4
In households with very low food security among children[c]	0.8	0.5	0.5	0.6	0.8	0.6	0.8	0.4	0.5	0.5
Black, non-Hispanic										
In food-insecure households[b]	30.6	29.2	34.8	32.0	31.5	36.1	34.4	26.9	25.6	27.0
In households with very low food security among children[c]	2.3	1.9	2.6	2.2	2.5	2.4	2.1	1.1	2.1	1.5
Hispanic										
In food-insecure households[b]	33.9	23.7	32.5	34.5	28.7	29.5	28.8	23.8	24.3	23.2
In households with very low food security among children[c]	2.6	1.2	2.5	2.0	1.9	1.5	1.8	1.3	1.4	0.8
Region[e]										
Northeast										
In food-insecure households[b]	16.8	14.1	18.0	19.9	17.9	18.8	19.3	16.1	15.2	14.9
In households with very low food security among children[c]	0.8	1.0	0.9	0.9	1.2	0.9	1.0	0.6	0.8	‡
South										
In food-insecure households[b]	20.5	18.0	22.9	23.7	23.8	24.8	23.4	19.0	19.6	19.1
In households with very low food security among children[c]	1.3	0.7	1.5	1.5	1.4	1.2	1.3	0.7	1.1	0.8
Midwest										
In food-insecure households[b]	16.2	15.8	20.0	18.5	20.5	18.6	19.3	16.7	16.0	16.4
In households with very low food security among children[c]	0.8	0.6	0.9	1.0	1.5	0.9	0.9	0.8	0.7	1.0
West										
In food-insecure households[b]	23.2	18.1	23.6	25.3	21.5	20.5	19.5	18.2	17.1	15.4
In households with very low food security among children[c]	2.1	1.1	1.6	0.9	1.1	1.0	1.7	0.9	0.9	0.3
Parental education										
Parent or guardian with highest education less than high school or GED										
In food-insecure households[b]	41.8	37.3	41.8	42.5	41.3	38.9	37.3	33.1	37.1	33.4
In households with very low food security among children[c]	3.0	1.4	3.2	2.8	2.8	1.6	3.4	‡	5.9	‡

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 1995–2017**

Characteristic	1995[a]	2005	2010	2011	2012	2013	2014	2015	2016	2017
Parental education (cont.)										
Parent or guardian with highest education high school or GED										
In food-insecure households[b]	24.9	25.1	29.4	33.4	30.0	34.5	32.5	29.0	27.2	26.7
In households with very low food security among children[c]	1.2	0.9	1.8	1.3	2.0	1.7	2.2	0.8	1.1	1.1
Parent or guardian with highest education some college, including vocational/technical or associate's degree										
In food-insecure households[b]	18.9	18.3	26.6	25.9	26.7	26.6	27.6	23.4	22.3	22.4
In households with very low food security among children[c]	1.5	1.1	1.4	1.6	1.5	1.3	1.3	1.1	0.9	1.1
Parent or guardian with highest education bachelor's degree or higher										
In food-insecure households[b]	5.1	4.9	8.3	8.8	9.2	7.9	7.6	6.6	6.9	6.9
In households with very low food security among children[c]	0.4	0.3	0.5	0.3	0.5	0.4	0.4	0.4	0.2	0.3
Family structure										
Married-couple household										
In food-insecure households[b]	13.3	11.3	15.4	15.6	14.5	14.7	14.0	11.4	11.0	10.6
In households with very low food security among children[c]	0.8	0.5	0.9	0.8	0.8	0.7	0.7	0.4	0.6	0.3
Female-headed household, no spouse										
In food-insecure households[b]	38.6	32.8	36.9	39.6	38.0	37.1	38.7	33.4	33.1	33.4
In households with very low food security among children[c]	2.8	1.7	2.3	1.9	2.5	2.0	2.5	1.5	2.0	1.9
Male-headed household, no spouse										
In food-insecure households[b]	21.0	18.4	27.6	26.3	26.0	25.5	22.5	22.3	23.1	20.4
In households with very low food security among children[c]	1.1	0.7	‡	‡	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, because of 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 U.S. Department of Agriculture 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. (2000). *Guide to measuring household food security.* Washington, DC: U.S. Department of Agriculture, Food and Nutrition Service; and Coleman-Jensen, A., Rabbitt, M., Gregory, C., & Singh, A. (2018). *Household food security in the United States in 2017* (ERR-256). Washington, DC: U.S. Department of Agriculture, Economic Research Service.

SOURCE: U.S. Census Bureau, Current Population Survey Food Security Supplement; tabulated by U.S. 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 1993–2017**

Characteristic	1993[a]	1995[a]	1999	2000	2005	2010	2012	2015	2016	2017
Uninsured[b]										
Total	13.6	13.0	11.9	12.4	9.3	7.8	6.6	4.5	5.2	5.0
Gender										
Male	13.8	12.8	11.9	12.3	9.1	8.0	6.4	4.4	5.0	5.2
Female	13.4	13.3	11.8	12.5	9.4	7.6	6.7	4.6	5.4	4.8
Age										
Ages 0–5	12.4	11.5	11.0	11.7	7.7	6.3	4.6	3.3	4.1	3.9
Ages 6–11	13.8	12.8	12.1	12.3	9.2	7.4	6.4	4.2	4.9	5.3
Ages 12–17	14.8	14.9	12.5	13.3	10.8	9.8	8.7	6.1	6.6	5.8
Race and Hispanic origin[c]										
White, non-Hispanic	11.0	10.4	8.1	8.7	6.5	5.8	5.2	3.4	4.0	4.1
Black, non-Hispanic	14.7	12.6	11.9	12.2	8.9	6.4	4.4	3.2	3.8	4.0
Hispanic	25.3	24.2	26.7	25.8	17.5	13.0	10.9	8.0	8.8	7.7
Region[d]										
Northeast	9.9	10.2	7.2	7.0	5.5	4.4	3.5	2.6	4.2	2.1
South	18.7	17.1	15.8	16.1	12.5	9.7	8.0	5.8	6.4	6.8
Midwest	8.4	9.1	7.9	8.1	6.6	4.9	5.5	3.4	3.8	4.8
West	14.8	13.7	14.0	15.9	10.0	9.9	7.5	4.9	5.3	4.4
Private health insurance[e]										
Total	66.3	65.5	68.8	67.0	62.1	54.1	53.4	54.6	54.3	55.2
Gender										
Male	66.3	66.2	69.0	67.7	62.3	54.0	54.1	54.1	54.5	55.0
Female	66.3	64.8	68.7	66.2	61.9	54.2	52.7	55.1	54.2	55.5
Age										
Ages 0–5	60.3	59.7	64.7	63.1	56.6	48.3	48.4	51.0	51.0	52.4
Ages 6–11	68.0	66.8	69.0	67.5	62.1	54.7	53.6	53.6	53.6	54.3
Ages 12–17	71.2	70.6	72.8	70.3	67.2	59.7	58.0	58.9	58.2	58.8
Race and Hispanic origin[c]										
White, non-Hispanic	76.9	76.5	79.7	77.7	75.0	69.1	68.5	68.9	68.3	69.0
Black, non-Hispanic	42.2	43.3	49.1	47.6	42.3	34.5	33.3	35.6	34.9	36.3
Hispanic	43.3	40.1	44.7	44.6	36.8	29.2	29.5	32.2	33.2	34.8
Region[d]										
Northeast	72.2	70.3	74.3	72.3	69.6	61.4	60.6	61.2	59.0	62.3
South	60.5	59.9	62.7	60.9	54.5	48.8	47.3	49.0	48.2	48.3
Midwest	72.9	72.5	77.7	75.8	69.2	60.4	61.7	61.1	62.2	62.1
West	62.9	62.4	64.2	62.3	60.6	51.4	50.0	52.8	53.3	54.7

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 1993–2017**

Characteristic	1993[a]	1995[a]	1999	2000	2005	2010	2012	2015	2016	2017
Public health insurance[f]										
Total	18.2	19.6	17.1	18.4	26.3	35.2	37.6	38.7	37.8	36.7
Gender										
Male	18.1	19.3	17.0	17.7	26.3	35.2	36.9	39.2	37.9	36.4
Female	18.3	19.9	17.3	19.1	26.4	35.2	38.3	38.1	37.8	36.9
Age										
Ages 0–5	25.1	26.7	22.2	23.1	33.0	42.3	44.4	43.0	42.1	40.6
Ages 6–11	16.7	18.6	16.6	18.1	26.3	35.3	37.7	40.2	38.8	37.1
Ages 12–17	12.1	13.0	12.6	14.2	19.9	27.6	30.7	32.9	32.8	32.6
Race and Hispanic origin[c]										
White, non-Hispanic	10.1	11.4	10.3	11.5	16.4	22.2	24.0	25.1	24.9	23.8
Black, non-Hispanic	41.5	42.0	35.4	37.3	45.3	56.0	59.4	58.6	58.0	56.1
Hispanic	30.0	34.0	27.0	28.0	43.8	55.5	57.5	58.5	56.2	55.1
Region[d]										
Northeast	17.4	19.1	17.7	19.9	23.4	33.5	34.3	35.3	35.3	33.4
South	18.1	19.9	18.0	19.5	29.3	37.3	41.4	41.7	41.9	41.3
Midwest	18.3	17.8	13.5	14.9	23.2	33.0	31.4	34.6	32.0	31.3
West	19.0	21.5	19.3	19.3	27.1	35.4	39.7	40.0	38.6	36.8

[a] In 1997, the National Health Interview Survey (NHIS) was redesigned. Data for 1997–2017 are not strictly comparable with prior years of data.

[b] A child was considered 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 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 NHIS 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 non-Hispanic 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, purchased through local or community programs, or purchased through the Health Insurance Marketplace or a state-based exchange. 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 1993–2017

Characteristic	1993[b]	1995[b]	2000	2005	2010	2015	2016	2017
Ages 0–17								
Total	8.0	6.5	7.0	5.3	5.4	4.4	4.8	4.3
Type of insurance								
Private insurance[c]	3.9	3.2	3.4	2.0	2.7	2.5	2.7	2.3
Public insurance[c,d]	10.8	6.8	4.8	3.8	4.3	4.4	4.7	4.4
No insurance	24.3	22.5	29.7	31.6	28.9	28.6	27.3	27.1
Poverty status[e]								
Below 100% poverty	15.7	10.9	12.4	8.6	7.7	6.6	7.8	7.8
100%–199% poverty	9.1	8.6	10.9	7.8	8.3	5.9	6.8	6.2
200% poverty and above	3.8	3.6	4.0	3.4	3.3	2.9	3.0	2.6
Ages 0–5								
Total	5.5	4.4	4.6	3.3	3.6	3.0	3.7	3.1
Type of insurance								
Private insurance[c]	2.0	1.7	2.3	0.9	1.6	2.0	1.8	1.9
Public insurance[c,d]	7.6	5.1	3.2	2.9	3.3	3.2	4.0	3.6
No insurance	19.4	17.3	19.6	22.8	19.8	18.1	25.9	17.3
Poverty status[e]								
Below 100% poverty	11.2	7.9	6.9	5.0	5.5	4.2	6.3	5.6
100%–199% poverty	6.2	6.0	7.9	4.4	5.0	4.3	5.5	4.5
200% poverty and above	1.8	1.9	2.6	2.2	2.0	1.9	2.0	1.6
Ages 6–17								
Total	9.4	7.5	8.1	6.3	6.4	5.1	5.3	4.9
Type of insurance								
Private insurance[c]	4.9	3.9	3.9	2.4	3.3	2.7	3.1	2.5
Public insurance[c,d]	13.8	8.4	6.0	4.4	5.0	5.0	5.2	4.8
No insurance	26.5	24.8	34.5	34.7	32.6	31.9	27.8	29.9
Poverty status[e]								
Below 100% poverty	18.7	12.8	15.6	10.8	9.1	8.0	8.7	8.9
100%–199% poverty	10.8	10.0	12.5	9.4	10.2	6.7	7.4	7.1
200% poverty and above	4.8	4.4	4.6	3.9	3.9	3.4	3.4	3.0

[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 doctor's office or health maintenance organization, a clinic or health center, a hospital outpatient department, or some other place. Excludes emergency rooms as a usual source of health care.

[b] In 1997, the National Health Interview Survey was redesigned. Data for 1997–2017 are not strictly comparable with 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. It does not include children with only Medicare, Tricare, or the Civilian Health and Medical Program of the U.S. Department of Veterans Affairs.

[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%–30% of children ages 0–17 in 1993–2017. 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 2006–2017

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2006	2012	2016	2017	2006	2012	2016	2017	2006	2012	2016	2017
Total												
Combined series (4:3:1:3*:3:1:4)[c]	—	68.4	70.7	70.4	—	63.4	66.0	62.8	—	71.6	72.5	73.8
Combined series (4:3:1:3:3:1)[d]	76.9	76.2	73.8	73.2	73.4	72.5	69.6	66.9	78.3	77.7	75.2	75.9
Combined series (4:3:1:3)[e]	82.1	80.0	76.8	75.8	77.8	71.5	72.5	69.6	83.9	78.9	78.4	78.5
DTP (4 doses or more)[f]	85.2	82.5	83.4	83.2	80.8	78.5	79.2	78.5	86.9	85.0	85.1	85.2
Polio (3 doses or more)[g]	92.8	92.8	91.9	92.7	91.9	91.8	90.6	91.4	93.1	93.4	92.5	93.3
MMR (1 dose or more)[h]	92.3	90.8	91.1	91.5	90.9	89.9	89.0	88.7	93.0	91.4	92.1	92.7
Hib (3 doses or more)[i]	93.4	93.3	91.6	91.8	91.1	93.7	88.8	89.0	94.2	94.3	93.1	93.0
Hepatitis B (3 doses or more)	93.3	89.7	90.5	91.4	92.7	89.4	90.5	89.8	93.5	89.8	90.5	92.1
Varicella (1 dose or more)[j]	89.2	90.2	90.6	91.0	88.3	89.7	89.3	88.9	90.0	90.6	91.2	92.0
PCV (3 doses or more)[k]	86.9	92.3	91.8	91.9	84.1	90.7	89.9	89.5	88.0	93.4	93.0	93.1
PCV (4 doses or more)[k]	68.4	81.9	81.8	82.4	61.7	76.7	76.8	75.9	71.1	85.3	84.2	85.3
Hepatitis A (2 doses or more)[l]	—	53.0	60.6	59.7	—	49.4	56.9	56.0	—	55.4	61.9	61.4
Rotavirus (2 doses or more)[m]	—	68.6	74.1	73.2	—	63.0	65.5	64.4	—	72.5	78.2	77.9
White, non-Hispanic												
Combined series (4:3:1:3*:3:1:4)[c]	—	69.3	72.2	71.5	—	58.2	61.2	61.7	—	72.1	74.6	73.8
Combined series (4:3:1:3:3:1)[d]	77.8	76.1	74.5	73.3	69.0	69.2	64.6	63.5	78.9	77.7	76.6	75.6
Combined series (4:3:1:3)[e]	83.9	76.8	77.7	76.1	75.2	66.3	67.1	64.7	84.9	79.6	80.0	78.6
DTP (4 doses or more)[f]	86.6	83.6	84.8	83.0	78.0	74.9	75.6	74.7	87.6	85.7	86.8	85.0
Polio (3 doses or more)[g]	93.3	93.0	92.5	92.3	90.1	91.3	88.3	91.4	93.6	93.4	93.4	92.8
MMR (1 dose or more)[h]	92.8	90.9	91.6	91.2	87.7	89.6	88.6	88.1	93.5	91.3	92.1	92.0
Hib (3 doses or more)[i]	94.1	93.7	92.5	91.9	87.9	91.1	86.6	87.9	94.8	94.5	93.7	92.8
Hepatitis B (3 doses or more)	93.8	89.3	91.3	91.1	91.7	90.0	90.9	91.1	94.0	89.0	91.3	91.4
Varicella (1 dose or more)[j]	88.7	89.8	90.8	90.3	83.2	89.6	87.3	88.9	89.4	89.8	91.4	91.0
PCV (3 doses or more)[k]	87.2	92.7	93.1	92.2	79.5	89.0	87.5	88.8	88.4	93.7	94.3	90.3
PCV (4 doses or more)[k]	70.9	83.5	84.1	84.2	60.0	74.2	71.8	75.9	72.4	86.0	86.9	86.1
Hepatitis A (2 doses or more)[l]	—	52.6	60.0	58.3	—	47.3	54.3	49.7	—	54.3	61.6	60.2
Rotavirus (2 doses or more)[m]	—	70.5	77.3	76.6	—	59.8	61.4	63.1	—	73.5	81.1	80.1
Black, non-Hispanic												
Combined series (4:3:1:3*:3:1:4)[c]	—	64.8	64.1	66.5	—	62.7	65.0	61.8	—	68.5	64.4	71.7
Combined series (4:3:1:3:3:1)[d]	73.8	72.5	67.7	70.5	71.7	68.7	67.5	66.9	76.8	78.7	67.8	74.1
Combined series (4:3:1:3)[e]	78.4	72.5	69.3	72.2	75.8	71.1	69.1	69.5	81.9	75.1	69.6	75.2
DTP (4 doses or more)[f]	81.2	79.6	76.8	79.7	78.8	77.0	76.6	78.4	84.8	84.0	77.2	82.0
Polio (3 doses or more)[g]	90.4	92.9	90.3	91.5	90.4	91.5	89.5	88.3	91.4	94.6	92.3	94.5
MMR (1 dose or more)[h]	90.9	90.9	89.4	89.5	90.8	88.4	87.5	86.8	91.6	93.6	93.8	92.4
Hib (3 doses or more)[i]	91.0	91.1	88.1	89.8	89.9	89.1	88.2	87.2	93.4	94.0	90.9	92.4
Hepatitis B (3 doses or more)	91.5	89.7	90.0	91.8	91.6	87.3	90.2	89.3	92.5	92.5	91.5	94.6
Varicella (1 dose or more)[j]	89.1	90.4	89.9	89.3	89.2	88.9	88.6	86.6	89.8	92.1	93.2	92.7
PCV (3 doses or more)[k]	82.9	91.2	88.3	91.2	82.2	89.8	89.7	88.9	84.5	92.9	90.4	93.8
PCV (4 doses or more)[k]	60.5	77.1	74.5	78.1	56.6	73.9	76.2	72.8	64.8	81.7	76.1	84.2
Hepatitis A (2 doses or more)[l]	—	52.0	53.9	54.0	—	48.2	48.5	52.4	—	56.7	57.0	56.9
Rotavirus (2 doses or more)[m]	—	60.4	67.2	65.7	—	55.1	62.8	58.2	—	68.0	74.4	72.6

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 2006–2017**

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2006	2012	2016	2017	2006	2012	2016	2017	2006	2012	2016	2017
Hispanic												
Combined series (4:3:1:3*:3:1:4)[c]	—	67.8	71.0	70.4	—	68.1	70.8	64.0	—	68.3	68.9	74.2
Combined series (4:3:1:3:3:1)[d]	77.0	75.2	74.4	73.2	76.4	75.5	73.7	67.3	78.3	74.7	72.3	76.4
Combined series (4:3:1:3)[e]	81.3	75.4	77.9	76.2	80.1	74.8	77.8	71.5	83.2	76.9	75.8	78.5
DTP (4 doses or more)[f]	84.5	80.8	83.3	84.7	82.7	80.7	82.7	81.0	86.3	81.3	82.2	86.8
Polio (3 doses or more)[g]	93.3	92.5	91.7	93.2	93.0	92.1	93.3	93.0	93.4	93.4	90.0	92.4
MMR (1 dose or more)[h]	92.0	90.7	90.6	92.2	92.8	91.0	89.7	89.3	91.9	90.7	90.7	94.3
Hib (3 doses or more)[i]	93.9	93.5	91.6	92.4	93.5	93.5	91.0	90.6	93.9	93.7	91.6	93.1
Hepatitis B (3 doses or more)	93.6	89.4	89.1	91.3	93.2	90.0	90.3	89.1	93.9	88.3	87.5	92.4
Varicella (1 dose or more)[j]	89.6	90.9	90.2	91.8	90.5	90.3	90.9	89.2	90.5	92.0	89.0	93.2
PCV (3 doses or more)[k]	88.9	92.4	92.2	92.0	87.7	92.7	93.0	91.6	89.8	92.3	91.2	91.7
PCV (4 doses or more)[k]	67.4	82.1	81.4	81.8	64.9	81.0	82.1	78.4	70.2	84.1	79.8	83.5
Hepatitis A (2 doses or more)[l]	—	54.4	63.6	63.5	—	52.5	62.7	61.7	—	57.5	62.7	65.2
Rotavirus (2 doses or more)[m]	—	70.0	73.0	71.1	—	70.0	71.6	69.3	—	72.1	72.8	74.5

— Not available.

[a] Based on family income and household size using U.S. Census Bureau poverty thresholds for the year of data collection. Children with missing data on income were excluded from analysis by poverty status.

[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 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) vaccine (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 vaccine; 1 dose (or more) of varicella vaccine; and 4 doses (or more) of heptavalent pneumococcal conjugate vaccine (PCV).

