

America's Children in Brief: Key National Indicators of Well-Being, 2008



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This year's America's Children in Brief: Key National Indicators of Well-Being report continues the tradition of cooperation and commitment by agencies across the Federal Government to advance our understanding of children today and indicate what may be needed to bring them a better tomorrow. The Forum is already busy planning its next full report, scheduled for 2009.

Katherine K. Wallman, Chief Statistician, Office of Management and Budget

Introduction

Each year since 1997, the Federal Interagency Forum on Child and Family Statistics has published a report on the well-being of children and families. The Forum alternates publishing a detailed report, *America's Children: Key National Indicators of Well-Being*, with a summary version that highlights selected indicators. This year, the Forum is publishing *America's Children in Brief*; it will publish the more detailed report in 2009. The Forum updates all indicators and background data on its website (<http://childstats.gov>) every year.

The Forum fosters coordination and integration among 22 Federal agencies that produce or use statistical data on children and families. The *America's Children* series provides an accessible compendium of indicators drawn from the most reliable official statistics across topics; it is designed to complement other more specialized, technical, or comprehensive reports produced by various Forum agencies.

The indicators and background measures presented in *America's Children in Brief* all have been used in previous reports by the Forum. Indicators are chosen because they are easy to understand; are based on substantial research connecting them to child well-being; vary across important areas of children's lives; are measured regularly so that they can be updated and show trends over time; and represent large segments of the population, rather than one particular group. The indicators are organized into seven sections, each focusing on a domain relevant to children's lives: *Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health*.

For Further Information

The Forum's website provides additional information, including:

- Detailed data, including trend data, for indicators discussed in this *Brief* and for additional data series.
- Data source descriptions and contact information.
- *America's Children* reports from 1997 to the present and other Forum reports.
- Links to Forum agencies, publications, and related reports including international comparative data.
- Forum news and information on the Forum's overall structure and organization.

Demographic Background

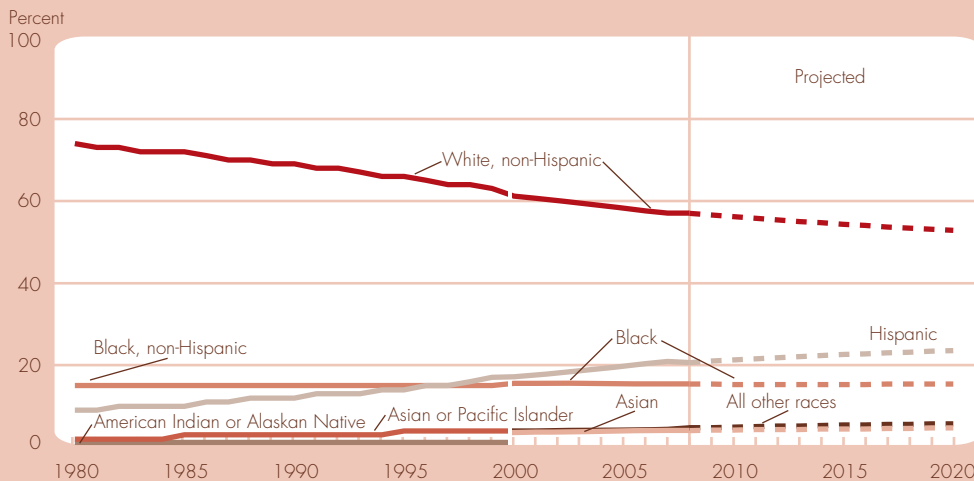
Understanding the changing demographic characteristics of America’s children is critical for shaping social programs and policies. The number of children determines the demand for schools, health care, and other services that are essential to meet the daily needs of families. While the number of children 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.

In 2007, there were 73.9 million children in the United States, 1.5 million more than in 2000. This number is projected to increase to 80 million in 2020. In 2007, there were approximately equal numbers of children in each of these age groups: 0–5 (25 million), 6–11 (24 million), and 12–17 (25 million) years of age.