[d] 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 DTaP vaccines; 3 doses (or more) of poliovirus vaccines; 1 dose (or more) of any measles-containing vaccine; 3 doses (or more) of 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.

[e] The 4:3:1:3 series consists of 4 doses (or more) of DTP vaccines, DT, or DTaP vaccines; 3 doses (or more) of poliovirus vaccine; 1 dose (or more) of any measles-containing vaccine; and 3 doses (or more) of Hib vaccines. See footnote c concerning changes to Hib vaccine coverage in 2009.

[f] The DTP consists of 4 doses or more of any diphtheria, tetanus toxoids, and pertussis vaccines.

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

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

[i] Hib vaccine (3 doses or more) regardless of brand type.

[j] 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).

[k] The PCV is recommended for all children younger than 5 years. The series consists of doses at ages 2, 4, and 6 months, and a booster dose at ages 12–15 months.

[l] Hepatitis A vaccine (2 doses or more) is recommended for all children ages 12–23 months. The interim Advisory Committee on Immunization Practices expanded this recommendation in May 2006. National Immunization Survey data prior to 2008 for children ages 19–35 months are not available for Hepatitis A vaccine.

[m] Estimates of rotavirus coverage reflect early vaccinations, primarily among children born during the first 2 years of the licensure of rotavirus vaccine. Rotavirus vaccine includes 2 doses or more or 3 doses or more, depending on the product type received (2 doses or more for Rotarix [RV1] or 3 doses or more for RotaTeq [RV5]).

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

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 2006–2017

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2006[c]	2008	2016	2017	2006[c]	2008	2016	2017	2006[c]	2008	2016	2017
Total												
MMR (2 doses or more)[d]	86.9	89.3	90.9	92.1	—	87.1	90.5	90.6	—	89.6	91.1	92.4
HepB (3 doses or more)[e]	81.3	87.9	91.4	91.9	—	86.7	90.2	89.9	—	88.0	91.9	92.5
Var (1 dose or more)[f]	65.5	81.9	95.0	95.5	—	77.0	95.2	94.4	—	82.9	95.1	95.7
Var (2 doses or more)[g]	—	34.1	85.6	88.6	—	35.8	85.0	88.2	—	33.9	85.9	88.6
Td or Tdap (1 dose or more)[h]	60.1	72.2	90.6	90.7	—	70.9	90.4	90.4	—	72.7	90.7	90.7
Tdap (1 dose or more)[i]	10.8	40.8	88.0	88.7	—	38.6	86.7	88.2	—	41.2	88.4	88.8
MenACWY (1 dose or more)[j]	11.7	41.8	82.2	85.1	—	40.8	82.9	85.7	—	42.0	82.0	84.8
HPV (1 dose or more)—females only[k]	—	37.2	65.1	68.6	—	46.4	74.8	75.7	—	35.8	62.0	66.5
HPV (up-to-date)—females only[l]	—	17.9	43.0	53.1	—	14.9	48.0	58.1	—	18.6	42.4	51.8
HPV (1 dose or more)—males only[m]	—	—	56.0	62.6	—	—	65.8	71.1	—	—	52.8	59.1
HPV (up-to-date)—males only[n]	—	—	31.5	44.3	—	—	36.0	49.5	—	—	30.3	41.7
HPV (1 dose or more)[o]	—	—	60.4	65.5	—	—	70.2	73.3	—	—	57.3	62.8
HPV (up-to-date)[p]	—	—	43.4	48.6	—	—	50.1	53.7	—	—	41.7	46.7
White, non-Hispanic												
MMR (2 doses or more)[d]	—	89.9	91.8	92.6	—	89.2	91.6	93.7	—	89.7	92.0	92.5
HepB (3 doses or more)[e]	—	88.1	92.4	92.4	—	88.4	90.3	92.3	—	87.9	92.8	92.6
Var (1 dose or more)[f]	—	82.8	95.5	96.2	—	74.4	95.4	96.9	—	82.9	95.5	96.2
Var (2 doses or more)[g]	—	31.6	86.1	89.1	—	—	84.1	90.6	—	—	86.5	88.8
Td or Tdap (1 dose or more)[h]	—	71.6	91.5	91.4	—	64.5	88.5	92.3	—	72.3	91.8	91.4
Tdap (1 dose or more)[i]	—	41.7	89.3	89.7	—	32.8	85.7	90.7	—	42.5	89.6	89.8
MenACWY (1 dose or more)[j]	—	39.7	81.2	84.6	—	32.8	79.2	86.0	—	40.3	81.6	84.4
HPV (1 dose or more)—females only[k]	—	35.0	60.0	63.6	—	33.6	67.2	68.9	—	35.7	59.1	63.5
HPV (up-to-date)—females only[l]	—	19.5	40.4	49.7	—	—	44.2	52.6	—	—	40.1	49.7
HPV (1 dose or more)—males only[m]	—	—	49.7	56.7	—	—	57.3	65.8	—	—	48.5	55.3
HPV (up-to-date)—males only[n]	—	—	29.6	40.2	—	—	29.5	48.5	—	—	29.9	38.6
HPV (1 dose or more)[o]	—	—	54.7	60.0	—	—	62.2	67.3	—	—	53.6	59.2
HPV (up-to-date)[p]	—	—	39.6	44.7	—	—	42.7	50.5	—	—	39.4	44.0
Black, non-Hispanic												
MMR (2 doses or more)[d]	—	89.1	91.6	91.8	—	89.1	92.0	89.4	—	88.6	91.9	92.7
HepB (3 doses or more)[e]	—	86.0	92.3	91.6	—	86.9	91.7	89.1	—	85.8	93.2	92.6
Var (1 dose or more)[f]	—	74.0	96.1	94.5	—	72.7	96.4	92.8	—	74.8	95.8	95.2
Var (2 doses or more)[g]	—	35.0	87.0	88.9	—	—	87.6	86.8	—	—	87.2	89.6
Td or Tdap (1 dose or more)[h]	—	71.4	92.8	91.9	—	68.9	94.2	91.2	—	71.9	92.2	92.3
Tdap (1 dose or more)[i]	—	36.0	89.6	89.7	—	39.0	90.1	89.0	—	33.4	89.2	90.0
MenACWY (1 dose or more)[j]	—	43.1	85.5	85.7	—	38.8	87.4	84.5	—	44.4	84.6	86.6
HPV (1 dose or more)—females only[k]	—	35.7	70.0	72.8	—	45.9	79.9	86.8	—	31.2	63.7	65.6
HPV (up-to-date)—females only[l]	—	14.9	43.3	55.6	—	—	51.5	66.2	—	—	37.0	50.0
HPV (1 dose or more)—males only[m]	—	—	61.4	67.3	—	—	67.4	74.1	—	—	59.6	63.6
HPV (up-to-date)—males only[n]	—	—	30.1	44.9	—	—	31.8	47.3	—	—	30.1	44.3
HPV (1 dose or more)[o]	—	—	65.9	70.0	—	—	74.3	80.0	—	—	61.7	64.6
HPV (up-to-date)[p]	—	—	46.0	50.2	—	—	52.2	56.1	—	—	42.8	47.2

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 2006–2017**

Characteristic	Total				Below 100% poverty				100% poverty and above			
	2006[c]	2008	2016	2017	2006[c]	2008	2016	2017	2006[c]	2008	2016	2017
Hispanic												
MMR (2 doses or more)[d]	—	87.5	88.9	91.0	—	83.9	88.8	88.9	—	90.4	88.9	91.8
HepB (3 doses or more)[e]	—	89.8	89.2	91.8	—	86.2	88.5	88.9	—	92.1	89.6	93.3
Var (1 dose or more)[f]	—	84.5	93.0	94.8	—	80.0	93.8	93.5	—	88.9	93.8	95.1
Var (2 doses or more)[g]	—	38.5	84.2	88.0	—	—	84.6	87.9	—	—	84.2	88.1
Td or Tdap (1 dose or more)[h]	—	74.1	88.4	88.5	—	74.8	89.6	88.9	—	75.7	88.4	87.4
Tdap (1 dose or more)[i]	—	41.9	85.4	86.4	—	40.4	85.6	86.2	—	44.0	85.8	85.3
MenACWY (1 dose or more)[j]	—	46.8	83.8	86.0	—	45.0	83.5	86.6	—	48.9	84.0	84.7
HPV (1 dose or more)—females only[k]	—	44.4	71.8	76.0	—	53.0	76.7	74.8	—	39.3	68.2	75.4
HPV (up-to-date)—females only[l]	—	14.7	45.9	58.1	—	—	48.3	57.3	—	—	48.8	58.7
HPV (1 dose or more)—males only[m]	—	—	67.8	73.0	—	—	72.0	73.7	—	—	64.2	68.7
HPV (up-to-date)—males only[n]	—	—	37.2	54.6	—	—	43.9	54.8	—	—	31.8	51.6
HPV (1 dose or more)[o]	—	—	69.8	74.5	—	—	74.0	74.3	—	—	66.2	72.2
HPV (up-to-date)[p]	—	—	49.9	56.4	—	—	55.7	56.1	—	—	47.4	55.3

— 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" because of 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 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 or quadrivalent or bivalent human papillomavirus vaccine (HPV). Percentages reported among females only.

[l] Includes up-to-date for nine valent or quadrivalent or bivalent HPV. Percentages reported among females only.

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

[n] Includes up-to-date for nine valent or quadrivalent or bivalent HPV. Percentages reported among males only.

[o] Includes 1 dose (or more) of nine valent or quadrivalent or bivalent HPV. Percentages reported among all adolescents.

[p] Includes up-to-date for nine valent or quadrivalent or bivalent HPV. Percentages reported among all adolescents.

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 National Immunization Suvey–Teen. See https://www.cdc.gov/vaccines/imz-managers/coverage/nis/teen/apd-report.html. Estimates prior to 2014 are not directly comparable with 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 1997–2017**

Characteristic	1997	2000	2005	2010	2012	2013	2014	2015	2016	2017
Ages 2–4										
Total	44.7	44.1	48.0	52.3	57.3	62.2	61.3	63.2	63.9	65.7
Poverty status[a]										
Below 100% poverty	46.0	47.0	43.0	54.8	58.7	64.2	62.4	67.7	62.9	65.5
100%–199% poverty	39.1	42.7	43.6	51.4	54.0	58.5	58.7	59.2	66.2	61.8
200% poverty and above	46.4	43.7	51.7	51.6	58.0	62.8	62.0	62.9	63.3	67.2
Type of insurance[b]										
Private insurance[c]	46.0	44.8	51.5	50.5	56.5	61.2	61.6	61.2	62.1	66.2
Public insurance[c,d]	49.9	46.3	45.5	57.9	61.1	66.0	61.9	67.5	69.2	66.6
No insurance	30.5	37.3	31.3	30.4	35.1	37.6	47.4	‡	37.8	‡
Race and Hispanic origin[e]										
White, non-Hispanic	44.5	45.1	49.5	47.8	53.7	59.8	57.6	60.1	60.6	64.1
Black, non-Hispanic	49.3	43.3	47.9	58.3	64.6	61.3	66.2	70.5	72.3	64.8
American Indian or Alaska Native	48.6	71.8	63.8	‡	87.9	79.3	60.5	‡	75.2	‡
American Indian or Alaska Native, non-Hispanic	54.8	73.4	69.7	‡	88.5	76.7	80.0	‡	69.1	‡
Asian	41.0	40.3	38.7	43.4	45.1	48.5	58.0	57.0	62.4	58.1
Asian, non-Hispanic	38.3	40.2	40.3	40.0	44.6	48.7	56.2	55.9	61.7	54.1
Two or more races	—	53.8	51.1	51.9	51.5	68.5	57.8	65.8	61.4	45.6
Hispanic	43.0	39.2	43.6	59.4	62.1	67.8	67.7	67.8	66.2	75.4
Ages 5–17										
Total	79.2	80.6	82.7	85.4	88.0	87.7	87.8	89.6	89.3	89.1
Poverty status[a]										
Below 100% poverty	66.7	66.1	72.7	78.6	81.4	82.3	82.2	86.1	85.4	85.6
100%–199% poverty	67.9	71.2	74.7	79.6	84.7	82.8	82.7	86.2	84.7	83.7
200% poverty and above	87.4	87.8	88.4	90.1	91.8	91.8	92.2	92.3	92.4	92.2
Type of insurance[b]										
Private insurance[c]	85.3	86.9	88.4	90.1	91.6	92.5	91.8	92.4	92.7	92.9
Public insurance[c,d]	76.7	74.9	79.5	84.6	87.5	86.7	86.0	88.8	88.4	87.2
No insurance	50.2	53.1	53.2	55.6	61.6	56.4	59.9	62.5	59.4	64.0
Race and Hispanic origin[e]										
White, non-Hispanic	83.6	85.7	87.0	88.2	89.6	90.2	90.0	91.0	89.9	91.1
Black, non-Hispanic	73.3	75.6	78.7	84.4	87.4	85.0	86.8	88.6	90.9	86.3
American Indian or Alaska Native	72.1	71.2	78.4	78.4	90.3	82.9	94.2	87.8	87.9	88.8
American Indian or Alaska Native, non-Hispanic	73.9	75.2	82.1	70.8	93.8	85.4	94.4	88.4	85.7	89.4
Asian	76.1	81.9	76.7	82.1	85.7	86.7	84.8	88.0	89.2	87.8
Asian, non-Hispanic	75.7	81.8	76.7	81.7	85.4	87.2	83.9	87.9	89.0	87.9
Two or more races	—	77.7	85.2	86.3	87.7	87.0	84.9	89.4	89.9	88.1
Hispanic	66.1	65.9	72.8	79.3	85.0	84.0	84.7	87.6	87.6	87.1
Ages 5–11										
Total	80.7	81.0	83.8	86.5	89.3	88.7	88.6	90.7	90.9	90.1
Poverty status[a]										
Below 100% poverty	70.4	68.5	74.7	80.8	84.0	85.5	85.1	89.4	89.2	88.9
100%–199% poverty	71.7	73.4	76.0	81.8	87.2	84.9	84.4	87.8	88.2	85.9
200% poverty and above	88.2	87.5	89.4	90.9	92.4	91.8	92.1	92.5	92.6	92.3
Type of insurance[b]										
Private insurance[c]	86.4	86.7	88.9	90.5	92.0	93.2	91.0	92.8	93.3	92.4
Public insurance[c,d]	77.9	75.4	80.3	85.9	88.8	88.3	88.5	90.1	90.4	89.3
No insurance	55.1	58.0	59.4	59.6	68.9	56.1	64.0	66.1	63.4	72.3

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 1997–2017**

Characteristic	1997	2000	2005	2010	2012	2013	2014	2015	2016	2017
Ages 5–11 (cont.)										
Race and Hispanic origin[e]										
White, non-Hispanic	84.4	85.6	86.9	89.2	89.6	90.6	89.7	91.5	90.2	91.1
Black, non-Hispanic	77.7	78.2	81.2	87.0	90.3	86.5	88.6	89.9	92.9	88.4
American Indian or Alaska Native	75.2	73.6	80.8	79.8	96.0	85.2	98.4	88.9	86.8	88.5
American Indian or Alaska Native, non-Hispanic	75.0	80.5	83.7	72.2	97.1	83.2	‡	‡	80.7	‡
Asian	77.3	84.8	80.7	81.9	88.1	88.2	86.1	88.4	93.1	87.4
Asian, non-Hispanic	76.5	84.6	80.8	82.0	87.8	87.8	85.2	88.4	93.5	88.1
Two or more races	—	81.4	87.0	87.3	90.3	89.8	84.6	92.4	94.0	90.5
Hispanic	68.9	66.2	75.7	80.6	88.0	86.2	87.3	89.7	90.5	89.5
Ages 12–17										
Total	77.4	80.2	81.6	84.1	86.5	86.6	86.9	88.4	87.4	88.0
Poverty status[a]										
Below 100% poverty	61.0	62.7	70.1	75.4	77.7	77.4	78.4	81.4	80.5	81.0
100%–199% poverty	62.9	68.3	73.1	77.0	81.7	80.2	80.5	84.4	80.3	80.8
200% poverty and above	86.6	88.2	87.4	89.3	91.1	91.7	92.3	92.1	92.1	92.2
Type of insurance[b]										
Private insurance[c]	84.0	87.2	87.8	89.6	91.3	91.8	92.7	91.9	92.0	93.5
Public insurance[c,d]	74.6	74.1	78.3	82.5	85.5	84.1	82.7	86.9	85.5	84.2
No insurance	44.6	47.3	47.4	52.1	55.7	56.6	56.0	59.7	56.5	56.4
Race and Hispanic origin[e]										
White, non-Hispanic	82.6	85.8	87.1	87.2	89.7	89.9	90.3	90.5	89.5	91.1
Black, non-Hispanic	67.6	72.4	76.3	81.5	83.9	83.1	84.7	87.3	88.5	84.0
American Indian or Alaska Native	68.7	69.0	76.1	76.7	82.2	79.7	89.3	86.3	89.8	89.2
American Indian or Alaska Native, non-Hispanic	72.8	71.0	80.7	69.7	87.8	88.2	88.9	‡	92.6	‡
Asian	74.6	78.6	71.7	82.3	82.5	84.8	83.2	87.6	84.2	88.3
Asian, non-Hispanic	74.8	78.5	71.9	81.4	82.1	86.5	82.4	87.2	83.3	87.5
Two or more races	—	71.5	82.2	84.4	83.6	84.1	85.4	85.0	84.5	85.3
Hispanic	62.3	65.5	69.1	77.6	81.4	81.1	81.5	84.9	84.0	84.0

— Not available.

‡ Reporting standards not met; estimates are considered unreliable.

[a] Missing family income data were imputed for 19%–31% of children ages 2–17 in 1997–2017.

[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.

[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 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, selected years 1988–1994 through 2015–2016**

Characteristic	1988–1994	1999–2004	2005–2008	2009–2010	2011–2012	2013–2014	2015–2016
Ages 5–17							
Total	24.3	23.3	16.4	14.3	16.7	18.1	13.9
Poverty status							
Below 100% poverty	39.0	33.5	26.3	21.6	24.3	24.9	19.9
100%–199% poverty	29.7	32.2	18.3	18.7	21.1	19.8	17.7
200% poverty and above	15.2	14.5	11.9	9.6	9.8	13.9	9.8
Race and Hispanic origin[a]							
White, non-Hispanic	19.5	19.7	13.2	11.4	13.5	16.4	12.2
Black, non-Hispanic	33.2	28.5	22.0	21.1	21.8	24.0	18.4
Asian, non-Hispanic	—	—	—	—	15.5	15.5	12.2
Hispanic	—	—	—	18.8	21.9	20.4	14.7
Mexican American	38.3	34.1	22.0	21.4	23.9	22.3	15.3
Ages 5–11							
Total	27.8	27.1	20.4	15.9	19.4	16.9	15.4
Poverty status							
Below 100% poverty	43.4	37.5	30.6	23.4	24.3	22.1	24.0
100%–199% poverty	31.7	36.1	22.9	20.1	24.8	18.4	18.2
200% poverty and above	18.1	17.3	15.0	10.6	12.9	13.8	10.5
Race and Hispanic origin[a]							
White, non-Hispanic	23.0	23.3	17.7	12.4	15.1	14.7	14.6
Black, non-Hispanic	34.3	32.1	26.3	18.5	25.9	21.8	21.0
Asian, non-Hispanic	—	—	—	—	18.7	16.8	10.6
Hispanic	—	—	—	23.8	26.0	20.2	14.6
Mexican American	42.5	39.1	25.0	27.4	26.3	21.1	14.6
Ages 12–17							
Total	20.0	18.8	11.9	12.5	13.7	19.4	12.4
Poverty status							
Below 100% poverty	32.5	28.1	20.3	19.3	24.2	28.6	14.2
100%–199% poverty	27.4	26.8	12.4	16.9	17.1	21.5	17.2
200% poverty and above	11.7	11.6	8.8	8.5	6.8	13.9	9.2
Race and Hispanic origin[a]							
White, non-Hispanic	15.2	15.5	8.6	10.4	11.8	18.2	9.9
Black, non-Hispanic	31.9	24.2	17.3	23.9	17.5	26.5	15.6
Asian, non-Hispanic	—	—	—	—	12.4	14.2	13.8
Hispanic	—	—	—	12.4	17.0	20.7	14.9
Mexican American	32.8	27.3	17.9	13.8	20.9	23.7	16.1

— 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: 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 survey. 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. (2007). 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 https://wwwn.cdc.gov/nchs/nhanes/2009-2010/OHXDEN_F.htm and https://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 1999–2017**

Characteristic	1999	2000	2005	2010	2013	2014	2015	2016	2017
All children									
One or more pollutants	75.8	77.4	78.1	72.7	61.7	60.3	61.6	62.4	62.3
Carbon monoxide—8-hour standard	5.7	4.4	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	2.3	1.6	1.6	6.6	0.7	0.6	0.4	0.1	0.2
Nitrogen dioxide—1-hour standard	23.2	19.4	13.7	7.1	5.1	6.8	7.3	2.0	4.1
Ozone—8-hour standard	66.1	67.3	69.0	66.6	56.5	53.8	56.0	57.8	57.8
Particulate matter ($PM_{2.5}$)—annual standard	37.5	52.1	47.5	16.2	10.0	4.1	9.3	3.3	7.9
Particulate matter ($PM_{2.5}$)—24-hour standard	54.7	62.3	59.8	34.5	22.2	27.1	27.5	21.3	27.8
Particulate matter (PM_{10})—24-hour standard	12.3	10.4	6.7	5.2	7.4	6.8	5.7	6.7	9.2
Sulfur dioxide—1-hour standard	31.1	28.8	20.7	8.6	7.9	5.2	3.2	3.0	4.4
White, non-Hispanic									
One or more pollutants	—	72.0	72.6	66.0	54.1	52.5	54.4	55.3	53.7
Carbon monoxide—8-hour standard	—	1.6	0.6	0.0	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	—	1.6	1.5	3.9	0.7	0.9	0.4	0.1	0.2
Nitrogen dioxide—1-hour standard	—	11.2	7.6	2.8	2.4	3.8	3.3	1.6	1.8
Ozone—8-hour standard	—	61.8	63.5	59.4	47.9	45.6	48.1	50.6	48.5
Particulate matter ($PM_{2.5}$)—annual standard	—	44.7	40.5	11.0	5.9	3.2	5.1	1.7	4.0
Particulate matter ($PM_{2.5}$)—24-hour standard	—	54.2	53.0	28.0	16.9	21.0	22.2	15.8	20.5
Particulate matter (PM_{10})—24-hour standard	—	6.0	5.6	3.8	4.8	4.7	4.5	4.5	6.6
Sulfur dioxide—1-hour standard	—	24.6	18.9	8.3	6.8	5.4	3.5	3.2	4.2
Black, non-Hispanic									
One or more pollutants	—	84.8	84.7	79.6	63.0	62.6	63.2	65.5	64.1
Carbon monoxide—8-hour standard	—	3.3	1.2	0.0	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	—	2.0	2.0	6.9	0.7	0.5	0.4	0.2	0.3
Nitrogen dioxide—1-hour standard	—	23.0	16.9	7.1	4.7	5.4	6.1	2.8	3.5
Ozone—8-hour standard	—	72.6	73.3	73.0	58.7	57.5	58.0	61.1	61.0
Particulate matter ($PM_{2.5}$)—annual standard	—	69.8	64.4	21.1	5.6	5.6	7.5	1.6	3.8
Particulate matter ($PM_{2.5}$)—24-hour standard	—	75.3	70.9	39.4	14.5	24.3	24.5	19.9	19.8
Particulate matter (PM_{10})—24-hour standard	—	10.4	5.1	3.1	3.4	4.6	2.9	5.3	6.1
Sulfur dioxide—1-hour standard	—	39.4	31.9	14.3	11.1	8.4	4.9	5.0	6.1
Asian or Pacific Islander, non-Hispanic									
One or more pollutants	—	92.3	91.5	87.4	76.4	73.4	76.6	73.0	76.4
Carbon monoxide—8-hour standard	—	9.4	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	—	1.9	1.3	10.0	0.4	0.4	0.1	0.0	0.1
Nitrogen dioxide—1-hour standard	—	32.9	19.2	13.1	8.3	10.2	12.5	1.4	8.8
Ozone—8-hour standard	—	76.1	76.9	76.7	70.8	67.8	70.4	68.1	71.6
Particulate matter ($PM_{2.5}$)—annual standard	—	66.0	54.8	18.2	20.1	3.8	13.1	3.7	13.0
Particulate matter ($PM_{2.5}$)—24-hour standard	—	84.1	77.1	48.1	38.0	37.3	39.6	28.0	41.9
Particulate matter (PM_{10})—24-hour standard	—	19.1	10.2	3.9	7.3	6.4	5.2	5.7	8.4
Sulfur dioxide—1-hour standard	—	32.6	20.2	6.0	6.6	3.6	2.4	2.5	3.6

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 1999–2017**

Characteristic	1999	2000	2005	2010	2013	2014	2015	2016	2017
American Indian or Alaska Native, non-Hispanic									
One or more pollutants	—	51.4	59.1	52.0	45.4	43.3	42.5	39.5	48.2
Carbon monoxide—8-hour standard	—	1.7	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	—	0.4	0.6	1.6	0.2	0.5	0.1	0.3	0.3
Nitrogen dioxide—1-hour standard	—	11.1	6.4	2.4	1.3	4.7	2.4	1.1	1.1
Ozone—8-hour standard	—	40.7	48.2	45.6	38.6	33.6	34.4	32.2	37.7
Particulate matter ($PM_{2.5}$)—annual standard	—	25.4	24.9	5.7	4.6	1.6	3.6	2.0	4.9
Particulate matter ($PM_{2.5}$)—24-hour standard	—	34.5	34.7	17.7	15.8	19.6	19.5	16.0	23.4
Particulate matter (PM_{10})—24-hour standard	—	7.1	8.9	8.2	12.7	10.9	8.2	9.5	13.4
Sulfur dioxide—1-hour standard	—	15.2	13.5	7.1	5.0	3.0	2.1	2.4	3.0
Hispanic									
One or more pollutants	—	88.2	86.9	81.9	75.6	73.7	73.7	74.1	76.4
Carbon monoxide—8-hour standard	—	14.2	0.3	0.0	0.0	0.0	0.0	0.0	0.0
Lead—3-month standard	—	1.1	1.6	12.3	0.7	0.2	0.3	0.0	0.1
Nitrogen dioxide—1-hour standard	—	43.1	28.2	16.4	10.8	13.8	15.8	2.5	8.2
Ozone—8-hour standard	—	81.8	81.2	78.1	72.1	67.4	69.5	69.7	72.7
Particulate matter ($PM_{2.5}$)—annual standard	—	61.4	54.7	25.3	19.9	5.3	18.9	7.5	17.5
Particulate matter ($PM_{2.5}$)—24-hour standard	—	76.7	68.7	44.3	35.5	40.1	38.5	32.4	44.7
Particulate matter (PM_{10})—24-hour standard	—	24.6	10.3	10.0	15.3	12.9	10.0	12.1	16.3
Sulfur dioxide—1-hour standard	—	34.6	17.8	6.2	8.7	3.3	1.9	1.7	4.2

— 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 2018) for all years shown. The Environmental Protection Agency 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 were 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 2000–2017 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, Asian or Pacific Islander. Data on race and Hispanic origin are collected separately but 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 1988–1994 through 2013–2014

Characteristic	1988–1994	1999–2000	2003–2004	2005–2006	2007–2008	2009–2010	2011–2012	2013–2014
Ages 4–17, any detectable cotinine at or above 0.05 ng/mL								
Total[a]	84.4	64.2	61.1	48.9	50.0	39.6	37.3	35.5
White, non-Hispanic	83.7	62.7	63.3	48.9	53.8	39.1	36.9	34.3
Black, non-Hispanic	94.7	83.6	78.2	69.6	62.0	63.7	60.6	61.2
Mexican American	76.5	48.2	38.0	33.2	28.0	25.6	25.3	20.8
Ages 4–17, blood cotinine above 1.0 ng/mL								
Total[a]	22.5	16.9	17.1	11.6	15.3	9.0	8.1	9.3
White, non-Hispanic	23.1	20.0	19.5	11.5	19.3	8.9	8.7	9.2
Black, non-Hispanic	33.7	22.3	21.5	21.2	15.4	20.7	16.5	19.8
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	63.7	51.4	52.6	41.7	40.5	37.4
White, non-Hispanic	83.3	‡	67.7	52.3	57.4	42.0	37.4	38.3
Black, non-Hispanic	94.7	86.2	81.5	69.7	65.1	67.6	68.7	64.9
Mexican American	76.7	48.6	37.6	32.0	29.1	27.6	29.6	21.4
Ages 4–11, blood cotinine above 1.0 ng/mL								
Total[a]	24.3	17.7	18.7	12.3	16.7	9.4	9.7	9.6
White, non-Hispanic	25.6	21.0	22.3	11.8	21.7	9.1	10.1	‡
Black, non-Hispanic	34.2	23.5	22.7	25.0	18.9	25.8	20.6	24.6
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	57.9	46.0	47.0	37.2	33.8	33.3
White, non-Hispanic	84.3	62.5	58.2	45.1	49.6	36.1	36.4	30.0
Black, non-Hispanic	94.8	79.9	73.9	69.5	58.7	59.2	50.9	56.9
Mexican American	76.3	47.5	38.6	34.7	26.6	23.0	20.0	20.1
Ages 12–17, blood cotinine above 1.0 ng/mL								
Total[a]	20.1	16.0	15.0	10.8	13.7	8.4	6.3	9.0
White, non-Hispanic	19.7	18.6	16.3	11.2	16.4	‡	7.2	9.3
Black, non-Hispanic	33.1	20.7	20.0	17.1	11.6	‡	11.7	14.1
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 (a non-smoker is defined as someone with a cotinine level less than or equal to 10 nanograms per milliliter [ng/mL]). "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 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] 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 1999–2014, 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." 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.

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, 2013–2014

Characteristic	Ages 4–11	Ages 12–17	Ages 4–17
Total[a]	**37.4**	**33.3**	**35.5**
Race and Hispanic origin[b]			
White, non-Hispanic	38.3	30.0	34.3
Black, non-Hispanic	64.9	56.9	61.2
Mexican American	21.4	20.1	20.8
Poverty status			
Below 100% poverty	56.5	60.6	58.1
100% poverty and above	28.4	25.3	26.9

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

[b] For 2013–2014, 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." 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 (a non-smoker is defined as someone with a cotinine level less than or equal to 10 nanograms per milliliter [ng/mL]). "Any detectable cotinine" indicates blood cotinine levels at or above 0.05 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, 1993–2017

Characteristic	1993	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005
Type of standard violated												
All health-based standard	**17.9**	**10.4**	**9.4**	**9.2**	**8.2**	**7.5**	**8.2**	**4.9**	**10.5**	**8.0**	**8.3**	**11.1**
Lead and copper	2.8	2.1	1.9	1.9	1.7	1.6	1.2	1.1	0.8	0.7	0.9	0.8
Total coliforms	9.3	4.0	4.2	3.5	2.9	3.1	3.1	2.1	2.5	3.0	3.4	3.3
Chemical and radionuclide	0.8	1.2	0.8	1.0	0.9	0.7	0.7	0.6	0.7	0.7	1.0	0.9
Surface water treatment	6.0	3.7	3.2	3.0	2.6	2.2	3.0	1.1	4.8	1.4	1.4	4.3
Nitrate/nitrite	0.2	0.2	0.2	0.4	0.7	0.3	0.6	0.2	0.6	0.3	0.1	0.1
Disinfection byproducts	—	—	—	—	—	—	—	—	1.4	2.7	2.4	2.1

Characteristic	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
Type of standard violated												
All health-based standard	**10.2**	**7.7**	**6.3**	**7.2**	**7.5**	**4.9**	**7.9**	**6.7**	**7.4**	**8.7**	**5.1**	**6.2**
Lead and copper	0.6	0.4	0.5	0.8	0.3	0.2	0.2	0.3	0.2	0.2	0.2	0.2
Total coliforms	2.7	2.4	2.3	2.5	2.4	2.4	2.3	2.7	3.7	3.0	0.3	0.4
Chemical and radionuclide	1.2	1.1	1.0	1.1	0.8	0.8	0.6	0.5	0.4	0.3	0.3	0.3
Surface water treatment	4.0	2.5	1.2	1.9	2.7	0.6	3.7	0.9	0.6	1.3	0.9	3.1
Nitrate/nitrite	0.5	0.2	0.1	0.1	0.1	0.1	0.1	0.1	0.0	0.5	0.5	0.1
Disinfection byproducts	1.6	1.4	1.4	1.3	1.3	1.1	1.1	2.4	2.7	3.6	2.9	2.0

— 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). Revisions to the Total Coliform Rule took effect in 2016. 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 were revised since previous publication in *America's Children.* Values for years prior to 2017 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, selected years 1988–1994 through 2013–2016

Characteristic	1988–1994	1999–2002	2003–2006	2007–2010	2013–2016
Percent of children with blood lead level ≥ 5 µg/dL	25.6	8.6	4.1	2.6	0.9
50th percentile (µg/dL)	3.0	1.9	1.6	1.3	0.7
95th percentile (µg/dL)	10.8	6.3	4.6	3.9	2.5

NOTE: The reference level of 5 micrograms per deciliter (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 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, 1999–2004, 2005–2010, and 2011–2016

Characteristic	1999–2004	2005–2010	2011–2016
Total[a]	7.4	2.7	1.2
Race and Hispanic origin[b]			
White, non-Hispanic	5.7	2.1	1.5
Black, non-Hispanic	17.6	6.3	2.4
Mexican American	6.0	1.8	0.3
Poverty status			
Below 100% poverty	12.9	5.4	2.2
100% poverty and above	4.4	1.6	0.6

[a] Totals include data for racial/ethnic groups not shown separately.
[b] For 1999–2016, 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 micrograms per deciliter (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 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 1978–2017[a]**

Household type	1978	1983	1993	2003	2005	2007	2009	2011	2013	2015	2017
All households with children											
Number of households (in millions)	32.3	33.6	35.4	38.4	38.7	38.1	38.5	37.6	37.2	35.5	36.9
Percent with											
Any problems	30.0	33.0	34.0	36.9	40.3	43.0	44.5	46.4	40.4	38.7	39.4
Inadequate housing[b]	9.0	8.0	7.0	5.8	5.4	5.1	5.1	5.5	5.0	6.3	5.3
Crowded housing	9.0	8.0	6.0	6.2	6.3	6.2	6.2	7.1	6.4	6.5	6.3
Cost burden greater than 30%[c]	15.0	21.0	26.0	30.1	34.2	37.2	39.3	40.7	34.9	32.4	33.4
Cost burden greater than 50%[c]	6.0	11.0	11.0	11.5	14.5	15.8	17.5	18.3	15.7	15.1	14.9
Severe problems[d]	8.0	12.0	11.0	11.3	13.8	15.1	16.9	17.6	15.0	14.0	14.1
Very-low-income renter households with children[e]											
Number of households (in millions)	4.2	5.1	6.6	6.4	6.5	6.3	6.8	7.6	7.0	7.0	6.2
Percent with											
Any problems	79.0	83.0	75.0	77.5	82.2	82.5	84.3	86.1	83.6	85.5	86.4
Inadequate housing[b]	18.0	18.0	14.0	12.8	12.2	11.4	11.0	12.0	11.3	12.5	11.2
Crowded housing	22.0	18.0	14.0	14.5	14.2	14.1	13.5	15.4	14.7	14.1	14.2
Cost burden greater than 30%[c]	59.0	68.0	67.0	70.4	75.9	75.9	80.2	81.1	78.5	81.5	82.1
Cost burden greater than 50%[c]	31.0	38.0	38.0	36.2	44.9	44.1	49.4	50.9	47.7	50.8	52.1
Severe problems[d]	33.0	42.0	33.0	29.0	35.9	34.6	40.5	42.8	40.3	41.5	44.2
Rental assistance[f]	23.0	23.0	33.0	28.1	27.7	27.7	25.0	24.7	26.2	24.8	21.2

[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 of Housing Adequacy in Appendix A: Subject Definitions and Table Index of the American Housing Survey for the United States: 2017. U.S. Census Bureau. (2018). Retrieved from https://www.census.gov/programs-surveys/ahs/tech-documentation/def-errors-changes.html

[c] Cost burden refers to expenditures on housing and utilities that exceed the specified proportion, 30% or 50%, of reported income.

[d] For households not reporting housing assistance, having severe problems is defined as a cost burden of greater than 50% 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 the 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 1980–2017

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2017[a]
Rate per 1,000 youth ages 12–17									
Age									
Ages 12–17	37.6	34.3	43.2	31.2	15.3	13.8	7.2	6.9	8.0
Ages 12–14	33.4	28.1	41.2	28.7	14.3	10.5	7.3	8.8	8.0
Ages 15–17	41.4	40.3	45.2	33.8	16.3	17.2	7.0	5.0	8.1
Race and Hispanic origin[b]									
White	34.1	34.4	37.0	26.8	14.0	—	—	—	—
White, non-Hispanic[c]	—	—	—	—	—	10.5	6.7	6.5	10.2
Black	60.2	35.2	77.0	53.0	22.8	—	—	—	—
Black, non-Hispanic[c]	—	—	—	—	—	24.9	14.0	‡	‡
Hispanic[d]	—	—	—	—	—	17.9	‡	‡	6.8
Other	21.7	28.8	37.3	31.1	‡	—	—	—	—
Gender									
Male	54.8	49.8	60.5	41.7	21.0	18.5	9.0	7.6	11.9
Female	19.7	18.2	24.9	20.2	9.4	9.0	5.3	6.2	4.1
Number of victimizations of youth ages 12–17									
Age									
Ages 12–17	877,100	742,800	866,300	714,600	368,000	350,900	174,800	171,200	200,100
Ages 12–14	364,400	296,000	412,100	335,400	172,800	133,700	88,400	108,900	99,500
Ages 15–17	512,700	446,800	454,100	379,200	195,200	217,200	86,400	62,200	100,700
Race and Hispanic origin[b]									
White	658,500	606,700	593,600	486,700	265,900	—	—	—	—
White, non-Hispanic[c]	—	—	—	—	—	161,000	93,500	84,800	134,600
Black	206,200	114,000	238,100	197,200	88,400	—	—	—	—
Black, non-Hispanic[c]	—	—	—	—	—	95,000	51,300	‡	‡
Hispanic[d]	—	—	—	—	—	83,400	‡	‡	40,600
Other	12,300	22,100	34,500	30,800	‡	—	—	—	—
Gender									
Male	652,000	550,900	623,500	489,200	258,100	239,800	111,700	95,600	150,300
Female	225,100	192,000	242,800	225,400	109,900	111,100	63,100	75,600	49,800

— Not available.

‡ Reporting standards not met due to insufficient unweighted sample cases.

[a] Homicide data were not available from this source for 2017 at the time of publication. The number of homicides for 2016 is included in the overall total for 2017. In 2016, homicides represented less than 1% 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 Federal Bureau of Investigation's (FBI) 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 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 2014–2015

(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	2014–2015
Ages 1–4								
All injury visits[a]	155.8	143.5	161.8	139.5	153.7	164.0	142.7	143.4
All initial injury visits[b]	—	134.4	152.8	127.0	140.9	151.2	129.4	134.6
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	8.3
Fall	46.9	40.8	58.5	47.1	57.3	64.2	47.7	50.5
Motor vehicle traffic	7.4	6.6	6.8	7.2	5.1	7.5	4.2	5.5
Natural or environmental factors[d]	11.0	9.6	11.4	8.0	11.3	10.3	8.7	11.1
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	6.8
Struck by/against an object or person	30.5	24.7	17.5	15.9	17.7	17.4	17.3	18.8
Ages 5–14								
All injury visits[a]	123.0	116.6	120.8	103.7	115.4	114.3	104.3	118.2
All initial injury visits[b]	—	109.5	114.7	93.0	104.1	105.7	92.4	113.1
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	7.0
Fall	30.3	24.8	29.9	25.6	29.8	31.5	24.0	35.6
Motor vehicle traffic	10.4	6.8	9.0	6.9	6.2	6.3	5.3	5.9
Natural or environmental factors[d]	6.7	6.4	7.6	5.2	6.4	6.2	6.9	10.2
Overexertion	2.5	3.8	4.1	4.4	5.2	5.2	4.7	4.7
Poisoning	1.7	1.4	1.9	1.7	1.1	1.7	‡	2.5
Struck by/against an object or person	29.8	28.4	22.1	18.2	20.0	20.9	18.1	20.3

— 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 2014–2015, 94% of injury-related emergency department visits among children ages 1–4 and 96% 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 2014–2015 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: Some 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 1980–2017