Since the mid-1960s, children have been decreasing as a proportion of the total U.S. population. In 2007, children made up 25 percent of the population, down from a peak of 36 percent at the end of the “baby boom” (1964). Children are projected to remain a fairly stable percentage of the total population through 2020, when they are projected to compose 24 percent of the population.

Racial and ethnic diversity has grown dramatically in the United States in the last three decades. This increased diversity appeared first among children and later in the older population. This diversity is projected to increase even more in the decades to come. In 2007, 57 percent of children were White, non-Hispanic, 21 percent were Hispanic, 15 percent were Black, 4 percent were Asian, and 4 percent were of all other races (Figure 1). The percentage of children who are Hispanic has increased faster than that of any other racial or ethnic group, growing from 9 percent of the child population in 1980 to 21 percent in 2007. By 2020, it is projected that nearly 1 in 4 children in the United States will be of Hispanic origin.

Figure 1 Percentage of U.S. children ages 0–17 by race and Hispanic origin, 1980–2007 and projected 2008–2020



NOTE: Data from 2000 onward are not directly comparable with data from earlier years. Prior to 2000, race data followed a 1977 Office of Management and Budget directive on the collection and presentation of statistics on race and ethnicity. Data for 2000 and subsequent years reflect conversion to OMB’s 1997 directive on the collection and presentation of statistics on race and ethnicity. The new directive refined many race categories and included a provision for identifying multiracial respondents. Identification of Hispanic and other ethnic origins is done independently of race. Thus, Hispanics may be of any race. Except for the “All other races” category, all race groups discussed from 2000 onward refer to people who indicated only one racial identity. Non-Hispanic Whites are used as the comparison group for other race groups and Hispanics. For additional information see <http://www.census.gov/population/www/socdemo/race/racefactcb.html> and <http://www.whitehouse.gov/omb/fedreg/1997standards.html>. Unless otherwise specified, statistics by race reported here include persons of Hispanic origin.

SOURCE: U.S. Census Bureau, Population Estimates and Projections.

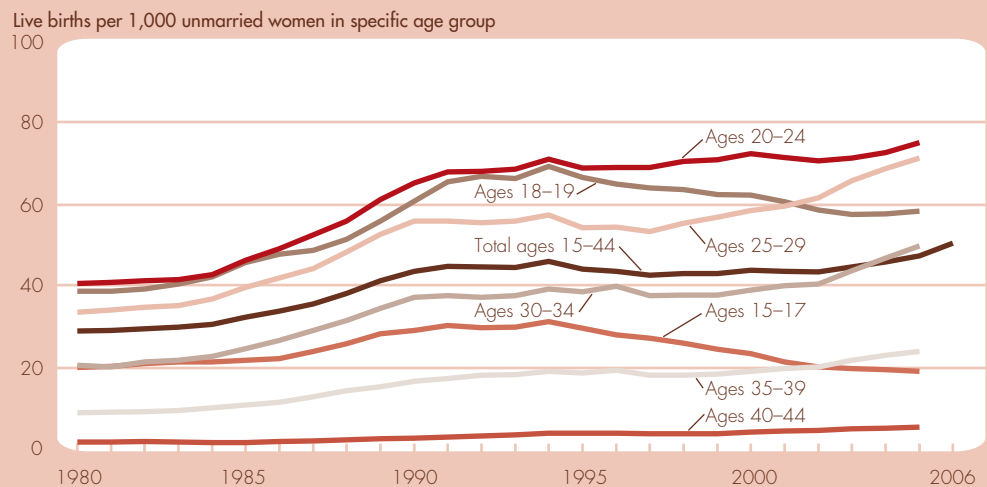


Family and Social Environment

This section presents information on children's families and the social environment in which they live, beginning with indicators on the marital status and age of mothers to whom babies are born. The indicators in this section then examine children's family composition, nativity, and home language. These are followed by information on child maltreatment and teenage births.

There were 51 births for every 1,000 unmarried women ages 15–44 in 2006, up from 48 per 1,000 in 2005 (Figure 2).¹ The birth rate for unmarried women has risen rapidly since 2002. The rate had been relatively stable between the mid-1990s and 2002, following a long-term increase between 1960 and 1994.

Figure 2 Birth rates for unmarried women by age of mother, 1980–2006



NOTE: The 2006 rate for total ages 15–44 is preliminary. 2006 data for specific age groups are not available.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

In 2006, 38 percent of all births were to unmarried women, up from 37 percent in 2005. Between 1980 and 2006, the percentage of births to unmarried women rose sharply for women in all age groups. Among teenagers, the percentage rose from 62 to 92 percent for ages 15–17 and from 40 to 81 percent for ages 18–19. The percentage tripled for births to women in their twenties, from 19 to 58 percent for women ages 20–24 and from 9 to 31 percent for women ages 25–29. The percentage of births to unmarried women in their thirties more than doubled from 8 to 18 percent.²

The percentage of children under age 18 living with two married parents³ fell from 77 percent in 1980 to 68 percent in 2007.⁴ In 2007, 23 percent of children lived with only their mothers, 3 percent lived with only their fathers, 3 percent lived with two unmarried parents, and 4 percent lived with neither of their parents.

¹ Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2007). Births: Preliminary data for 2006. *National Vital Statistics Reports*, 56(7). Hyattsville, MD: National Center for Health Statistics.

² National Center for Health Statistics. National Vital Statistics System. (2007). Unpublished tabulations.

³ Parents can be step, biological, or adoptive.

⁴ U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement (2007).

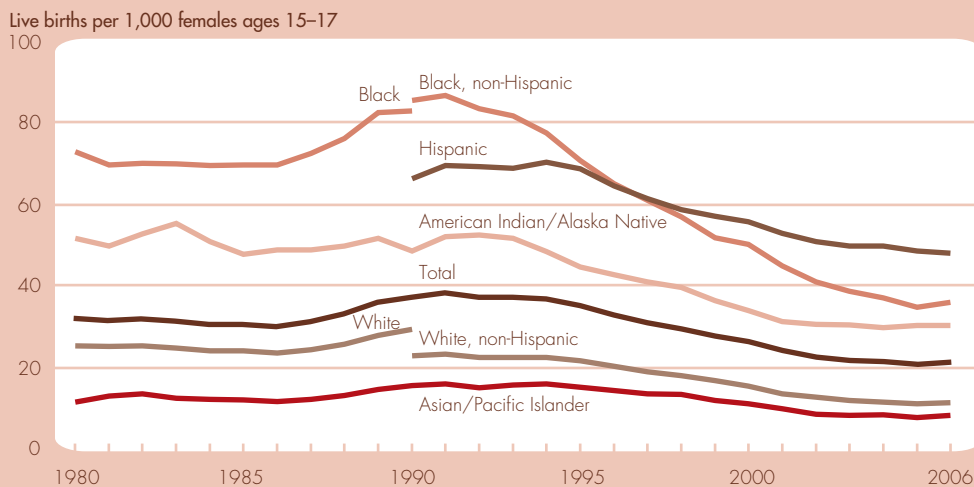
In 2007, 18 percent of children were native-born with at least one foreign-born parent, and 4 percent were foreign-born with at least one foreign-born parent. Overall, the percentage of children living in the United States with at least one foreign-born parent rose from 15 percent in 1994 to 22 percent in 2007.

In 2006, 20 percent of school-age children spoke a language other than English at home and 5 percent of school-age children had difficulty speaking English. The percentage of school-age children who spoke a language other than English at home varied by region, from a low of 11 percent in the Midwest to a high of 34 percent in the West.