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2010[a]	2015	2016	2017
Ages 1–4										
All causes[b]	63.9	51.8	46.8	40.4	32.4	29.9	26.5	24.9	25.3	24.3
Leading causes of death[c]										
Unintentional injuries	25.9	20.2	17.3	14.4	11.9	10.5	8.6	7.8	7.9	7.9
Cancer	4.5	3.8	3.5	3.1	2.7	2.4	2.1	2.2	2.4	2.0
Birth defects	8.0	5.9	6.1	4.4	3.2	3.3	3.1	2.7	2.7	2.7
Homicide	2.5	2.5	2.6	2.9	2.3	2.4	2.4	2.3	2.1	1.9
Heart disease	2.6	2.2	1.9	1.6	1.2	0.9	1.0	0.9	0.7	0.8
Pneumonia/influenza	2.1	1.6	1.2	1.0	0.7	0.7	0.6	0.6	0.6	0.7
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	10.6	10.4	10.3
Motor vehicle traffic	7.4	5.9	5.3	4.4	3.7	3.1	2.1	2.1	2.1	2.3
Drowning	5.7	4.4	3.9	3.5	3.3	3.3	2.9	2.6	2.8	2.8
Fire and burns	6.1	4.8	4.0	3.1	2.0	1.4	1.1	0.7	0.8	0.7
Firearms	0.7	0.7	0.6	0.6	0.3	0.4	0.4	0.5	0.6	0.5
Suffocation	1.9	1.4	1.3	1.3	1.2	1.0	1.0	1.0	0.9	0.8
Pedestrian (nontraffic)[d]	1.5	1.1	0.9	0.7	0.6	0.8	0.6	0.5	0.5	0.6
Fall	0.9	0.6	0.6	0.3	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	28.0	27.7	27.3
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	14.0	12.6	10.5	9.4	9.5	9.4
Cancer	—	—	—	—	3.0	2.7	2.4	2.4	2.5	2.2
Birth defects	—	—	—	—	3.3	3.2	2.8	2.8	2.5	2.8
Homicide	—	—	—	—	2.5	2.6	2.8	2.8	2.2	2.1
Heart disease	—	—	—	—	1.4	1.0	1.1	1.0	0.8	0.8
Pneumonia/influenza	—	—	—	—	0.7	0.7	0.6	0.6	0.6	0.8
Female										
All causes[b]	54.7	44.8	41.0	36.0	28.7	25.6	23.3	21.6	22.9	21.1
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	9.7	8.2	6.6	6.0	6.2	6.4
Cancer	—	—	—	—	2.5	2.1	1.9	2.0	2.2	1.8
Birth defects	—	—	—	—	3.1	3.3	3.5	2.7	2.9	2.5
Homicide	—	—	—	—	2.1	2.1	1.9	1.8	2.1	1.7
Heart disease	—	—	—	—	1.0	0.9	0.9	0.9	0.7	0.8
Pneumonia/influenza	—	—	—	—	0.7	0.7	0.5	0.5	0.6	0.5
Race and Hispanic origin[e]										
White, non-Hispanic	—	45.3	37.6	34.2	28.5	26.7	24.7	22.9	23.9	22.4
Black, non-Hispanic	—	83.1	73.5	67.8	51.7	45.3	40.2	41.6	41.5	40.1
Asian or Pacific Islander	43.2	40.1	38.6	26.5	21.6	18.0	17.9	15.0	16.5	15.4
Asian or Pacific Islander, non-Hispanic	—	—	—	—	22.3	18.4	18.5	15.3	17.0	15.6
Hispanic	—	46.1	43.5	36.3	29.6	28.7	22.7	19.8	19.4	19.4

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 1980–2017**

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2010[a]	2015	2016	2017
Ages 5–14										
All causes[b]	30.6	26.5	24.0	22.2	18.0	16.3	12.9	13.2	13.4	13.6
Leading causes of death[c]										
Unintentional injuries	15.0	12.6	10.4	9.2	7.3	5.9	4.0	3.7	4.0	3.8
Cancer	4.3	3.5	3.1	2.7	2.5	2.5	2.2	2.1	2.1	2.1
Suicide[f]	0.4	0.8	0.8	0.9	0.7	0.7	0.7	1.0	1.1	1.3
Birth defects	1.6	1.4	1.5	1.2	1.0	1.0	0.7	0.8	0.9	0.9
Homicide	1.2	1.2	1.3	1.5	0.9	0.8	0.6	0.7	0.7	0.8
Heart disease	0.9	1.0	0.9	0.8	0.7	0.6	0.5	0.5	0.5	0.4
Pneumonia/influenza	0.6	0.4	0.4	0.3	0.2	0.3	0.2	0.2	0.2	0.3
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	5.6	5.9	6.1
Motor vehicle traffic	7.5	6.6	5.6	5.1	4.0	3.3	2.0	1.9	2.0	1.8
Drowning	2.5	1.8	1.5	1.2	0.9	0.7	0.6	0.6	0.6	0.6
Fire and burns	1.5	1.4	1.0	0.9	0.7	0.6	0.4	0.3	0.4	0.4
Firearms	1.6	1.8	1.9	1.9	0.9	0.8	0.7	0.9	0.9	1.1
Suffocation	0.9	0.9	0.8	0.8	0.8	0.8	0.7	0.8	0.9	1.0
Pedestrian (nontraffic)[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	15.0	15.0	15.6
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	8.8	7.2	5.0	4.5	4.7	4.7
Cancer	—	—	—	—	2.7	2.7	2.3	2.2	2.3	2.2
Suicide[f]	—	—	—	—	1.2	1.0	0.9	1.2	1.3	1.7
Birth defects	—	—	—	—	1.0	0.9	0.7	0.9	0.9	1.0
Homicide	—	—	—	—	1.1	1.0	0.8	0.9	0.8	0.9
Heart disease	—	—	—	—	0.8	0.6	0.5	0.5	0.5	0.5
Pneumonia/influenza	—	—	—	—	0.2	0.3	0.2	0.2	0.2	0.2
Female										
All causes[b]	24.2	21.0	19.3	17.9	15.0	13.9	11.1	11.2	11.8	11.4
Leading causes of death[c]										
Unintentional injuries	—	—	—	—	5.6	4.7	2.9	2.9	3.2	2.9
Cancer	—	—	—	—	2.2	2.2	2.2	2.0	1.9	2.0
Suicide[f]	—	—	—	—	0.3	0.3	0.4	0.8	0.9	0.8
Birth defects	—	—	—	—	1.0	1.0	0.7	0.7	0.8	0.9
Homicide	—	—	—	—	0.7	0.7	0.5	0.5	0.6	0.7
Heart disease	—	—	—	—	0.5	0.6	0.4	0.5	0.4	0.4
Pneumonia/influenza	—	—	—	—	0.2	0.3	0.2	0.2	0.2	0.3

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 1980–2017**

(Deaths per 100,000 children ages 1–4 and ages 5–14)

Characteristic	1980	1985	1990	1995	2000	2005[a]	2010[a]	2015	2016	2017
Ages 5–14—cont.										
Race and Hispanic origin[e]										
White, non-Hispanic	—	23.1	21.5	20.1	17.1	15.3	12.6	12.9	12.8	12.9
Black, non-Hispanic	—	36.5	33.0	32.7	25.0	23.6	18.1	19.2	20.0	20.9
Asian or Pacific Islander	24.2	20.8	16.9	17.5	12.3	12.4	8.2	8.8	9.2	8.6
Asian or Pacific Islander, non-Hispanic	—	—	—	—	12.3	13.0	8.5	9.0	9.2	8.7
Hispanic	—	19.3	20.0	19.9	15.7	13.5	10.2	10.5	11.3	11.2

— Not available.

‡ Reporting standards not met; estimates are considered unreliable.

[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 1999–2017 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, 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 included 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% 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, censuses, and surveys.

[f] Most suicides in the 5–14 age group are among those ages 10–14.

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 2014–2015

(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	2014–2015
All injury visits[a]	**172.9**	**150.2**	**161.3**	**148.5**	**155.4**	**152.9**	**135.1**	**139.5**
All initial injury visits[b]	—	138.6	147.2	131.7	140.3	137.9	123.5	132.6
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	8.7
Unintentional	16.3	10.2	10.7	6.9	9.6	7.0	5.9	6.6
Fall[d]	19.4	17.2	23.4	20.4	23.9	21.6	21.5	24.3
Motor vehicle traffic[d]	32.0	24.4	22.9	22.7	18.8	21.6	18.0	17.9
Natural or environmental factors[d,e]	7.1	5.6	5.8	5.7	6.9	5.2	6.1	4.4
Overexertion[d]	7.4	5.6	7.3	7.2	8.9	9.9	9.6	9.0
Poisoning	5.7	6.2	5.2	4.6	6.3	4.7	3.1	8.9
Unintentional	3.0	3.2	2.2	1.9	‡	3.1	‡	5.4
Self-inflicted	2.1	2.7	2.6	1.7	2.7	1.6	‡	2.7
Struck by/against an object or person	40.8	32.7	28.8	24.2	30.4	28.2	23.0	24.4
Unintentional	30.9	25.7	20.7	18.1	21.0	20.7	16.6	18.7
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 2014–2015, 95% 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 2014–2015 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%–100% 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 1980–2017

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1994	2000	2005[c]	2010[c]	2014	2016	2017
Total (all races)										
All causes	97.9	80.5	88.4	85.5	67.1	63.8	49.4	45.5	51.2	51.5
All injuries	78.1	62.8	71.4	68.5	51.6	48.7	37.1	33.8	39.0	40.0
Unintentional injuries	57.8	43.7	42.4	36.6	33.4	30.8	20.6	17.7	19.6	18.7
Homicide	10.5	8.4	16.9	19.8	9.5	9.7	8.3	6.6	8.6	8.7
Suicide	8.5	9.9	11.1	10.9	8.0	7.5	7.5	8.7	10.0	11.8
Leading mechanisms of injury										
Motor vehicle traffic	42.3	33.1	33.0	28.6	25.3	22.5	13.1	11.6	12.4	12.1
All firearm	14.7	13.3	23.5	27.8	12.9	12.2	10.6	9.9	12.6	13.8
Firearm homicide	7.0	5.7	14.0	17.6	7.7	8.1	7.1	5.8	7.6	7.9
Firearm suicide	5.4	6.0	7.5	7.7	4.4	3.4	3.0	3.6	4.5	5.3
Male										
All races										
All causes	—	—	—	—	93.3	89.5	69.6	63.3	71.4	72.7
All injuries	—	—	—	—	75.5	71.4	55.1	50.2	57.1	59.4
Unintentional injuries	—	—	—	—	45.8	42.0	28.3	25.0	26.9	25.5
Homicide	—	—	—	—	15.5	16.4	14.0	11.1	14.3	14.7
Suicide	—	—	—	—	13.0	11.8	11.7	13.0	14.8	17.9
White, non-Hispanic										
All causes	—	105.1	105.7	99.3	86.1	82.2	63.9	59.6	65.3	65.5
All injuries	—	86.2	87.5	80.8	69.4	64.9	50.5	46.9	52.1	53.8
Unintentional injuries	—	64.1	62.6	53.8	50.0	46.2	32.6	27.4	29.5	27.0
Homicide	—	5.2	5.6	6.4	3.5	3.5	2.4	2.0	3.4	3.7
Suicide	—	16.0	20.4	19.0	14.8	14.0	14.2	16.6	18.2	22.0
Leading mechanisms of injury										
Motor vehicle traffic	—	47.6	46.9	41.1	36.7	31.5	19.3	16.7	16.9	16.1
All firearm	—	17.0	20.4	22.3	12.3	10.6	9.4	11.1	13.4	15.8
Firearm homicide	—	3.7	3.9	5.1	2.5	2.5	1.7	1.6	2.8	3.0
Firearm suicide	—	10.5	13.3	13.7	8.6	7.2	6.9	8.8	9.9	11.9
Black, non-Hispanic										
All causes	—	129.0	191.1	234.4	134.0	127.9	108.0	99.7	119.7	124.2
All injuries	—	99.3	165.4	203.9	105.9	101.6	86.8	81.0	98.8	103.7
Unintentional injuries	—	41.9	42.9	46.6	35.3	32.4	24.3	24.4	27.0	27.0
Homicide	—	47.0	109.8	136.6	59.0	60.4	54.0	48.6	60.8	62.9
Suicide	—	8.5	10.7	16.3	9.9	7.2	7.1	6.8	8.9	11.7
Leading mechanisms of injury										
Motor vehicle traffic	—	22.6	27.2	28.7	22.8	22.0	15.0	15.3	16.4	17.7
All firearm	—	47.7	114.3	152.9	63.5	62.0	55.2	50.0	65.1	68.8
Firearm homicide	—	37.5	100.0	128.5	53.3	55.4	50.2	45.2	58.0	60.2
Firearm suicide	—	5.5	8.2	13.7	7.3	4.3	3.2	2.8	4.6	6.2
Asian or Pacific Islander										
All causes	69.1	57.8	73.1	75.4	51.0	41.9	29.3	27.9	39.8	36.3
All injuries	53.5	47.4	62.3	62.1	39.1	31.1	20.8	19.1	28.4	24.6
Unintentional injuries	38.6	31.0	35.1	25.5	23.3	19.0	11.2	10.4	12.0	10.0
Homicide	‡	‡	14.8	26.1	7.5	7.1	‡	‡	3.2	‡
Suicide	‡	10.1	12.0	10.2	8.1	4.4	6.3	6.3	12.6	11.6
Leading mechanisms of injury										
Motor vehicle traffic	25.5	21.0	24.1	16.8	14.7	12.3	7.2	5.8	6.6	4.5
All firearm	‡	9.2	22.2	32.8	8.8	8.6	4.3	4.4	6.0	5.9
Firearm homicide	‡	‡	12.6	23.5	5.7	6.3	‡	‡	‡	‡
Firearm suicide	‡	‡	8.3	6.7	‡	‡	‡	‡	3.2	3.6

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 1980–2017**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1994	2000	2005[c]	2010[c]	2014	2016	2017
Male—cont.										
Asian or Pacific Islander, non-Hispanic										
All causes	—	—	—	—	51.0	43.4	27.9	28.5	40.0	35.9
All injuries	—	—	—	—	38.8	32.0	19.0	19.1	28.6	23.8
Unintentional injuries	—	—	—	—	23.0	19.3	10.6	10.6	11.4	9.7
Homicide	—	—	—	—	7.6	7.3	‡	‡	3.5	‡
Suicide	—	—	—	—	8.0	4.7	5.9	6.3	13.2	11.6
Leading mechanisms of injury										
Motor vehicle traffic	—	—	—	—	14.3	12.2	6.4	6.1	6.8	3.9
All firearm	—	—	—	—	8.7	9.0	3.6	4.0	6.5	5.5
Firearm homicide	—	—	—	—	5.7	6.5	‡	‡	‡	‡
Firearm suicide	—	—	—	—	‡	‡	‡	‡	3.5	3.6
Hispanic										
All causes	—	121.3	131.4	130.7	90.5	89.0	61.2	53.7	59.1	61.8
All injuries	—	103.7	115.9	115.8	75.9	73.8	48.2	42.1	46.2	49.6
Unintentional injuries	—	59.4	54.7	43.6	40.8	39.2	21.7	21.4	23.2	23.1
Homicide	—	30.6	49.7	56.2	25.7	25.1	17.9	10.9	12.7	12.7
Suicide	—	11.9	11.0	13.5	8.5	8.6	8.1	8.8	9.6	12.5
Leading mechanisms of injury										
Motor vehicle traffic	—	42.8	40.7	31.6	29.4	28.9	13.9	14.6	14.9	15.8
All firearm	—	31.2	51.7	64.3	27.9	26.7	17.8	13.0	15.4	17.8
Firearm homicide	—	20.9	39.7	49.6	21.9	21.8	14.6	9.7	10.5	11.4
Firearm suicide	—	6.7	8.6	9.6	4.6	3.5	2.8	2.6	4.2	5.2
Female										
All races										
All causes	—	—	—	—	39.3	36.6	28.1	26.8	30.0	29.4
All injuries	—	—	—	—	26.4	24.8	18.2	16.6	20.1	19.6
Unintentional injuries	—	—	—	—	20.3	18.9	12.4	10.1	12.0	11.5
Homicide	—	—	—	—	3.1	2.5	2.3	1.9	2.6	2.4
Suicide	—	—	—	—	2.7	3.0	3.1	4.2	5.0	5.4
White, non-Hispanic										
All causes	—	46.4	44.2	43.3	41.0	37.7	30.1	28.0	30.5	30.1
All injuries	—	33.7	32.3	31.3	29.3	27.1	20.4	17.9	21.1	20.7
Unintentional injuries	—	25.9	25.8	24.7	24.0	21.8	15.3	11.6	13.5	13.4
Homicide	—	2.9	2.8	2.7	1.9	1.5	1.2	1.0	1.4	1.1
Suicide	—	4.4	4.0	3.6	3.0	3.3	3.5	4.8	5.7	5.8
Leading mechanisms of injury										
Motor vehicle traffic	—	22.5	22.6	22.3	20.8	18.0	11.0	8.4	9.5	9.1
All firearm	—	3.8	3.9	4.1	2.2	1.9	1.7	1.7	2.6	2.3
Firearm homicide	—	1.1	1.3	1.7	0.9	0.9	0.7	0.6	0.9	0.7
Firearm suicide	—	2.2	2.2	2.1	1.2	1.0	0.9	1.1	1.6	1.4
Black, non-Hispanic										
All causes	—	45.7	52.2	56.1	44.9	39.0	31.9	30.2	39.1	34.4
All injuries	—	23.5	29.2	30.7	23.1	20.6	16.5	16.7	23.3	21.0
Unintentional injuries	—	11.0	12.3	12.9	13.0	12.7	8.0	8.5	11.3	9.3
Homicide	—	10.6	14.8	15.2	8.6	6.2	7.2	5.7	8.3	7.2
Suicide	—	1.6	1.9	2.4	1.5	1.4	1.2	2.2	3.3	4.0
Leading mechanisms of injury										
Motor vehicle traffic	—	7.7	9.0	10.4	10.5	10.6	5.4	6.8	9.2	7.2
All firearm	—	6.3	11.5	13.3	5.9	4.9	5.6	5.2	8.3	7.4
Firearm homicide	—	5.1	9.8	11.1	5.2	4.3	5.4	4.7	7.3	6.4
Firearm suicide	—	‡	‡	1.9	‡	‡	‡	‡	‡	‡

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 1980–2017**

(Deaths per 100,000 adolescents ages 15–19)

Characteristic	1980	1985	1990	1994	2000	2005[c]	2010[c]	2014	2016	2017
Female—cont.										
Asian or Pacific Islander										
All causes	26.7	32.1	25.8	26.5	20.6	19.4	15.9	18.3	17.3	16.2
All injuries	16.7	19.3	18.2	16.7	11.9	12.6	9.1	10.1	10.6	9.2
Unintentional injuries	‡	11.0	11.2	8.8	7.3	8.1	5.2	4.3	4.1	3.4
Homicide	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Suicide	‡	‡	‡	‡	‡	‡	‡	4.7	5.0	5.2
Leading mechanisms of injury										
Motor vehicle traffic	‡	‡	10.9	7.9	5.5	6.3	‡	‡	‡	‡
All firearm	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Firearm homicide	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Firearm suicide	‡	‡	‡	‡	‡	‡	‡	‡	‡	‡
Asian or Pacific Islander, non-Hispanic										
All causes	—	—	—	—	21.3	19.8	16.0	18.8	18.1	16.9
All injuries	—	—	—	—	12.2	12.5	9.4	10.4	11.1	9.5
Unintentional injuries	—	—	—	—	7.7	7.7	5.7	4.5	4.4	3.4
Homicide	—	—	—	—	‡	‡	‡	‡	‡	‡
Suicide	—	—	—	—	‡	‡	‡	5.0	5.2	5.4
Leading mechanisms of injury										
Motor vehicle traffic	—	—	—	—	5.7	5.8	‡	‡	‡	‡
All firearm	—	—	—	—	‡	‡	‡	‡	‡	‡
Firearm homicide	—	—	—	—	‡	‡	‡	‡	‡	‡
Firearm suicide	—	—	—	—	‡	‡	‡	‡	‡	‡
Hispanic										
All causes	—	33.6	35.2	34.5	28.7	31.5	20.4	21.6	24.3	26.2
All injuries	—	20.7	22.7	21.9	18.4	20.7	13.7	12.9	16.6	17.4
Unintentional injuries	—	14.4	12.2	12.4	13.1	15.5	8.6	7.9	10.2	10.0
Homicide	—	3.8	7.2	6.2	2.8	2.7	2.1	1.9	2.3	2.6
Suicide	—	‡	3.2	3.0	2.4	2.2	2.9	3.0	3.9	4.6
Leading mechanisms of injury										
Motor vehicle traffic	—	10.7	10.4	11.3	10.7	13.3	6.7	5.9	7.6	7.7
All firearm	—	4.5	6.8	7.1	2.7	2.0	2.0	1.9	2.5	3.1
Firearm homicide	—	‡	4.9	5.5	2.0	1.5	1.4	1.4	1.6	2.1
Firearm suicide	—	‡	‡	‡	‡	‡	‡	‡	0.9	‡

— 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, 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 included 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% 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, 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 1999–2017 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 1980–2018**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2017	2018
8th grade										
Total	—	—	—	9.3	7.4	4.0	2.9	1.3	0.6	0.8
Gender										
Male	—	—	—	9.2	7.0	3.9	3.5	1.1	0.6	0.9
Female	—	—	—	9.2	7.5	4.0	2.3	1.4	0.5	0.6
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	10.5	9.0	4.6	3.2	1.4	0.9	0.6
Black, non-Hispanic	—	—	—	2.8	3.2	2.1	1.9	0.9	0.4	0.5
Hispanic	—	—	—	9.2	7.1	3.1	2.3	1.0	0.6	0.4
10th grade										
Total	—	—	—	16.3	14.0	7.5	6.6	3.0	2.2	1.8
Gender										
Male	—	—	—	16.3	13.7	7.2	7.2	2.8	2.3	1.9
Female	—	—	—	16.1	14.1	7.7	5.9	2.8	1.9	1.5
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	17.6	17.7	9.1	7.4	3.5	2.5	2.4
Black, non-Hispanic	—	—	—	4.7	5.2	3.9	3.5	2.1	0.9	1.0
Hispanic	—	—	—	9.9	8.8	5.9	4.4	2.1	1.6	1.6
12th grade										
Total	21.3	19.5	19.1	21.6	20.6	13.6	10.7	5.5	4.2	3.6
Gender										
Male	18.5	17.8	18.6	21.7	20.9	14.6	12.3	6.6	4.3	3.8
Female	23.5	20.6	19.3	20.8	19.7	11.9	8.7	3.9	3.8	2.6
Race and Hispanic origin[a]										
White, non-Hispanic	23.9	20.4	21.8	23.9	25.7	17.1	13.5	7.3	5.8	5.0
Black, non-Hispanic	17.4	9.9	5.8	6.1	8.0	5.6	5.3	4.1	2.5	2.0
Hispanic	12.8	11.8	10.9	11.6	15.7	7.7	5.7	3.7	1.9	1.8

— 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 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. Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2019). *Monitoring the future: National survey results on adolescent drug use, 1975–2018: 2018 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 1980–2018**

Characteristic	1980	1985	1990	1996	1998	2000	2010	2016	2017	2018
8th grade										
Total	—	—	—	13.3	11.5	11.7	7.2	3.4	3.7	3.7
Gender										
Male	—	—	—	14.1	12.1	11.7	6.5	3.2	3.1	3.3
Female	—	—	—	12.4	10.8	11.3	7.8	3.6	4.2	3.9
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	13.2	12.3	13.0	7.1	3.6	3.0	2.9
Black, non-Hispanic	—	—	—	8.0	6.9	7.3	5.3	3.4	2.9	2.6
Hispanic	—	—	—	17.5	16.9	16.0	10.8	5.3	4.9	5.2
10th grade										
Total	—	—	—	22.8	22.4	24.1	16.3	9.7	9.8	8.7
Gender										
Male	—	—	—	25.1	24.7	27.6	17.9	9.6	9.0	9.1
Female	—	—	—	20.4	20.4	20.6	14.6	9.8	10.5	8.3
Race and Hispanic origin[a]										
White, non-Hispanic	—	—	—	24.5	25.3	26.2	17.2	11.6	11.0	10.5
Black, non-Hispanic	—	—	—	9.4	10.6	10.8	10.7	5.8	4.7	3.9
Hispanic	—	—	—	25.7	23.6	25.1	22.2	11.4	11.3	10.8
12th grade										
Total	41.2	36.7	32.2	30.2	31.5	30.0	23.2	15.5	16.6	13.8
Gender										
Male	52.1	45.3	39.1	37.0	39.2	36.7	28.0	17.2	18.5	15.9
Female	30.5	28.2	24.4	23.5	24.0	23.5	18.4	13.5	14.6	11.9
Race and Hispanic origin[a]										
White, non-Hispanic	44.3	41.5	36.6	33.4	36.4	34.6	27.6	19.1	19.6	19.4
Black, non-Hispanic	17.7	15.7	14.4	15.3	12.3	11.5	13.1	8.3	7.7	7.4
Hispanic	33.1	31.7	25.6	27.1	28.1	31.0	22.1	16.7	14.4	11.7

— 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. Persons of Hispanic origin may be of any race.