Child maltreatment includes physical, sexual, and psychological abuse, as well as neglect (including medical neglect), and is associated with a number of negative outcomes for children.⁵ In 2006, there were 12 substantiated child maltreatment reports per 1,000 children ages 0–17. Younger children were more frequently victims of child maltreatment than older children.

In 2006, the adolescent birth rate⁶ was 22 births per 1,000 young women ages 15–17 (138,920 births), up from 21 births per 1,000 in 2005 (Figure 3). This was the first increase in this measure since the increase between 1990 and 1991.^{7,8,9} Between 1991 and 2005, the birth rate for Black, non-Hispanic teenagers ages 15–17 dropped from 86 to 35 per 1,000 and that for White, non-Hispanic teenagers dropped from 24 to 12 per 1,000.^{7,9} Rates for both groups increased in 2006, while the rate for Hispanic teenagers was not different.

Figure 3 Birth rates for females ages 15–17 by race and Hispanic origin, 1980–2006



NOTE: Data for 2006 are preliminary. Race refers to mother's race. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnic statistics, all data in the figure have been mapped back to the 1977 OMB standard to present consistent categories over time. Rates for 1980–1989 are not shown for Hispanics; White, non-Hispanics; or Black, non-Hispanics because information on Hispanic origin of the mother was not reported on birth certificates of most states and because population estimates by Hispanic ethnicity for the reporting states were not available. For more information, see footnote 7.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

⁵ Office on Child Abuse and Neglect, Department of Health and Human Services. (2003). *A Coordinated Response to Child Abuse and Neglect: The Foundation for Practice*. Retrieved August 28, 2006, from the Child Welfare Information Gateway, <http://www.childwelfare.gov/pubs/usermanuals/foundation/foundation.cfm>.

⁶ The birth rate for adolescents ages 15–17 includes married and unmarried teenagers.

⁷ Martin, J.A., Hamilton, B.E., Sutton, P.D., Ventura, S.J., Menacker, F.J., Kirmeyer, S., and Munson, M.L. (2007). Births: Final data for 2005. *National Vital Statistics Reports*, 56(6). Hyattsville, MD: National Center for Health Statistics.

⁸ Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2007). Births: Preliminary data for 2006. *National Vital Statistics Reports*, 56(7). Hyattsville, MD: National Center for Health Statistics.

⁹ Hamilton, B.E., Sutton, P.D., and 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.



Economic Circumstances

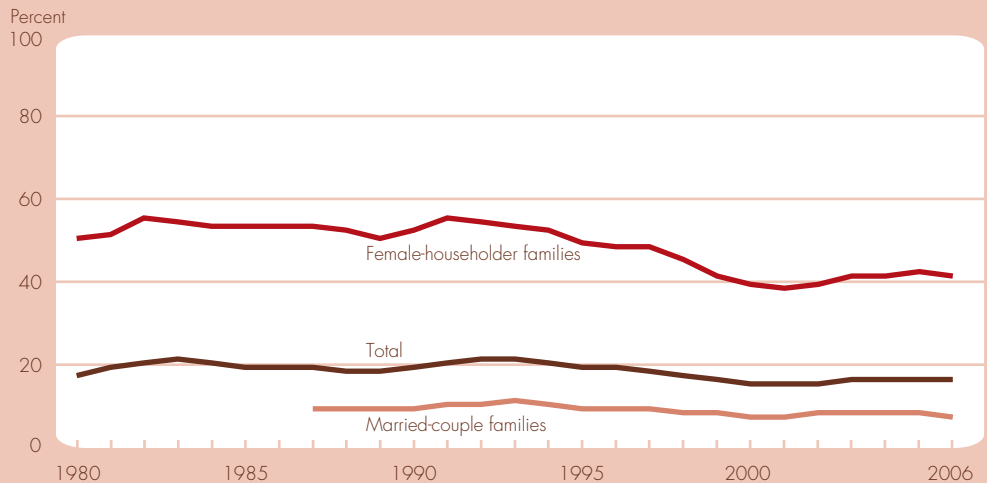
Measures of poverty status,¹⁰ secure parental employment, and food security offer insight into the material well-being of children and factors that affect their health and development.

In 2006, 17 percent of all children ages 0–17 lived in poverty, a percentage which was not different from 2005. The poverty rate for younger children was higher than for older children. About 20 percent of children under 6 years and 16 percent of children 6–17 years lived in poverty in 2006.

The poverty rate was higher for Black children and for Hispanic children than for White, non-Hispanic children. In 2006, 10 percent of White, non-Hispanic children lived in poverty, compared with 33 percent of Black children and 27 percent of Hispanic children.¹¹

Poverty among related children¹² varies greatly by family structure (Figure 4).¹³ In 2006, children living in families with a female head with no husband present (female-householder families) continued to experience a higher poverty rate (42 percent) than children living in married-couple families (8 percent).

Figure 4 Percentage of related children ages 0–17 living in poverty by family structure, 1980–2006



NOTE: Estimates for related children ages 0–17 include children related to the householder (or reference person of an unrelated subfamily) who are not themselves a householder or spouse of the householder (or family reference person). In 2006, the average poverty threshold for a family of four was \$20,614.

SOURCE: U.S. Census Bureau, Current Population Survey, 1981 to 2007 Annual Social and Economic Supplements.

In 2006, 4 percent of White, non-Hispanic children in married-couple families lived in poverty, compared with 33 percent of White, non-Hispanic children in female-householder families. Twelve percent of Black children in married-couple families lived in poverty, compared with 50 percent of Black children in female-householder families. Nineteen percent of Hispanic

¹⁰ Following the Office of Management and Budget's Statistical Policy Directive 14, poverty status is determined by comparing a family's (or 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 2006, the average threshold for a family of four was \$20,614. For further details see <http://www.census.gov/hhes/www/poverty/poverty.html>.

¹¹ Beginning in 2003, the Current Population Survey asked respondents to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Hispanic children may be of any race.

¹² A related child is a person ages 0–17 who is related to the householder (or reference person of an unrelated subfamily) by birth, marriage, or adoption, but is not the householder or the householder's spouse (or family reference person).

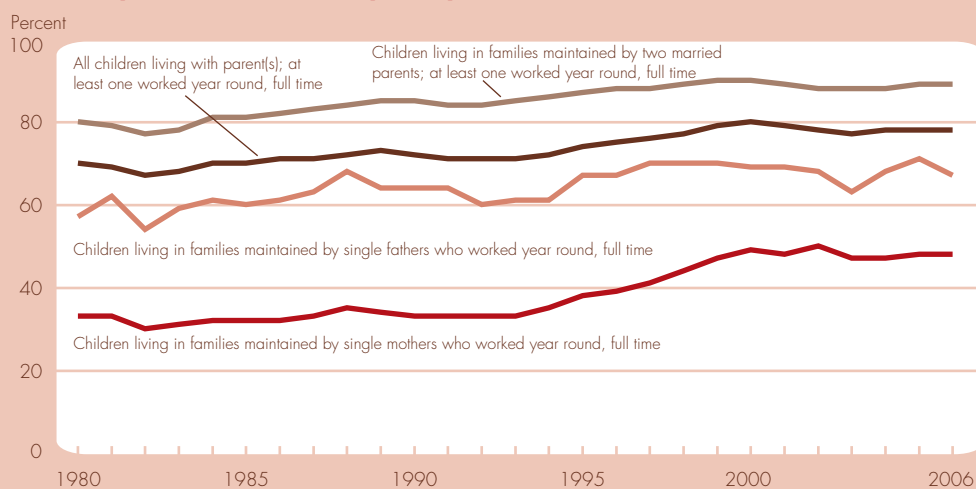
¹³ Estimates based on the official definition of poverty include estimates for children in two ways—estimates for all people in the poverty universe ages 0–17 and estimates for related children. This paragraph only reports family characteristics for children living with their families as defined by the related children concept. About 1.1 million children ages 15 to 17 are excluded from the group of related children. Non-Hispanic Whites are used as the comparison group for other race groups and Hispanics.

children in married-couple families lived in poverty, compared with 47 percent of Hispanic children in female-householder families.¹⁴

Secure parental employment reduces the incidence of poverty and its related risks to children. Since most parents who obtain health insurance for themselves and their children do so through their employers, a secure job can also be a key factor in determining whether children have access to health care.