SOURCE: Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2019). *Monitoring the future: National survey results on adolescent drug use, 1975–2018: 2018 Overview: Key findings on adolescent drug use.* 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 1980–2018**

Characteristic	1980[a]	1985	1990	1995	2000	2005	2010	2016	2017	2018
8th grade										
Total	—	—	—	12.4	11.9	8.5	9.5	6.9	7.0	7.3
Gender										
Male	—	—	—	12.7	12.0	8.8	10.3	6.9	6.3	7.3
Female	—	—	—	11.9	11.3	8.1	8.6	6.7	7.4	6.9
Race and Hispanic origin[b]										
White, non-Hispanic	—	—	—	18.9	11.2	7.7	7.9	5.6	5.2	5.5
Black, non-Hispanic	—	—	—	9.1	10.8	9.3	8.9	9.0	8.1	6.9
Hispanic	—	—	—	16.7	15.2	11.0	10.8	8.8	8.1	8.5
10th grade										
Total	—	—	—	20.2	22.5	17.3	18.5	15.9	17.2	18.3
Gender										
Male	—	—	—	21.1	25.4	18.3	21.8	16.2	16.7	18.7
Female	—	—	—	19.0	19.5	16.1	15.1	15.5	17.2	17.5
Race and Hispanic origin[b]										
White, non-Hispanic	—	—	—	19.7	23.0	18.2	17.7	15.8	16.6	16.9
Black, non-Hispanic	—	—	—	15.5	17.0	16.4	16.8	18.1	16.7	17.5
Hispanic	—	—	—	20.6	23.7	19.3	19.7	17.2	16.6	18.7
12th grade										
Total	37.2	29.7	17.2	23.8	24.9	23.1	23.8	24.4	24.9	24.0
Gender										
Male	39.6	32.1	18.9	26.8	27.5	26.7	27.5	26.8	25.8	25.9
Female	34.3	26.7	15.2	20.4	22.1	19.3	19.6	21.7	23.4	20.9
Race and Hispanic origin[b]										
White, non-Hispanic	38.8	30.2	20.5	23.8	25.9	25.3	24.3	23.3	24.0	24.2
Black, non-Hispanic	28.8	22.9	9.0	18.3	20.3	16.1	21.6	24.4	25.8	25.6
Hispanic	33.1	27.2	13.9	21.4	27.4	19.6	20.2	24.6	24.9	22.2

— 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. Persons of Hispanic origin 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 is excluded because 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. (2019). *Monitoring the future: National survey results on adolescent drug use, 1975–2018: 2018 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 1980–2018

Characteristic	1980	1985	1990	1995	2000	2005	2010	2016	2017	2018
8th grade										
Total	—	—	—	9.1	9.1	6.6	8.0	5.4	5.5	5.6
10th grade										
Total	—	—	—	17.2	19.7	15.2	16.7	14.0	15.7	16.7
12th grade										
Total	33.7	25.7	14.0	21.2	21.6	19.8	21.4	22.5	22.9	22.2

— Not available.

SOURCE: Johnston, L. D., O'Malley, P. M., Miech, R. A., Bachman, J. G., & Schulenberg, J. E. (2019). *Monitoring the future: National survey results on adolescent drug use, 1975–2018: 2018 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 1991–2017

Characteristic	1991	1995	2001	2005	2007	2009	2011	2013	2015	2017
Total	**54.1**	**53.1**	**45.6**	**46.8**	**47.8**	**46.0**	**47.4**	**46.8**	**41.2**	**39.5**
Gender										
Male	57.4	54.0	48.5	47.9	49.8	46.1	49.2	47.5	43.2	41.4
Female	50.8	52.1	42.9	45.7	45.9	45.7	45.6	46.0	39.2	37.7
Race and Hispanic origin[a]										
White, non-Hispanic	50.0	48.9	43.2	43.0	43.7	42.0	44.3	43.7	39.9	38.6
Black, non-Hispanic	81.5	73.4	60.8	67.6	66.5	65.2	60.0	60.6	48.5	45.8
Hispanic	53.1	57.6	48.4	51.0	52.0	49.1	48.6	49.2	42.5	41.1
Other, non-Hispanic[b]	43.8	45.9	40.1	36.4	35.2	37.8	46.3	38.8	36.5	34.0
Grade										
9th grade	39.0	36.9	34.4	34.3	32.8	31.6	32.9	30.0	24.1	20.4
10th grade	48.2	48.0	40.8	42.8	43.8	40.9	43.8	41.4	35.7	36.2
11th grade	62.4	58.6	51.9	51.4	55.5	53.0	53.2	54.1	49.6	47.3
12th grade	66.7	66.4	60.5	63.1	64.6	62.3	63.1	64.1	58.1	57.3

[a] From 1991 to 2003, the 1977 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] was conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey.) In addition, data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data were 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 because of the small sample size for each group.

[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 following question "Have you ever had sexual intercourse?"

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 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 last sexual intercourse by gender, race and Hispanic origin, and grade, selected years 1991–2017

Characteristic	1991	1995	2001	2005	2007	2009	2011	2013	2015	2017
Total	**20.8**	**17.4**	**18.2**	**17.6**	**16.0**	**19.8**	**18.0**	**19.0**	**18.2**	**20.7**
Gender										
Male	16.5	14.3	14.9	14.6	13.1	16.5	13.4	15.1	15.2	19.0
Female	25.0	20.4	21.1	20.6	18.7	23.0	22.6	22.4	21.3	22.4
Race and Hispanic origin[a]										
White, non-Hispanic	23.4	21.3	23.4	22.3	20.8	26.8	24.0	25.9	23.5	27.1
Black, non-Hispanic	16.8	10.2	7.9	10.0	9.1	8.1	10.1	8.2	9.0	13.2
Hispanic	13.2	11.4	9.6	9.8	9.1	10.8	10.6	9.0	11.8	12.1
Other, non-Hispanic[b]	17.2	9.9	10.7	13.2	14.0	17.9	10.2	20.7	15.2	16.3
Grade										
9th grade	9.1	10.9	7.6	7.5	8.7	10.2	9.4	11.4	10.9	8.6
10th grade	18.3	12.2	15.8	14.3	11.6	14.7	14.9	16.7	15.9	17.0
11th grade	21.1	15.4	18.6	18.5	15.0	20.7	17.5	19.3	21.5	20.6
12th grade	27.0	25.0	26.3	25.6	23.5	27.6	25.1	23.7	20.1	27.2

[a] From 1991 to 2003, the 1977 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] was conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey.) In addition, data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data were 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 because of the small sample size for each group.

[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; others were "I have never had sexual intercourse;" "No method was used to prevent pregnancy;" "Condoms;" "Depo-Provera (or any injectable birth control), Nuva Ring (or any birth control ring), Implanon (or any implant), or any IUD;" "Withdrawal;" "Some other method;" and "Not sure."

SOURCE: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 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 1991–2017

Characteristic	1991	1995	2001	2005	2007	2009	2011	2013	2015	2017
Total	**46.2**	**54.4**	**57.9**	**62.8**	**61.5**	**61.1**	**60.2**	**59.1**	**56.9**	**53.8**
Gender										
Male	54.5	60.5	65.1	70.0	68.5	68.6	67.0	65.8	61.5	61.3
Female	38.0	48.6	51.3	55.9	54.9	53.9	53.6	53.1	52.0	46.9
Race and Hispanic origin[a]										
White, non-Hispanic	46.5	52.5	56.8	62.6	59.7	63.3	59.5	57.1	56.8	54.1
Black, non-Hispanic	48.0	66.1	67.1	68.9	67.3	62.4	65.3	64.7	63.4	52.1
Hispanic	37.4	44.4	53.5	57.7	61.4	54.9	58.4	58.3	55.6	54.9
Other, non-Hispanic[b]	49.3	54.2	54.0	58.9	61.5	57.1	59.7	60.0	48.2	52.7
Grade										
9th grade	53.3	62.9	67.5	74.5	69.3	64.0	62.2	62.7	60.5	54.5
10th grade	46.3	59.7	60.1	65.3	66.1	67.8	63.3	61.7	59.9	57.8
11th grade	48.7	52.3	58.9	61.7	62.0	61.4	61.1	62.3	57.7	56.3
12th grade	41.4	49.5	49.3	55.4	54.2	55.0	56.3	53.0	52.9	49.9

[a] From 1991 to 2003, the 1977 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] was conducted to confirm that trend analyses would not be affected by the change in format starting with the 2005 survey.) In addition, data on race and Hispanic origin are collected separately but are combined for reporting. Regardless of question format, the data were 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 because of the small sample size for each group.

[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 Chronic Disease Prevention and Health Promotion, 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 1980–2017**

Characteristic	1980	1985	1990	1995	2000	2005	2010	2015	2017[a]
Rate per 1,000 youth ages 12–17									
Total	34.9	30.2	39.1	36.3	17.2	17.1	9.5	7.6	8.6
Number of serious violent crimes									
Total (in millions)	**3.8**	**3.4**	**3.5**	**3.3**	**2.2**	**1.8**	**1.3**	**1.3**	**1.5**
Number involving youth ages 12–17 (in thousands)	**812**	**652**	**785**	**811**	**412**	**435**	**231**	**188**	**215**
Percentage involving youth ages 12–17	21.3	19.4	22.4	24.7	18.9	23.9	17.7	14.0	14.2
Percentage of juvenile crimes involving multiple offenders	61.4	61.4	61.1	54.6	58.7	50.0	51.6	44.2	46.7

[a] Homicide data were not available from this source for 2017 at the time of publication. The number of homicides for 2016 is included in the overall total for 2017. In 2016, homicides represented less than 1% 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 National Crime Victimization Survey 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 three or more times in the last week by a family member by child and family characteristics, selected years 1993–2016**

Characteristic	1993	1995	1996	1999	2001	2005	2007	2012	2016
Total	**78.3**	**83.7**	**82.5**	**81.7**	**84.1**	**85.7**	**83.3**	**82.8**	**81.2**
Gender									
Male	77.4	83.3	81.5	81.0	82.1	84.7	80.9	81.5	79.6
Female	79.2	84.1	83.6	82.4	86.1	86.8	85.7	84.1	82.9
Race and Hispanic origin[b]									
White, non-Hispanic	84.8	89.6	88.9	88.9	89.4	91.9	90.6	90.5	87.9
Black, non-Hispanic	65.9	74.2	74.7	72.3	76.7	78.5	78.0	77.0	78.9
American Indian/Alaska Native, non-Hispanic	70.5	‡	‡	‡	‡	‡	‡	‡	‡
Asian/Pacific Islander, non-Hispanic	68.8	78.9	81.0	81.1	87.4	83.7	87.5	77.3	73.7
Asian, non-Hispanic	—	—	—	—	—	83.8	86.8	75.1	74.4
Pacific Islander, non-Hispanic	—	—	—	—	—	‡	‡	‡	‡
Two or more races, non-Hispanic	80.2	91.2	86.6	81.1	84.3	92.0	89.5	86.9	81.3
Hispanic	58.2	60.2	64.9	61.8	70.7	71.8	67.6	70.9	70.8
Poverty status									
Below 100% poverty	67.5	74.8	72.2	69.1	73.7	77.8	70.5	73.7	71.1
100%–199% poverty	75.5	82.3	79.0	79.5	80.6	82.7	81.0	80.6	75.4
200% poverty and above	86.4	89.1	90.7	88.7	89.8	90.2	89.4	87.9	87.1
Family type									
Two parents[c]	81.1	85.2	86.4	84.9	86.7	86.5	84.8	85.1	83.7
Two parents, married	—	—	—	—	87.2	87.2	87.5	86.3	84.5
Two parents, unmarried	—	—	—	—	81.4	79.1	54.1	76.7	76.9
One parent	70.8	79.0	73.6	74.2	75.7	82.8	76.9	77.1	73.4
No parents	70.3	86.0	64.9	72.0	83.9	83.1	83.8	74.1	79.6
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	72.6	60.5
High school diploma or equivalent	75.5	79.1	79.0	77.0	80.8	82.4	73.7	75.3	79.0
Some college, including vocational/ technical/associate's degree	83.3	88.3	88.1	84.9	85.6	88.3	85.8	85.4	81.5
Bachelor's degree or higher	90.0	93.9	94.6	92.1	93.9	93.1	94.9	92.9	90.2
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	82.8	80.1
Worked less than 35 hours per week	81.5	89.9	86.6	83.5	89.4	89.3	90.1	87.2	89.1
Looking for work	70.9	77.5	77.3	73.3	76.5	89.4	68.7	80.2	90.9
Not in labor force	78.9	83.4	82.0	83.9	83.1	85.1	83.4	83.5	78.8
Region[e]									
Northeast	82.4	85.7	85.4	85.5	85.1	89.1	85.8	87.8	82.5
South	75.0	82.0	80.5	79.3	83.0	82.7	82.3	80.8	81.6
Midwest	81.3	86.5	82.8	86.8	86.5	88.6	87.8	84.4	81.7
West	76.4	80.8	82.3	76.1	82.3	85.2	78.8	80.8	79.6

See notes at end of table.

Table ED1 (cont.) **Family reading to young children: Percentage of children ages 3–5[a] who were read to three or more times in the last week by a family member by child and family characteristics, selected years 1993–2016**

Characteristic	1993	1995	1996	1999	2001	2005	2007	2012	2016
Region[e]									
Northeast	82.4	85.7	85.4	85.5	85.1	89.1	85.8	87.8	82.5
South	75.0	82.0	80.5	79.3	83.0	82.7	82.3	80.8	81.6
Midwest	81.3	86.5	82.8	86.8	86.5	88.6	87.8	84.4	81.7
West	76.4	80.8	82.3	76.1	82.3	85.2	78.8	80.8	79.6

— Not available.

‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the coefficient of variation is 50% or greater.

[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. In 2012 and 2016, children reporting as both Asian and Pacific Islander with no other races were included in 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. Data for 2007, 2012, and 2016 include same-sex parents.

[d] Children without mothers or female guardians 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 Surveys Program (NHES) surveys were administered by telephone with an interviewer. NHES:2012 used self-administered paper-and-pencil questionnaires that were mailed to respondents. For NHES:2016, all sampled households received initial contact by mail. Although the majority of respondents completed paper questionnaires, a small sample of cases was part of a web experiment with mailed invitations to complete the survey online. Measurable differences in estimates between 2012, 2016, and prior years could reflect actual changes in the population, or the changes may have resulted from the mode change. Some data were 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 1990–2017**

Characteristic	1990[a]	2000	2005	2007	2009	2011	2013	2015	2017
4th graders									
Total	213	226	238	240	240	241	242	240	240
Gender									
Male	214	227	239	241	241	241	242	241	241
Female	213	224	237	239	239	240	241	239	239
Race and Hispanic origin[b]									
White, non-Hispanic	220	234	246	248	248	249	250	248	248
Black, non-Hispanic	188	203	220	222	222	224	224	224	223
American Indian or Alaska Native, non-Hispanic	‡	208	226	228	225	225	227	227	227
Asian or Pacific Islander, non-Hispanic	225	‡	251	253	255	256	258	257	258
Asian, non-Hispanic[c]	—	—	—	—	—	257	259	259	260
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	236	236	231	229
Hispanic	200	208	226	227	227	229	231	230	229
8th graders									
Total	263	273	279	281	283	284	285	282	283
Gender									
Male	263	274	280	282	284	284	285	282	283
Female	262	272	278	280	282	283	284	282	282
Race and Hispanic origin[b]									
White, non-Hispanic	270	284	289	291	293	293	294	292	293
Black, non-Hispanic	237	244	255	260	261	262	263	260	260
American Indian or Alaska Native, non-Hispanic	‡	259	264	264	266	265	269	267	267
Asian or Pacific Islander, non-Hispanic	275	288	295	297	301	303	306	306	310
Asian, non-Hispanic[c]	—	—	—	—	—	305	309	307	312
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	269	275	276	274
Hispanic	246	253	262	265	266	270	272	270	269
Parents' education[d]									
Less than high school	242	253	259	263	265	265	267	265	265
High school diploma or equivalent	255	261	267	270	270	271	270	268	267
Some education after high school	267	277	280	283	284	285	285	282	281
Bachelor's degree or higher	274	286	290	292	295	295	296	294	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 1990–2017**

Characteristic	1990[a]	2000	2005	2007	2009	2011	2013	2015	2017
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. Either there are too few cases for a reliable estimate or the coefficient of variation is 50% or greater.

[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 reliable for 4th graders.

[e] In 2003, 2007, 2011, and 2017, 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 to 300, unlike previous assessments, which were placed on a scale of 0 to 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 content area: number properties and operations; measurement; geometry; data analysis, statistics, and probability; and 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.

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 1992–2017

Characteristic	1992[a]	2000	2005	2007	2009	2011	2013	2015	2017
4th graders									
Total	217	213	219	221	221	221	222	223	222
Gender									
Male	213	208	216	218	218	218	219	219	219
Female	221	219	222	224	224	225	225	226	225
Race and Hispanic origin[b]									
White, non-Hispanic	224	224	229	231	230	231	232	232	232
Black, non-Hispanic	192	190	200	203	205	205	206	206	206
American Indian or Alaska Native, non-Hispanic	‡	214	204	203	204	202	205	205	202
Asian or Pacific Islander, non-Hispanic	216	225	229	232	235	235	235	239	239
Asian, non-Hispanic[c]	—	—	—	—	—	236	237	241	241
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	216	212	215	212
Hispanic	197	190	203	205	205	206	207	208	209
8th graders									
Total	260	—	262	263	264	265	268	265	267
Gender									
Male	254	—	257	258	259	261	263	261	262
Female	267	—	267	268	269	270	273	270	272
Race and Hispanic origin[b]									
White, non-Hispanic	267	—	271	272	273	274	276	274	275
Black, non-Hispanic	237	—	243	245	246	249	250	248	249
American Indian or Alaska Native, non-Hispanic	‡	—	249	247	251	252	251	252	253
Asian or Pacific Islander, non-Hispanic	268	—	271	271	274	275	280	280	282
Asian, non-Hispanic[c]	—	—	—	—	—	277	282	281	284
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	254	259	255	255
Hispanic	241	—	246	247	249	252	256	253	255
Parents' education[d]									
Less than high school	243	—	244	245	248	248	251	249	250
High school diploma or equivalent	251	—	252	253	254	254	255	253	254
Some education after high school	265	—	265	266	267	267	270	267	267
Bachelor's degree or higher	271	—	272	273	274	275	278	276	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 1992–2017**

Characteristic	1992[a]	2000	2005	2007	2009	2011	2013	2015	2017
12th graders									
Total	292	—	286	—	288	—	288	287	—
Gender									
Male	287	—	279	—	282	—	284	282	—
Female	297	—	292	—	294	—	293	292	—
Race and Hispanic origin[b]									
White, non-Hispanic	297	—	293	—	296	—	297	295	—
Black, non-Hispanic	273	—	267	—	269	—	268	266	—
American Indian or Alaska Native, non-Hispanic	‡	—	279	—	283	—	277	279	—
Asian or Pacific Islander, non-Hispanic	290	—	287	—	298	—	296	297	—
Asian, non-Hispanic[c]	—	—	—	—	—	—	296	297	—
Native Hawaiian or Pacific Islander, non-Hispanic[c]	—	—	—	—	—	—	289	‡	—
Hispanic	279	—	272	—	274	—	276	276	—
Parents' education[d]									
Less than high school	275	—	268	—	269	—	270	268	—
High school diploma or equivalent	283	—	274	—	276	—	276	273	—
Some education after high school	294	—	287	—	287	—	288	287	—
Bachelor's degree or higher	301	—	297	—	299	—	299	298	—

— Not available.

‡ Reporting standards not met. Either there are too few cases for a reliable estimate or the coefficient of variation is 50% or greater.

[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 reliable for 4th graders.

NOTE: In 2000, the assessment was conducted at Grade 4 only. In 2003, 2007, 2011, and 2017, the assessment was conducted at Grades 4 and 8 only. The National Assessment of Educational Progress 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 or 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 or 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 or 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/mathematics analysis, analytic geometry, mathematics analysis, mathematics 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, *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 or 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 or 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 or 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, *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 1980–2017

Characteristic	1980	1985	1990	1995	2000	2003	2005	2010	2015	2017
Total	**83.9**	**85.4**	**85.6**	**85.0**	**86.5**	**87.1**	**87.6**	**90.4**	**93.0**	**93.3**
Race and Hispanic origin[b]										
White, non-Hispanic	87.5	88.2	89.6	89.5	91.8	91.9	92.3	93.7	94.7	94.8
Black, non-Hispanic	75.2	81.0	83.2	84.1	83.7	85.0	86.0	89.2	91.9	93.8
American Indian or Alaska Native, non-Hispanic	—	—	77.4	80.9	82.4	78.4	80.4	84.3	81.8	86.3
Asian or Pacific Islander, non-Hispanic	—	—	94.2	94.8	94.6	94.9	95.8	95.1	97.0	98.1
Asian, non-Hispanic	—	—	—	—	—	94.8	96.0	95.3	97.3	98.6
Pacific Islander, non-Hispanic	—	—	—	—	—	96.2	91.3	92.9	94.2	89.2
Two or more races, non-Hispanic	—	—	—	—	—	91.7	89.5	92.1	94.1	96.4
Hispanic	57.1	66.6	59.1	62.6	64.1	69.2	70.3	79.4	88.4	88.3

— Not available.

[a] Excludes those still enrolled in high school or enrolled in a lower education level.

[b] For data before 2003, the 1977 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 being of "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. Race categories exclude persons of Hispanic ethnicity.

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 General Educational Development (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 1985–2018

Characteristic	1985[b]	1990[b]	1995	2000[c]	2005	2010	2015	2016	2017	2018
Ages 16–19										
Total	11.0	10.0	9.0	8.0	7.7	9.0	9.0	8.3	7.8	7.9
Gender										
Male	9.0	8.0	8.0	7.0	7.4	9.0	9.0	8.5	8.1	8.3
Female	13.0	12.0	11.0	9.0	8.0	9.0	8.0	8.1	7.5	7.5
Race and Hispanic origin[d]										
White, non-Hispanic	9.0	8.0	7.0	6.0	5.9	8.0	7.0	7.6	6.8	6.7
Black, non-Hispanic	18.0	15.0	14.0	13.0	11.5	12.0	12.0	9.6	10.6	11.5
Hispanic	17.0	17.0	16.0	13.0	11.5	11.0	10.0	9.7	8.7	8.5
Ages 16–17										
Total	5.0	5.0	4.0	4.0	3.3	3.0	4.0	4.6	4.1	4.1
Gender										
Male	5.0	4.0	4.0	3.0	3.2	4.0	5.0	4.7	3.9	4.0
Female	6.0	5.0	5.0	4.0	3.4	3.0	4.0	4.5	4.2	4.2
Race and Hispanic origin[d]										
White, non-Hispanic	5.0	4.0	3.0	3.0	2.6	3.0	4.0	4.5	3.6	3.5
Black, non-Hispanic	6.0	6.0	6.0	5.0	4.3	5.0	5.0	4.9	5.0	5.5
Hispanic	10.0	10.0	9.0	7.0	5.1	5.0	5.0	5.2	4.7	4.9
Ages 18–19										
Total	17.0	15.0	15.0	12.0	12.9	15.0	13.0	12.5	12.2	12.2
Gender										
Male	13.0	12.0	12.0	11.0	12.5	16.0	14.0	12.7	12.9	13.2
Female	20.0	18.0	17.0	13.0	13.3	15.0	13.0	12.3	11.4	11.2
Race and Hispanic origin[d]										
White, non-Hispanic	14.0	12.0	11.0	9.0	9.9	13.0	11.0	11.1	10.7	10.4
Black, non-Hispanic	30.0	23.0	24.0	21.0	20.2	21.0	19.0	15.3	17.3	17.9
Hispanic	24.0	24.0	23.0	18.0	18.7	19.0	16.0	14.8	13.3	12.7

[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] 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 1985–2018**

Characteristic	1985[b]	1990[b]	1995	2000[c]	2005	2010	2015	2016	2017	2018
Ages 16–19										
Total	26.0	28.0	29.0	30.0	25.0	18.0	18.2	19.2	19.2	19.4
Gender										
Male	26.0	27.0	28.0	29.0	22.8	16.0	16.4	17.4	17.3	16.8
Female	26.0	28.0	30.0	32.0	27.3	20.0	19.9	20.9	21.2	22.0
Race and Hispanic origin[d]										
White, non-Hispanic	30.0	33.0	35.0	36.0	30.5	22.0	21.9	22.8	22.5	22.8
Black, non-Hispanic	12.0	15.0	16.0	19.0	12.7	10.0	11.9	13.0	12.9	13.6
Hispanic	15.0	17.0	16.0	19.0	17.0	12.0	14.5	15.4	15.9	16.7
Ages 16–17										
Total	29.0	29.0	30.0	31.0	22.6	14.0	14.7	15.4	16.7	16.8
Gender										
Male	28.0	29.0	29.0	29.0	20.3	12.0	13.6	13.7	15.0	14.7
Female	29.0	30.0	31.0	32.0	25.1	15.0	15.8	17.2	18.4	18.9
Race and Hispanic origin[d]										
White, non-Hispanic	34.0	36.0	37.0	37.0	28.5	18.0	18.8	19.4	20.8	21.1
Black, non-Hispanic	12.0	15.0	16.0	19.0	10.2	7.0	9.5	9.4	10.2	11.2
Hispanic	15.0	17.0	14.0	18.0	13.7	8.0	9.6	10.7	11.6	11.7
Ages 18–19										
Total	23.0	26.0	28.0	30.0	27.8	22.0	22.1	23.5	22.2	22.4
Gender										
Male	23.0	25.0	27.0	28.0	25.9	19.0	19.7	21.7	19.9	19.3
Female	23.0	26.0	30.0	31.0	29.8	25.0	24.6	25.4	24.6	25.5
Race and Hispanic origin[d]										
White, non-Hispanic	26.0	30.0	33.0	35.0	33.0	26.0	25.4	26.8	24.5	24.8
Black, non-Hispanic	12.0	15.0	17.0	18.0	15.8	13.0	14.6	17.4	16.2	16.2
Hispanic	15.0	16.0	19.0	20.0	20.7	17.0	20.0	20.8	20.8	22.3

[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] 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 1985–2018**

Ages 16–19	1985[b]	1990[b]	1995	2000[c]	2005	2010	2015	2016	2017	2018
All										
Employed and enrolled in school	26.0	28.0	29.0	30.0	25.0	18.0	18.2	19.2	19.2	19.4
Employed and not enrolled in school	16.0	15.0	13.0	14.0	9.5	7.0	9.1	9.1	9.5	9.9
Not employed and enrolled in school	47.0	47.0	49.0	48.0	57.8	66.0	64.2	63.5	63.5	62.9
Not employed and not enrolled in school	11.0	10.0	9.0	8.0	7.7	9.0	8.6	8.3	7.8	7.9
Male										
Employed and enrolled in school	26.0	27.0	28.0	29.0	22.8	16.0	16.4	17.4	17.3	16.8
Employed and not enrolled in school	17.0	17.0	14.0	15.0	10.4	8.0	10.1	10.1	10.3	11.0
Not employed and enrolled in school	48.0	48.0	51.0	50.0	59.4	67.0	64.5	64.0	64.4	63.9
Not employed and not enrolled in school	9.0	8.0	8.0	7.0	7.4	9.0	8.9	8.5	8.1	8.3
Female										
Employed and enrolled in school	26.0	28.0	30.0	32.0	27.3	20.0	19.9	20.9	21.2	22.0
Employed and not enrolled in school	15.0	14.0	11.0	12.0	8.6	6.0	8.0	8.1	8.7	8.7
Not employed and enrolled in school	46.0	46.0	48.0	47.0	56.1	66.0	63.9	63.0	62.6	61.8
Not employed and not enrolled in school	13.0	12.0	11.0	9.0	8.0	9.0	8.2	8.1	7.5	7.5
White, non-Hispanic[d]										
Employed and enrolled in school	30.0	33.0	35.0	36.0	30.5	22.0	21.9	22.8	22.5	22.8
Employed and not enrolled in school	17.0	16.0	13.0	13.0	9.2	7.0	9.6	9.6	10.0	10.2
Not employed and enrolled in school	44.0	44.0	45.0	45.0	54.4	63.0	61.2	60.0	60.8	60.3
Not employed and not enrolled in school	9.0	8.0	7.0	6.0	5.9	8.0	7.3	7.6	6.8	6.7
Black, non-Hispanic										
Employed and enrolled in school	12.0	15.0	16.0	19.0	12.7	10.0	11.9	13.0	12.9	13.6
Employed and not enrolled in school	10.0	10.0	8.0	10.0	7.8	5.0	7.4	7.7	8.2	9.3
Not employed and enrolled in school	60.0	60.0	61.0	59.0	68.0	74.0	69.2	69.7	68.2	65.5
Not employed and not enrolled in school	18.0	15.0	14.0	13.0	11.5	12.0	11.5	9.6	10.6	11.5
Hispanic										
Employed and enrolled in school	15.0	17.0	16.0	19.0	17.0	12.0	14.5	15.4	15.9	16.7
Employed and not enrolled in school	17.0	20.0	16.0	20.0	13.4	8.0	9.9	10.0	10.3	10.7
Not employed and enrolled in school	51.0	46.0	52.0	49.0	58.0	68.0	65.5	65.0	65.1	64.0
Not employed and not enrolled in school	17.0	17.0	16.0	13.0	11.5	11.0	10.2	9.7	8.7	8.5

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 1985–2018**

Ages 16–17	1985[b]	1990[b]	1995	2000[c]	2005	2010	2015	2016	2017	2018
All										
Employed and enrolled in school	29.0	29.0	30.0	31.0	22.6	14.0	14.7	15.4	16.7	16.8
Employed and not enrolled in school	3.0	3.0	2.0	3.0	1.7	1.0	2.6	2.5	2.8	2.7
Not employed and enrolled in school	63.0	63.0	64.0	63.0	72.4	82.0	78.3	77.4	76.5	76.4
Not employed and not enrolled in school	5.0	5.0	4.0	4.0	3.3	3.0	4.4	4.6	4.1	4.1
Male										
Employed and enrolled in school	28.0	29.0	29.0	29.0	20.3	12.0	13.6	13.7	15.0	14.7
Employed and not enrolled in school	4.0	3.0	3.0	3.0	1.9	1.0	2.9	2.8	2.9	2.7
Not employed and enrolled in school	64.0	63.0	65.0	65.0	74.7	83.0	78.9	78.8	78.1	78.5
Not employed and not enrolled in school	5.0	4.0	4.0	3.0	3.2	4.0	4.6	4.7	3.9	4.0
Female										
Employed and enrolled in school	29.0	30.0	31.0	32.0	25.1	15.0	15.8	17.2	18.4	18.9
Employed and not enrolled in school	3.0	3.0	2.0	3.0	1.5	1.0	2.3	2.3	2.7	2.7
Not employed and enrolled in school	63.0	62.0	62.0	61.0	70.0	81.0	77.6	76.0	74.7	74.2
Not employed and not enrolled in school	6.0	5.0	5.0	4.0	3.4	3.0	4.3	4.5	4.2	4.2
White, non-Hispanic[d]										
Employed and enrolled in school	34.0	36.0	37.0	37.0	28.5	18.0	18.8	19.4	20.8	21.1
Employed and not enrolled in school	3.0	3.0	2.0	3.0	1.6	1.0	2.8	2.9	3.1	3.0
Not employed and enrolled in school	58.0	58.0	58.0	57.0	67.4	78.0	74.6	73.1	72.5	72.4
Not employed and not enrolled in school	5.0	4.0	3.0	3.0	2.6	3.0	3.8	4.5	3.6	3.5
Black, non-Hispanic										
Employed and enrolled in school	12.0	15.0	16.0	19.0	10.2	7.0	9.5	9.4	10.2	11.2
Employed and not enrolled in school	2.0	1.0	1.0	2.0	1.2	1.0	2.0	1.6	2.5	2.7
Not employed and enrolled in school	81.0	78.0	77.0	75.0	84.4	88.0	83.3	84.1	82.3	80.7
Not employed and not enrolled in school	6.0	6.0	6.0	5.0	4.3	5.0	5.2	4.9	5.0	5.5
Hispanic										
Employed and enrolled in school	15.0	17.0	14.0	18.0	13.7	8.0	9.6	10.7	11.6	11.7
Employed and not enrolled in school	5.0	7.0	5.0	5.0	2.9	1.0	2.7	2.5	2.6	2.2
Not employed and enrolled in school	70.0	67.0	72.0	70.0	78.3	86.0	82.2	81.6	81.1	81.2
Not employed and not enrolled in school	10.0	10.0	9.0	7.0	5.1	5.0	5.4	5.2	4.7	4.9

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 1985–2018**

Ages 18–19	1985[b]	1990[b]	1995	2000[c]	2005	2010	2015	2016	2017	2018
All										
Employed and enrolled in school	23.0	26.0	28.0	30.0	27.8	22.0	22.1	23.5	22.2	22.4
Employed and not enrolled in school	29.0	26.0	23.0	24.0	18.7	13.0	16.5	16.8	17.5	18.1
Not employed and enrolled in school	31.0	33.0	34.0	34.0	40.6	49.0	48.1	47.2	48.0	47.4
Not employed and not enrolled in school	17.0	15.0	15.0	12.0	12.9	15.0	13.3	12.5	12.2	12.2
Male										
Employed and enrolled in school	23.0	25.0	27.0	28.0	25.9	19.0	19.7	21.7	19.9	19.3
Employed and not enrolled in school	31.0	29.0	26.0	27.0	20.5	15.0	18.5	18.5	19.1	20.4
Not employed and enrolled in school	33.0	34.0	35.0	34.0	41.1	50.0	47.8	47.1	48.1	47.1
Not employed and not enrolled in school	13.0	12.0	12.0	11.0	12.5	16.0	13.9	12.7	12.9	13.2
Female										
Employed and enrolled in school	23.0	26.0	30.0	31.0	29.8	25.0	24.6	25.4	24.6	25.5
Employed and not enrolled in school	27.0	24.0	21.0	21.0	16.8	12.0	14.4	15.0	15.9	15.7
Not employed and enrolled in school	30.0	32.0	33.0	34.0	40.1	48.0	48.4	47.3	48.0	47.6
Not employed and not enrolled in school	20.0	18.0	17.0	13.0	13.3	15.0	12.6	12.3	11.4	11.2
White, non-Hispanic[d]										
Employed and enrolled in school	26.0	30.0	33.0	35.0	33.0	26.0	25.4	26.8	24.5	24.8
Employed and not enrolled in school	31.0	28.0	25.0	24.0	18.2	14.0	17.5	17.4	18.5	18.6
Not employed and enrolled in school	29.0	31.0	31.0	32.0	39.0	46.0	45.9	44.6	46.4	46.2
Not employed and not enrolled in school	14.0	12.0	11.0	9.0	9.9	13.0	11.2	11.1	10.7	10.4
Black, non-Hispanic										
Employed and enrolled in school	12.0	15.0	17.0	18.0	15.8	13.0	14.6	17.4	16.2	16.2
Employed and not enrolled in school	19.0	19.0	16.0	20.0	15.8	10.0	13.6	15.1	15.0	16.3
Not employed and enrolled in school	39.0	43.0	44.0	42.0	48.3	56.0	53.1	52.2	51.5	49.6
Not employed and not enrolled in school	30.0	23.0	24.0	21.0	20.2	21.0	18.7	15.3	17.3	17.9
Hispanic										
Employed and enrolled in school	15.0	16.0	19.0	20.0	20.7	17.0	19.9	20.8	20.8	22.3
Employed and not enrolled in school	30.0	32.0	26.0	32.0	25.2	16.0	18.1	18.5	19.1	20.4
Not employed and enrolled in school	32.0	28.0	33.0	30.0	35.3	49.0	46.5	46.0	46.7	44.6
Not employed and not enrolled in school	24.0	24.0	23.0	18.0	18.7	19.0	15.5	14.8	13.3	12.7

[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] 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 and race and Hispanic origin, selected years 1980–2017

Characteristic	1980	1985	1990	1995	2000	2003	2005	2010	2015	2017
Total	**49.3**	**57.7**	**60.1**	**61.9**	**63.3**	**63.9**	**68.6**	**68.1**	**69.2**	**66.7**
Gender										
Male	46.7	58.6	58.0	62.6	59.9	61.2	66.5	62.8	65.8	61.1
Female	51.8	56.8	62.2	61.3	66.2	66.5	70.4	74.0	72.5	71.7
Race and Hispanic origin[a]										
White, non-Hispanic										
Total	49.8	60.1	63.0	64.3	65.7	66.2	73.2	70.5	71.3	69.1
3-year moving average[b]	51.5	58.6	63.0	65.4	65.4	68.0	70.2	70.1	69.6	69.4
Black, non-Hispanic										
Total	42.7	42.2	46.8	51.2	54.9	57.5	55.7	62.0	55.6	59.4
3-year moving average[b]	44.0	39.5	48.9	52.9	56.4	59.9	58.2	66.1	60.8	58.4
Asian, non-Hispanic										
Total	—	—	—	—	—	84.1	86.7	84.7	83.2	82.7
3-year moving average[b]	—	—	—	—	—	74.2	80.9	87.4	88.5	87.0
Hispanic										
Total	52.3	51.0	42.7	53.7	52.9	58.6	54.0	59.7	68.9	61.0
3-year moving average[b]	49.6	46.1	52.5	51.6	48.6	57.7	57.5	62.3	69.0	67.1

— Not available.

[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, 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] Because some short-term data fluctuations are 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 2017, a 2-year moving average is used, reflecting an average of the 2016 and 2017 estimates.