In 2006, the percentage of children who had at least one parent working year round, full time was 78 percent; this was not different from 2005, but was below its peak of 80 percent in 2000 (Figure 5). This percentage has remained relatively high thus far in this decade; in 1990, the percentage was 72 percent. Children living in poverty were less likely to have a parent with year-round, full-time employment than children living at or above the poverty threshold (33 percent and 88 percent, respectively, in 2006).

Figure 5 Percentage of children ages 0-17 living with at least one parent employed year round, full time by family structure, 1980-2006



SOURCE: U.S. Bureau of Labor Statistics, Current Population Survey, Annual Social and Economic Supplements.

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 enough food for active, healthy lives for all family members. About 17 percent of children (12.6 million) lived in households that were food insecure at times in 2006, a percentage not different from 2005 but lower than the 19 percent observed in 2004.¹⁵ About 0.6 percent (430,000 children) lived in households with very low food security among children as well as adults, down from 0.8 percent in 2005.¹⁶

¹⁴ The poverty rate for Black children in female-householder families was not statistically different from that of Hispanic children in female-householder families.

¹⁵ The food security status of households is assessed based on self-reports of 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 were also disrupted to some extent and the quality and variety of their diets were adversely affected. See Nord, M. (2002). *Food Insecurity in Households with Children* (Food Assistance and Nutrition Research Report FANRR34-13). Washington, DC: United States Department of Agriculture, Economic Research Service. Retrieved from <http://www.ers.usda.gov/publications/fanrr34/fanrr34-13>.

¹⁶ In households 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.



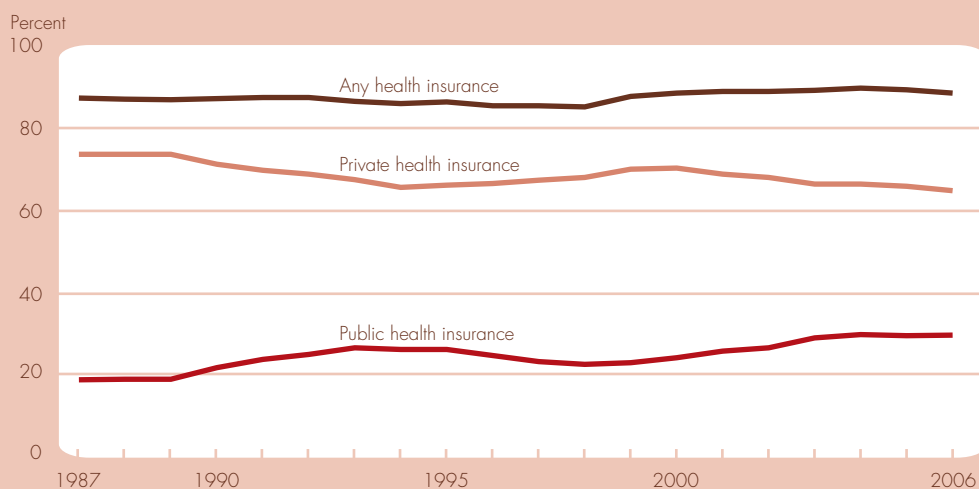
Health Care

Health care includes 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 outcomes. The following health care indicators—health insurance coverage, usual source of health care, oral health, and childhood immunization—provide information on determinants and measures of health care utilization for children.