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 recipients of a General Educational Development (GED) or other high school equivalency credential. Data are based on sample surveys of the civilian noninstitutionalized population. Data were 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 2007–2017

Characteristic	2007[a]	2010[a]	2011[a]	2012[a]	2013[a]	2014[a]	2015	2016	2017
Preterm (less than 37 completed weeks of gestation)									
Total	10.4	10.0	9.8	9.8	9.6	9.6	9.6	9.8	9.9
Race and Hispanic origin[b,c]									
White, non-Hispanic	9.9	9.4	9.2	9.1	8.9	8.9	8.9	9.0	9.1
Black, non-Hispanic	14.7	13.8	13.5	13.5	13.2	13.2	13.4	13.8	13.9
American Indian or Alaska Native, non-Hispanic	10.7	10.7	10.3	10.5	10.3	10.4	10.8	11.4	11.9
Asian or Pacific Islander, non-Hispanic[d]	9.1	8.9	8.8	8.7	8.6	8.4	8.6	8.8	—
Asian, non-Hispanic	—	—	—	—	—	—	—	8.6	8.5
Native Hawaiian or Other Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	11.5	10.5
Hispanic	9.3	9.1	9.0	9.1	9.1	9.0	9.1	9.4	9.6
Mexican American	9.0	8.7	8.7	8.7	8.8	8.8	8.9	9.2	9.4
Puerto Rican	12.0	11.4	11.3	11.2	10.9	11.0	11.0	11.1	11.2
Cuban	10.6	9.4	9.1	9.5	8.9	9.0	9.3	9.5	9.0
Central or South American	8.8	8.5	8.6	8.6	8.7	8.5	8.7	9.1	9.1
Other and unknown Hispanic	10.9	10.4	9.9	9.9	9.7	9.6	9.6	10.0	10.2
Early preterm (less than 34 completed weeks of gestation)									
Total	2.9	2.8	2.8	2.8	2.8	2.7	2.8	2.8	2.8
Race and Hispanic origin[b,c]									
White, non-Hispanic	2.5	2.5	2.4	2.4	2.4	2.4	2.3	2.3	2.3
Black, non-Hispanic	5.3	4.9	4.9	4.9	4.8	4.8	4.9	4.9	4.9
American Indian or Alaska Native, non-Hispanic	2.9	2.8	2.8	2.8	2.8	2.7	2.9	3.0	3.1
Asian or Pacific Islander, non-Hispanic[d]	2.3	2.3	2.3	2.2	2.2	2.1	2.2	2.2	—
Asian, non-Hispanic	—	—	—	—	—	—	—	2.1	2.2
Native Hawaiian or Other Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	3.1	2.7
Hispanic	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.5	2.6
Mexican American	2.4	2.3	2.3	2.4	2.4	2.4	2.4	2.4	2.5
Puerto Rican	3.6	3.5	3.4	3.4	3.3	3.4	3.5	3.3	3.3
Cuban	2.8	2.6	2.6	2.9	2.6	2.8	2.8	2.5	2.5
Central or South American	2.3	2.2	2.4	2.4	2.4	2.3	2.3	2.4	2.3
Other and unknown Hispanic	3.0	2.9	2.7	2.8	2.7	2.7	2.8	2.8	2.8
Late preterm (34–36 completed weeks of gestation)									
Total	7.5	7.2	7.0	7.0	6.8	6.8	6.9	7.1	7.2
Race and Hispanic origin[b,c]									
White, non-Hispanic	7.4	6.9	6.8	6.7	6.5	6.5	6.5	6.7	6.8
Black, non-Hispanic	9.4	8.9	8.7	8.6	8.4	8.5	8.6	8.8	9.1
American Indian or Alaska Native, non-Hispanic	7.9	7.9	7.6	7.6	7.5	7.6	8.0	8.4	8.8
Asian or Pacific Islander, non-Hispanic[d]	6.8	6.6	6.5	6.4	6.3	6.2	6.4	6.6	—
Asian, non-Hispanic	—	—	—	—	—	—	—	6.5	6.3
Native Hawaiian or Other Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	8.4	7.9

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 2007–2017**

Characteristic	2007[a]	2010[a]	2011[a]	2012[a]	2013[a]	2014[a]	2015	2016	2017
Race and Hispanic origin[b,c] (cont.)									
Hispanic	6.8	6.6	6.5	6.6	6.6	6.5	6.6	6.9	7.1
Mexican American	6.6	6.4	6.3	6.4	6.4	6.4	6.5	6.8	6.9
Puerto Rican	8.4	7.9	7.9	7.8	7.6	7.6	7.5	7.7	7.9
Cuban	7.8	6.8	6.5	6.7	6.3	6.2	6.5	7.0	6.5
Central or South American	6.5	6.3	6.3	6.2	6.3	6.2	6.4	6.8	6.8
Other and unknown Hispanic	7.9	7.5	7.1	7.1	7.0	6.9	6.8	7.3	7.4

— 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. Preterm estimates using OE to calculate gestational age are presented back to 2007; 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. Starting with 2003 data, some states reported multiple-race data for births and deaths according to the 1997 OMB standards. The revised OMB standards issued in 1997 permitted the option of selecting more than one race. The multiple-race data for these states were bridged to the four single-race categories of the 1977 OMB standards, for comparability across the trend, through 2015. As of 2016 data, all 50 states and DC reported based on the 1997 OMB standards. Data on race and Hispanic origin are collected and reported separately.

[c] The 1997 OMB standards on race and ethnicity were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are single race. Due to small cell sizes, data on persons identifying themselves as multiple race are not reported. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Due to the adoption of the 1997 OMB standards on race and ethnicity for 2016 data and beyond, rates for the racial and ethnic groups are not strictly comparable with earlier data.

[d] Data for 2016 were bridged to the 1977 categories. Data for 2016 and beyond are shown separately for "Asian" and "Native Hawaiian or Other Pacific Islander" race groups.

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 2007–2017

Characteristic	2007	2010	2011	2012	2013	2014	2015	2016	2017
Low birthweight (less than 2,500 grams, or 5 lb. 8 oz.)									
Total	8.2	8.1	8.1	8.0	8.0	8.0	8.1	8.2	8.3
Race and Hispanic origin[a,b]									
White, non-Hispanic	7.3	7.1	7.1	7.0	7.0	7.0	6.9	7.0	7.0
Black, non-Hispanic	13.9	13.5	13.3	13.2	13.1	13.2	13.3	13.7	13.9
American Indian or Alaska Native, non-Hispanic	7.5	7.6	7.6	7.6	7.5	7.6	7.6	7.8	8.2
Asian or Pacific Islander, non-Hispanic[c]	8.1	8.5	8.4	8.2	8.3	8.0	8.4	8.4	—
Asian, non-Hispanic	—	—	—	—	—	—	—	8.4	8.5
Native Hawaiian or Other Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	7.7	7.7
Hispanic	6.9	7.0	7.0	7.0	7.1	7.1	7.2	7.3	7.4
Mexican American	6.5	6.5	6.5	6.5	6.6	6.6	6.8	6.9	7.0
Puerto Rican	9.8	9.6	9.7	9.4	9.4	9.5	9.4	9.5	9.7
Cuban	7.7	7.3	7.1	7.4	7.3	7.5	7.2	7.1	7.4
Central or South American	6.7	6.5	6.7	6.6	6.8	6.7	6.7	7.1	6.9
Other and unknown Hispanic	8.6	8.4	8.0	8.0	8.0	7.9	8.1	8.1	8.2
Very low birthweight (less than 1,500 grams, or 3 lb. 4 oz.)									
Total	1.5	1.4	1.4	1.4	1.4	1.4	1.4	1.4	1.4
Race and Hispanic origin[a,b]									
White, non-Hispanic	1.2	1.2	1.1	1.1	1.1	1.1	1.1	1.1	1.1
Black, non-Hispanic	3.2	3.0	3.0	2.9	2.9	2.9	2.9	3.0	3.0
American Indian or Alaska Native, non-Hispanic	1.3	1.3	1.3	1.3	1.3	1.3	1.3	1.4	1.4
Asian or Pacific Islander, non-Hispanic[c]	1.1	1.1	1.2	1.1	1.2	1.1	1.1	1.1	—
Asian, non-Hispanic	—	—	—	—	—	—	—	1.1	1.1
Native Hawaiian or Other Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	1.5	1.1
Hispanic	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.2	1.3
Mexican American	1.1	1.1	1.1	1.1	1.1	1.1	1.1	1.2	1.2
Puerto Rican	1.9	1.8	1.8	1.8	1.7	1.9	1.7	1.7	1.8
Cuban	1.3	1.4	1.3	1.5	1.3	1.5	1.4	1.2	1.2
Central or South American	1.2	1.1	1.2	1.1	1.2	1.1	1.1	1.1	1.1
Other and unknown Hispanic	1.4	1.5	1.4	1.4	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. Starting with 2003 data, some states reported multiple-race data for births and deaths according to the 1997 OMB standards. The revised OMB standards issued in 1997 permitted the option of selecting more than one race. The multiple-race data for these states were bridged to the four single-race categories of the 1977 OMB standards, for comparability across the trend, through 2015. As of 2016 data, all 50 states and DC reported based on the 1997 OMB standards. Data on race and Hispanic origin are collected and reported separately.

[b] The 1997 OMB standards on race and ethnicity were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are single race. Due to small cell sizes, data on persons identifying themselves as multiple race are not reported. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Due to the adoption of the 1997 OMB standards on race and ethnicity for 2016 data and beyond, rates for the racial and ethnic groups are not strictly comparable with earlier data.

[c] Data for 2016 were bridged to the 1977 categories. Data for 2016 and beyond are shown separately for "Asian" and "Native Hawaiian or Other Pacific Islander" race groups.

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, selected years 1999–2017

(Infant deaths per 1,000 live births)

Characteristic	1999	2000	2005[a]	2010[a]	2012[a]	2013[a]	2014[a]	2015[a]	2016[a]	2017[a]
Total	7.0	6.9	6.9	6.1	6.0	6.0	5.8	5.9	5.9	5.8
Race and Hispanic origin[b,c]										
White, non-Hispanic	5.8	5.7	5.8	5.2	5.0	5.1	4.9	4.9	4.9	4.7
Black, non-Hispanic	14.1	13.6	13.6	11.5	11.2	11.1	10.9	11.2	11.4	11.0
American Indian or Alaska Native, non-Hispanic	9.4	8.2	8.3	8.6	8.7	7.7	7.7	8.6	9.4	9.2
Asian or Pacific Islander, non-Hispanic[d]	4.7	4.8	4.8	4.2	4.0	3.9	3.7	4.1	3.8	—
Asian, non-Hispanic	—	—	—	—	—	—	—	—	3.6	3.8
Native Hawaiian or Other Pacific Islander, non-Hispanic	—	—	—	—	—	—	—	—	7.4	7.6
Hispanic[e]	5.7	5.6	5.6	5.3	5.1	5.0	5.0	5.0	5.0	5.1
Mexican American	5.5	5.4	5.5	5.1	5.0	4.9	4.8	4.9	5.0	5.1
Puerto Rican	8.3	8.2	8.3	7.1	6.9	5.9	7.2	6.4	6.1	6.5
Cuban	4.7	4.5	4.4	3.8	5.0	3.0	3.9	4.2	3.8	4.0
Central and South American	4.7	4.6	4.7	4.4	4.1	4.3	4.3	4.0	4.3	4.5
Other and unknown Hispanic	7.2	6.9	6.4	6.1	5.6	—	5.4	5.6	5.2	5.4

— Not available.

[a] 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.

[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. Starting with 2003 data, some states reported multiple-race data for births and deaths according to the 1997 OMB standards. The revised OMB standards issued in 1997 permitted the option of selecting more than one race. The multiple-race data for these states were bridged to the four single-race categories of the 1977 OMB standards, for comparability across the trend, through 2015. As of 2016 data, all 50 states and DC reported based on the 1997 OMB standards. Data on race and Hispanic origin are collected and reported separately.

[c] The 1997 OMB standards on race and ethnicity were used to classify persons into one of the following five racial groups: White, Black or African American, Asian, American Indian or Alaska Native, and Native Hawaiian or Other Pacific Islander. All categories are single race. Due to small cell sizes, data on persons identifying themselves as multiple race are not reported. Data on race and Hispanic origin are collected and reported separately. Persons of Hispanic origin may be of any race. Due to the adoption of the 1997 OMB standards on race and ethnicity for 2016 data and beyond, rates for the racial and ethnic groups are not strictly comparable with earlier data.

[d] Data for 2016 were bridged to the 1977 categories. Data for 2016 and beyond are shown separately for "Asian" and "Native Hawaiian or Other Pacific Islander" race groups.

[e] 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 through 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 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, selected years 2001–2017**

Characteristic	2001	2005	2010	2011	2012	2013	2014	2015	2016	2017
Serious difficulties										
Age and gender										
Total ages 4–17	5.2	4.6	6.0	5.3	5.2	5.2	5.2	5.8	5.1	5.6
Ages 4–7	3.6	2.8	4.1	3.5	3.7	3.6	3.9	3.9	4.3	4.3
Ages 8–10	5.9	4.8	7.2	6.2	6.3	6.9	6.6	6.0	5.4	6.5
Ages 11–14	6.0	4.9	6.8	5.8	5.5	5.4	6.2	7.6	5.5	6.0
Ages 15–17	5.2	6.2	6.6	6.3	5.7	5.4	4.5	5.8	5.5	6.0
Males ages 4–17	6.2	5.4	7.3	6.6	6.7	6.5	6.9	7.2	6.7	7.1
Ages 4–7	3.8	3.0	5.0	4.9	5.0	4.5	5.4	5.4	5.9	5.2
Ages 8–10	8.2	5.5	9.4	8.2	7.8	8.6	8.5	7.6	7.8	8.3
Ages 11–14	7.4	6.3	7.7	7.2	7.8	7.3	8.2	9.4	7.6	7.5
Ages 15–17	5.6	6.9	7.6	6.6	6.2	5.7	5.7	6.2	5.4	7.8
Females ages 4–17	4.1	3.8	4.8	4.0	3.8	3.9	3.5	4.4	3.5	4.1
Ages 4–7	3.4	2.5	3.1	2.1	2.3	2.6	2.3	2.3	2.7	3.4
Ages 8–10	3.5	4.2	5.0	4.1	4.8	5.2	4.8	4.6	2.9	4.6
Ages 11–14	4.6	3.4	5.8	4.5	3.2	3.5	4.0	5.6	3.1	4.4
Ages 15–17	4.9	5.4	5.5	5.9	5.3	5.0	3.3	5.3	5.5	4.2
Poverty status[a]										
Below 100% poverty	7.4	7.1	10.1	7.6	7.9	7.8	7.6	7.6	7.3	8.3
100%–199% poverty	6.7	4.8	5.7	5.4	5.8	5.1	5.8	6.8	6.2	7.3
200% poverty and above	4.0	3.8	4.6	4.4	4.0	4.2	4.1	4.8	3.9	4.2
Race and Hispanic origin[b]										
White, non-Hispanic	5.3	4.8	6.7	5.9	5.5	6.0	5.9	6.2	5.4	6.4
Black, non-Hispanic	5.6	5.1	6.1	6.4	5.8	5.2	4.7	6.5	6.9	5.4
Hispanic	3.9	4.0	4.2	3.9	4.2	3.6	4.5	6.0	4.0	5.7
Family structure[c]										
Two parents	4.0	3.7	4.4	3.9	4.2	4.2	4.4	4.3	4.1	8.9
Mother only	8.1	6.9	9.6	8.3	8.0	8.1	7.1	9.9	7.9	7.1
Father only	5.0	4.2	5.1	‡	5.5	3.1	3.6	3.5	4.0	4.1
No parents	10.6	9.8	12.5	10.1	6.0	7.8	9.8	9.6	8.6	11.3

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, selected years 2001–2017**

Characteristic	2001	2005	2010	2011	2012	2013	2014	2015	2016	2017
Minor difficulties										
Age and gender										
Total ages 4–17	17.1	16.2	16.1	14.4	14.1	13.0	15.0	15.8	15.3	15.9
Ages 4–7	14.9	14.0	14.2	11.1	12.9	11.4	12.5	13.1	13.6	14.1
Ages 8–10	18.1	18.4	16.9	16.3	14.6	13.3	16.9	16.4	16.6	16.9
Ages 11–14	18.7	17.0	17.4	16.1	14.3	15.3	16.9	16.6	15.0	16.9
Ages 15–17	17.1	15.7	16.1	14.7	15.2	11.9	13.8	17.7	16.7	15.9
Males ages 4–17	20.1	17.9	18.0	16.4	16.3	14.8	17.5	17.6	17.1	17.7
Ages 4–7	16.9	15.3	15.2	12.4	15.6	14.0	16.0	16.5	14.5	15.6
Ages 8–10	21.9	22.2	19.3	19.7	17.7	14.8	20.2	18.1	19.5	20.4
Ages 11–14	22.7	18.6	22.1	17.9	16.5	18.0	19.7	18.8	17.8	18.4
Ages 15–17	19.0	16.4	15.1	16.4	15.5	11.3	14.1	16.9	17.4	16.8
Females ages 4–17	14.0	14.4	14.1	12.3	11.9	11.2	12.3	14.0	13.4	14.1
Ages 4–7	12.6	12.7	13.2	9.8	9.9	8.7	8.8	9.7	12.6	12.7
Ages 8–10	14.1	14.7	14.5	12.6	11.4	11.8	13.6	14.7	13.7	13.3
Ages 11–14	14.5	15.4	12.4	14.3	12.0	12.4	14.0	14.3	12.0	15.3
Ages 15–17	15.1	14.9	17.2	13.0	14.8	12.6	13.4	18.4	16.1	15.0
Poverty status[a]										
Below 100% poverty	20.3	19.4	20.7	18.4	16.2	16.8	17.3	19.5	18.1	18.2
100%–199% poverty	18.9	17.6	15.6	14.7	15.1	13.7	15.2	17.3	16.4	15.8
200% poverty and above	15.7	14.8	14.6	12.7	12.9	11.3	13.9	14.0	13.9	15.3
Race and Hispanic origin[b]										
White, non-Hispanic	16.6	16.5	16.4	15.0	15.5	14.0	16.5	17.3	16.6	16.9
Black, non-Hispanic	22.7	18.4	18.6	16.2	16.1	16.0	17.0	19.1	19.1	16.5
Hispanic	15.1	14.8	14.0	12.4	10.3	10.6	11.2	10.3	15.0	13.7
Family structure[c]										
Two parents	15.0	14.4	13.8	11.8	12.2	10.8	13.1	13.1	12.5	19.0
Mother only	22.9	20.6	21.0	19.7	17.8	18.0	18.8	21.1	21.4	18.0
Father only	19.1	19.9	16.9	18.9	16.0	12.2	16.9	22.7	18.4	14.4
No parents	24.0	22.5	24.1	21.2	22.7	23.8	21.2	24.1	26.2	21.5

‡ Reporting standards not met; estimate is considered unreliable.

[a] Missing family income data were imputed for 15%–25% of children ages 4–17 for the years 2001–2017.

[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 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 group. 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, selected years 2001–2017**

Type of service[a]	2001	2005	2010	2011	2012	2013	2014	2015	2016	2017
Serious difficulties										
Current use of special education services for an emotional/ behavioral problem	22.2	20.0	25.7	27.9	28.8	22.8	30.3	33.9	35.0	32.2
Parent contact with a general doctor[b] during the past 12 months about child's emotional/behavioral problem	37.8	34.3	35.5	39.7	36.4	42.9	43.6	49.0	48.4	45.9
Parent contact with a mental health professional[c] during the past 12 months about the child	43.8	50.0	49.3	53.4	53.5	54.6	54.3	57.4	58.2	58.8
Minor difficulties										
Current use of special education services for an emotional/ behavioral problem	5.4	4.8	6.0	5.5	7.8	10.5	7.5	8.3	8.9	7.3
Parent contact with a general doctor[b] during the past 12 months about child's emotional/behavioral problem	11.1	10.7	11.0	12.4	15.0	17.3	16.3	13.1	16.5	13.9
Parent contact with a mental health professional[c] during the past 12 months about the child	15.0	15.7	18.5	21.6	24.2	20.1	21.6	23.7	24.3	22.5

[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 2004–2017

Characteristic	2004	2006	2008	2010	2012	2014	2015	2016	2017
Total	**9.0**	**7.9**	**8.3**	**8.0**	**9.1**	**11.4**	**12.5**	**12.8**	**13.3**
Age									
Ages 12–13	5.4	4.9	4.9	4.3	5.4	7.2	7.8	7.3	6.9
Ages 14–15	9.2	7.9	8.5	9.0	10.2	11.9	13.8	13.3	14.5
Ages 16–17	12.3	10.7	11.2	10.6	11.4	14.6	15.5	17.2	17.7
Gender									
Male	5.0	4.2	4.3	4.4	4.7	5.7	5.8	6.4	6.8
Female	13.1	11.8	12.5	11.9	13.7	17.3	19.5	19.4	20.0
Race and Hispanic origin[a]									
White, non-Hispanic	9.2	8.2	8.8	8.6	9.1	12.0	13.4	13.8	14.0
Black, non-Hispanic	7.7	6.4	7.1	6.8	7.9	9.1	9.0	9.1	9.5
American Indian or Alaska Native, non-Hispanic	7.8	9.3	10.1	7.4	5.2	6.9	‡	11.5	16.3
Asian, non-Hispanic	8.3	7.7	7.7	5.5	4.2	10.4	9.7	11.9	11.3
Two or more races, non-Hispanic	11.7	13.0	12.0	9.4	11.3	12.5	15.6	13.8	16.9
Hispanic	9.1	8.0	7.5	7.8	10.5	11.5	12.6	12.7	13.8
Poverty status[b]									
Below 100% poverty	8.7	7.6	7.7	7.2	10.2	10.9	11.1	12.1	11.8
100%–199% poverty	8.7	9.0	9.1	9.0	9.0	12.3	13.3	13.2	14.2
200% poverty and above	9.1	7.6	8.2	7.9	8.7	11.2	12.7	12.9	13.5

‡ 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.

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 2004–2017**

Characteristic	2004	2006	2008	2010	2012	2014	2015	2016	2017
Total	**40.3**	**38.8**	**37.7**	**37.8**	**37.0**	**41.2**	**39.3**	**40.9**	**41.5**
Age									
Ages 12–13	38.2	35.1	33.5	32.5	30.7	35.9	31.9	35.3	37.6
Ages 14–15	35.5	38.4	33.6	38.4	36.6	40.1	40.6	41.3	37.9
Ages 16–17	45.0	40.7	42.4	39.3	40.0	44.4	41.5	42.6	45.8
Gender									
Male	37.7	35.3	34.0	32.0	28.3	37.7	36.3	33.5	32.5
Female	41.3	40.2	39.1	40.1	40.1	42.4	40.3	43.4	44.8
Race and Hispanic origin[b]									
White, non-Hispanic	44.9	41.3	43.1	41.1	40.7	46.1	40.6	45.1	47.5
Black, non-Hispanic	28.9	29.1	32.4	23.0	33.5	40.6	42.0	34.5	35.1
Hispanic	36.8	35.9	30.4	38.4	30.8	33.1	35.5	34.1	32.7
Poverty status[c]									
Below 100% poverty	33.2	33.1	40.0	33.8	35.7	40.0	40.4	36.1	37.1
100%–199% poverty	39.1	40.7	38.8	39.1	35.9	40.9	38.6	42.6	40.2
200% poverty and above	42.6	39.8	36.7	38.4	38.0	41.7	39.3	41.8	43.5

[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.

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 2004–2017**

Characteristic	2004	2006	2008	2010	2012	2014	2015	2016	2017
Total	**6.2**	**5.5**	**6.0**	**5.7**	**6.3**	**8.2**	**8.8**	**9.0**	**9.4**
Age									
Ages 12–13	3.5	2.7	3.2	3.0	3.7	4.9	5.1	4.7	4.4
Ages 14–15	6.3	6.0	6.1	6.1	7.1	8.5	9.8	9.4	10.4
Ages 16–17	8.8	7.5	8.4	7.7	8.0	10.9	11.1	12.4	12.7
Gender									
Male	3.3	2.6	2.9	3.2	3.0	3.7	3.8	4.4	4.7
Female	9.2	8.4	9.3	8.2	9.8	13.0	14.0	13.7	14.2
Race and Hispanic origin[b]									
White, non-Hispanic	6.5	5.8	6.5	6.2	6.5	8.9	9.7	10.0	9.8
Black, non-Hispanic	5.0	3.9	4.6	4.5	4.8	6.4	5.9	6.0	7.1
American Indian or Alaska Native, non-Hispanic	4.9	6.6	6.5	5.4	2.6	4.9	‡	5.7	3.9
Asian, non-Hispanic	4.4	5.3	4.7	4.3	2.6	6.6	5.5	9.3	7.9
Two or more races, non-Hispanic	9.3	8.0	10.2	5.9	9.0	8.9	12.6	10.9	10.9
Hispanic	6.1	5.4	5.1	5.4	7.3	8.2	8.5	8.2	9.9
Poverty status[c]									
Below 100% poverty	5.2	5.4	5.7	5.5	6.6	8.3	7.6	8.4	8.7
100%–199% poverty	6.0	6.2	6.8	6.1	6.3	9.2	9.6	9.1	9.7
200% poverty and above	6.5	5.2	5.8	5.5	6.3	7.8	8.9	9.1	9.5

‡ Low precision.

[a] Impairment is based on the Sheehan Disability Scale[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: home management, work, close relationships with others, and social life. Ratings greater than or equal to 7 on a 0–10 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.

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 1997–2017

Characteristic	1997	2000	2005	2010	2015	2016	2017
Ages 5–17							
Total	7.8	7.0	8.0	9.2	9.8	10.6	10.7
Special education only[b]	5.4	5.0	6.1	7.2	7.9	8.6	8.5
Other limitations[c]	2.4	2.0	1.8	2.1	1.9	2.0	2.1
Gender							
Male	10.0	8.8	10.2	11.8	12.3	13.6	13.4
Special education only[b]	7.2	6.5	8.1	9.4	10.2	11.2	11.2
Other limitations[c]	2.8	2.4	2.1	2.4	2.0	2.4	2.1
Female	5.5	5.1	5.7	6.5	7.3	7.6	7.9
Special education only[b]	3.5	3.6	4.1	4.8	5.5	5.9	5.7
Other limitations[c]	2.0	1.5	1.6	1.7	1.8	1.7	2.1
Poverty status[d]							
Below 100% poverty	10.6	9.9	10.8	12.5	12.1	13.7	13.7
Special education only[b]	7.2	7.2	7.7	9.2	9.2	10.4	10.5
Other limitations[c]	3.4	2.7	3.0	3.4	3.0	3.2	3.1
100%–199% poverty	9.3	8.0	9.1	11.0	12.0	12.0	11.6
Special education only[b]	7.0	5.6	7.3	8.1	9.7	9.3	9.2
Other limitations[c]	2.3	2.4	1.8	2.9	2.3	2.8	2.4
200% poverty and above	6.3	5.8	6.8	7.3	8.1	9.1	9.4
Special education only[b]	4.2	4.3	5.3	6.1	6.8	7.7	7.7
Other limitations[c]	2.2	1.6	1.5	1.3	1.3	1.4	1.8
Race and Hispanic origin[e]							
White, non-Hispanic	8.3	7.5	8.3	9.7	11.0	11.0	11.9
Special education only[b]	5.8	5.4	6.2	7.9	9.0	9.1	9.6
Other limitations[c]	2.5	2.1	2.1	1.8	2.0	1.9	2.3
Black, non-Hispanic	8.2	7.5	8.7	11.2	9.4	12.6	11.6
Special education only[b]	5.3	5.6	6.9	8.7	7.4	9.9	8.9
Other limitations[c]	2.9	1.9	1.8	2.5	2.0	2.7	2.7
Hispanic	5.9	5.3	7.0	7.2	8.2	9.7	8.9
Special education only[b]	4.0	3.7	5.6	5.1	6.3	7.6	7.3
Other limitations[c]	1.9	1.6	1.4	2.1	1.9	2.1	1.7

[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 in 1997 and beyond. Missing family income data were imputed for 20%–31% of children ages 5–17 in 1997–2017. 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 1997–2017 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 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–2015 (HEI–2015) for children ages 2–17 by age group, 2015–2016**

Dietary component	Maximum points	Ages 2–5	Ages 6–11	Ages 12–17
Total HEI–2015 Score	**100.0**	**60.8**	**51.8**	**51.8**
Adequacy components				
Total fruit	5.0	5.0	3.0	2.8
Whole fruit	5.0	5.0	4.1	3.9
Total vegetables	5.0	2.3	2.2	2.4
Greens and Beans	5.0	1.7	1.5	1.6
Total protein foods	5.0	4.4	4.5	4.9
Seafood and plant proteins	5.0	3.0	3.0	3.5
Whole grains	10.0	3.3	3.4	3.1
Dairy	10.0	9.9	8.1	7.2
Fatty acids	10.0	2.8	2.7	3.2
Moderation components				
Refined Grains	10.0	5.8	4.2	4.6
Sodium	10.0	5.5	4.5	3.9
Saturated Fats	10.0	4.7	4.4	4.6
Added Sugars	10.0	7.4	6.2	6.0

[a] Calculated using the population ratio method.

NOTE: The Healthy Eating Index–2015 (HEI–2015) is a dietary assessment tool with 13 components designed to measure quality in terms of how well a set of foods align with the key messages of the *2015–2020 Dietary Guidelines for Americans.* Intakes equal to or better than the standards set for each component are assigned a maximum score. Maximum HEI–2015 component scores range from 5 to 10 points. Scores for intakes between the minimum and maximum standards are scored proportionately. Scores for each component are summed to create a total maximum HEI–2015 score of 100 points. Nine of the 13 components assess adequacy components. The remaining 4 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 diet that aligns better with the Dietary Guidelines. HEI–2015 total and component scores reflect usual dietary intakes among children in the United States.

SOURCE: National Center for Health Statistics, National Health and Nutrition Examination Survey; U.S. Department of Agriculture, Center for Nutrition Policy and Promotion; and the U.S. Department of Health and Human Services, Healthy Eating Index–2015.

Table HEALTH7 **Obesity: Percentage of children ages 6–17 with obesity[a] by age, race and Hispanic origin, and gender, selected years 1976–1980 through 2013–2016**

Characteristic	1976–1980	1988–1994	1999–2002	2003–2006	2009–2012	2013–2016
Ages 6–17						
Total	5.7	11.2	16.0	17.3	19.5	19.3
Race and Hispanic origin[b]						
White, non-Hispanic	4.9	10.5	13.2	15.5	17.0	15.5
Black, non-Hispanic	8.2	14.0	20.7	21.5	22.7	23.5
Asian, non-Hispanic	—	—	—	—	9.7	11.0
Hispanic	—	—	—	—	25.1	25.5
Mexican American	—	15.4	23.0	22.7	26.6	26.4
Gender						
Male	5.5	11.8	17.2	18.1	18.4	19.8
Female	5.8	10.6	14.7	16.3	20.6	18.8
Ages 6–11						
Total	6.5	11.3	15.8	17.0	17.7	17.9
Gender						
Male	6.7	11.6	16.9	18.0	16.4	19.6
Female	6.4	11.0	14.7	15.8	19.1	16.1
Ages 12–17						
Total	4.9	11.1	16.1	17.5	21.1	20.7
Gender						
Male	4.5	12.0	17.5	18.2	20.3	20.0
Female	5.4	10.2	14.7	16.8	21.9	21.4

— 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" (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 obesity are comparable with 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 1999–2016, 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 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 2009–2012, 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 1997–2017

Characteristic	1997	2000	2001	2005	2009	2010	2011	2012	2013	2014	2015	2016	2017
Ever diagnosed with asthma[a]	11.4	12.4	12.7	12.7	13.8	13.6	14.0	14.0	12.7	13.5	13.0	12.7	13.0
Currently have asthma[b]	—	—	8.7	8.9	9.6	9.4	9.5	9.3	8.3	8.6	8.4	8.3	8.4
Having at least one asthma attack[c]	5.5	5.5	5.7	5.2	5.5	5.7	5.5	5.4	4.9	4.3	4.2	4.7	4.6

— 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 2017, 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.

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, selected years 2001–2017

Characteristic	2001	2005	2009	2010	2011	2012	2013	2014	2015	2016	2017
Age											
Ages 0–5	6.2	7.2	7.0	6.8	7.5	6.2	4.9	5.1	4.9	4.7	5.0
Ages 6–10	9.8	10.0	10.2	10.7	9.4	11.0	9.3	10.7	10.2	9.6	8.7
Ages 11–17	10.1	9.6	11.5	10.8	11.4	10.7	10.4	9.9	10.1	10.6	10.9
Poverty status[b]											
Below 100% poverty	10.8	10.6	13.5	12.1	12.5	13.0	11.7	10.5	10.7	10.5	11.0
100%–199% poverty	8.6	8.3	9.5	10.2	10.2	9.3	8.1	7.9	9.4	9.9	9.1
200% poverty and above	8.2	8.6	8.3	7.9	8.0	7.7	7.0	8.1	7.2	7.0	7.4
Race and Hispanic origin[c]											
White, non-Hispanic	8.5	7.9	8.5	8.2	7.8	7.9	7.5	7.6	7.4	7.1	7.7
Black, non-Hispanic	11.3	13.1	17.0	15.9	16.3	16.0	13.4	13.4	13.4	15.7	12.6
American Indian or Alaska Native, non-Hispanic	‡	‡	‡	‡	‡	‡	‡	12.0	14.4	‡	‡
Asian, non-Hispanic	7.3	6.6	7.7	8.3	6.1	4.9	4.7	5.6	5.4	4.2	3.7
Hispanic	7.2	8.6	7.7	8.1	9.6	8.8	7.4	8.5	8.0	6.7	7.7
Mexican	5.1	7.4	6.6	6.9	7.8	7.6	5.6	7.1	7.3	6.5	6.2
Puerto Rican	18.2	19.9	15.7	19.5	24.8	15.6	20.7	23.5	13.9	12.9	11.3
Area of residence[d]											
Central city	8.8	10.3	10.0	10.1	10.4	10.0	8.1	9.0	9.7	8.0	8.6
Non-central city	8.8	8.4	9.4	9.0	9.1	9.0	8.4	8.4	7.8	8.5	8.3

‡ 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%–31% of children ages 0–17 in 2001–2017.

[c] The revised 1997 U.S. Office of Management and Budget standards for race were used for the 2001–2017 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 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 the central city or an area outside of an MSA. For more information on MSAs, see *Health, United States, 2010: With special feature on death and dying,* at http://www.cdc.gov/nchs/data/hus/hus10_InBrief.pdf.

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

Appendix B:
Data Source Descriptions

Data Source Descriptions

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, the Commonwealth of 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. The AQS also contains meteorological data, descriptive information about each monitoring station (including its geographic location and operator), and data quality assurance/quality control information. Data are available from AQS dating back to 1957. The system is administered by the EPA's Office of Air Quality Planning and Standards, Outreach and Information Division, 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* (3rd ed.) 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 the Internet; however, households that do not respond by mail or the 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 Bureau Customer Service Center
http://ask.census.gov
Phone: 800-923-8282

American Housing Survey

The American Housing Survey (AHS) is sponsored by the Office of Policy Development and Research of the U.S. 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 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 U.S. 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 had 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 CRDC may be obtained from

Office for Civil Rights
U.S. Department of Education
400 Maryland Avenue SW
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Email: OCR@ed.gov
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 civilian noninstitutionalized 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 Design and Methodology: Current Population Survey (Technical Paper 66, October 2006) available online at https://www.census.gov/programs-surveys/cps/technical-documentation/complete.html.

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 U.S. Census Bureau implemented an approach shown to improve the accuracy

of health insurance coverage measurement. For a list of references, please see the U.S. 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 with 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 the 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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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 the American Fact Finder. The data from the 1990 decennial census are archived and searchable in the 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 the 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 Bureau Customer Service Center
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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 2018 survey is the 28th 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, one or more schools in each area, and 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 2018 survey included a total of 44,500 students from 392 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 was the first time there was a need to adjust the data from a survey in the 42 years of the study; fortunately, only a single grade was affected.

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 10th-grade sample from 2008 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 was 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 use, 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 the 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 10th-grade data points from 2008 are omitted in the figures and tables. However, the 1-year change score was calculated using the matched half sample of schools participating in both 2008 and 2009, and it was noted that the change was 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, participating states and jurisdictions, and 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 program—also began in 2002.)

Results are available for the mathematics assessments administered in 2000, 2003, 2005, 2007, 2009, 2011, 2013, 2015, and 2017. 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, 2015, and 2017. 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 with 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 long-term trend assessments. Long-term trend assessments

provide an opportunity to observe the 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 the 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 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 datasets, but starting with data year 2000, the case-level dataset became the primary source of data for the annual report. In 1996, CAPTA was amended to require that all states receiving funds from the Basic State Grant program 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 child protective services response. Only completed reports that resulted in a disposition (or finding) as an outcome of the child protective services 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 child protective services. 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.

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 that 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. Child protective services 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 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, 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 the Commonwealth of 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. In 2017, there were 145,508 household interviews. Overall, 76% of eligible households completed an interview. Within participating households, 239,541 persons completed an interview in 2017, representing an 84% response rate among eligible persons from responding households. Sample households are chosen using a multistage stratified sample design. All household members age 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 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, national-level estimates were not comparable with estimates based on NCVS data from previous years. See *Criminal Victimization, 2006,* http://www.bjs.gov/index.cfm?ty=pbdetail&iid=765, for more information on the redesigned methodology. In 2016, the NCVS sample was redesigned, and 2016 estimates among youth are not comparable with estimates from other years.

Information about the NCVS is available online at https://www.bjs.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) is a program of studies designed to assess the health and nutritional status of the civilian, noninstitutionalized population of adults and children in the United States. NHANES is a major program of the National Center for Health Statistics (NCHS). NCHS is part of the Centers for Disease Control and Prevention and has the responsibility for producing vital and health statistics for the Nation.

The NHANES is unique in that it combines interviews and physical examinations. Interviewers obtain information on demographic characteristics and health conditions through self-reports (or reports from parents for those less than age 16). Clinical examinations and selected medical and laboratory tests are conducted in mobile examination centers. Oversampling of certain subgroups has occurred at different times to increase the statistical reliability and precision of estimates.

The NHANES program began in the early 1960s and has been conducted as a series of surveys focusing on different population groups or health topics. The survey examines a nationally representative sample of about 5,000 persons each year. These persons live in counties across the country, 15 of which are visited each year.

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. The NHANES interview includes demographic, socioeconomic, dietary, and health-related questions. The examination component consists of medical, dental, and physiological measurements, as well as laboratory tests administered by highly trained medical personnel.

Data are currently released for two years combined to protect confidentiality and to produce stable estimates. It is sometimes necessary to combine four or more years of data to make estimates for subgroups.

Findings from this survey are used to determine the prevalence of major diseases and risk factors for diseases. Information is used to assess nutritional status and its association with health promotion and disease prevention. NHANES findings are also the basis for national standards for such measurements as height, weight, and blood pressure. Data from this survey are used in epidemiological studies and health sciences research, which help develop sound public health policy, direct and design health programs and services, and expand the health knowledge for the Nation.

Healthy Eating Index. NHANES data are used to calculate Healthy Eating Index-2015 (HEI-2015) scores. Participants in NHANES provide information on their dietary intake through an interviewer-administered 24-hour recall of all foods and beverages consumed. Data from the 2007–2016 survey cycle were used to calculate the HEI-2015 component scores for children 2–17 years shown in this edition of *America's Children.*

Obesity. NHANES data are used to calculate the Body Mass Index (BMI), which equals weight in kilograms divided by height in meters squared. A BMI at or above the 95th percentile from the 2000 CDC Growth Charts is termed obese.

Point estimates and their corresponding sample variances were calculated using the SUDAAN software package, which takes into consideration the complex survey design. The reliability of survey percentage estimates was assessed based on a minimum denominator sample size and the absolute and relative width of the Clopper-Pearson confidence interval (adapted for complex surveys by Korn, E., & Graubard, B. I. (1999.) Analysis of Health Surveys. New York, NY: John Wiley & Sons, Inc.), which determines if the estimate is unreliable and should be suppressed. For *America's Children: Key National Indicators of Well-Being, 2019,* differences between two points were assessed for statistical significance at the 0.05 level using z-tests without correction for multiple comparisons.

Information about NHANES is available online at https://www.cdc.gov/nchs/nhanes/about_nhanes.htm

Information about the Healthy Eating Index-2015 is available online at https://www.cnpp.usda.gov/healthyeatingindex

Information about the CDC Growth Charts is available online at: https://www.cdc.gov/growthcharts/cdc_charts.htm.

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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 by collecting and analyzing data on a broad range of topics. NHIS is a continuing nationwide sample survey of the civilian noninstitutionalized 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 for an entire year.

The NHIS sample is designed to estimate the national prevalence of health conditions, health service utilization, and health behaviors of the civilian noninstitutionalized 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 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 was implemented for the 2016 survey. In 2017, interviewers collected information for 78,132 persons, including 8,845 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. (2017). Summary health statistics for U.S. children: *National Health Interview Survey, 2016.* Available from: https://www.cdc.gov/nchs/nhis/SHS/tables.htm.

Information about NHIS is available online at https://www.cdc.gov/nchs/nhis/index.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) website at https://www.cdc.gov/nchs/nhcs/index.htm or the Ambulatory Health Care website at https://www.cdc.gov/nchs/ahcd/index.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, 2012, and 2016. 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 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 3–12. About 8,000 youth in Grades 6–12 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.

Data Source Descriptions

Information about the NHES is available online at http://nces.ed.gov/nhes.

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National Immunization Surveys

The National Immunization Surveys (NIS) are a family of telephone surveys used to monitor vaccination coverage among children ages 19–35 months (NIS-Child), adolescents ages 13–17 years (NIS-Teen), and for influenza vaccination, ages 6 months–17 years (NIS-Flu). Data collection for NIS-Child 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 surveys provide population-based, state, selected local area, and territorial estimates of vaccination coverage among children and adolescents using a standard survey methodology. The surveys collect 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. Cell phone numbers are randomly selected and called to identify one or more age-eligible children 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. Linked files were not produced for the 1992–1994 data years. Match completeness for each of the birth cohort files is 98%–99%.

For more information, see:

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/db279.htm.

Information about the National Linked File of Live Births and Infant Deaths is available online at https://www.cdc.gov/nchs/nvss/linked-birth.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 older 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, can be accessed through the Research Data Center (RDC) system of the National Center for Health Statistics. For RDC related questions, please email rdca@cdc.gov.

Agency Contact:

Center for Behavioral Health Statistics and Quality
Substance Abuse and Mental Health Services Administration
Phone: Data Request Line at 240-276-1212
Email: 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 https://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., Osterman, M. J. K., Driscoll, A. K., & Drake, P. (2018). *Births: Final data for 2017.* Hyattsville, MD: National Center for Health Statistics. Available online at https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_08-508.pdf.

Xu, J., Murphy, S. L., Kochanek, K. D., Basitan, B., & Arias, E. (2018). *Deaths: Final Data for 2016.* Hyattsville, MD: National Center for Health Statistics. Available online at https://www.cdc.gov/nchs/data/nvsr/nvsr67/nvsr67_05.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 https://www.cdc.gov/nchs/data/statab/techap99.pdf.

Information about the National Vital Statistics System is available online at https://www.cdc.gov/nchs/nvss/index.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/table-regulated-drinking-water-contaminants.

The 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, the source water (surface water or ground water), and 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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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, 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 2017 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 2017 national YRBS, 14,956 questionnaires were completed in 144 schools. The school response rate was 75%, and the student response rate was 81%. The school response rate multiplied by the student response rate produced an overall response rate of 60%.

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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