In 2006, 88 percent of children had health insurance coverage at least some time during the year, down from 89 percent in 2005 (Figure 6). The number of children without coverage for the entire year was 8.7 million (12 percent of all children). Since 1996, between 85 and 90 percent of children have had health insurance at some point in each year.

At some point during 2006, 65 percent of children were covered by private health insurance and 30 percent of children were covered by public health insurance. Children under 6 were more likely to be covered by public health insurance (35 percent) than children 12–17 years old (25 percent).

Figure 6 Percentage of children ages 0–17 covered by health insurance by type of health insurance, 1987–2006



NOTE: Public health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Children are considered to be covered by health insurance if they had public or private coverage any time during the year. The data from 1996 to 2004 have been revised since initially published. For more information, see <http://www.census.gov/hhes/www/hlthins/usernote/schedule.html>.

SOURCE: U.S. Census Bureau, unpublished tables from the Current Population Survey, 1988 to 2007 Annual Social and Economic Supplements.

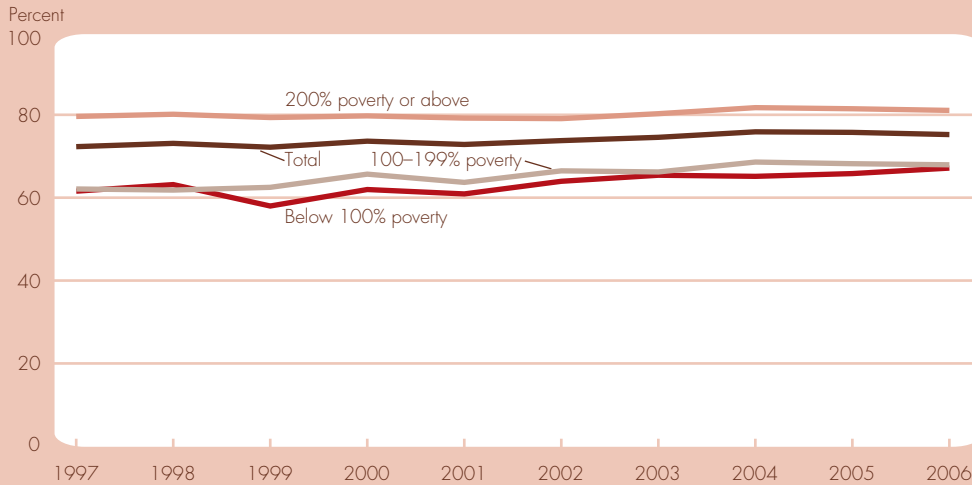
Having a usual source of care—a particular person or place a child goes to for sick and preventive care—facilitates the timely and appropriate use of pediatric services.^{17,18} In 2006, 6 percent of children had no usual source of health care; this was no different from the percentage in 2005. Children who were uninsured were nearly 14 times as likely as those with private insurance not to have a usual source of care (almost 30 percent compared with about 2 percent in 2006).

¹⁷ Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics, 10* (Series 196). Hyattsville, MD: National Center for Health Statistics.

¹⁸ Folton, G.L. (1995). Critical issues in urban emergency medical services for children. *Pediatrics, 96*(2), 174–179.

Good oral health requires professional dental care as well as routine personal care.¹⁹ The American Academy of Pediatric Dentistry recommends regular dental visits beginning at 1 year of age.²⁰ In 2006, 76 percent of children ages 2–17 had a dental visit in the past year (Figure 7). This percentage has remained relatively constant since 1997, ranging from 73 to 76 percent. Among children living in families with incomes less than 200 percent of the poverty threshold, 68 percent had a dental visit in the past year, compared with 82 percent of children in families with incomes of 200 percent or more of the poverty threshold.

Figure 7 Percentage of children ages 2–17 with a dental visit in the past year by poverty status, 1997–2006



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: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Immunization rates measure another aspect of health care utilization—the extent to which children are being protected from vaccine-preventable diseases. In 2006, 81 percent of children ages 19–35 months received the recommended combined five-vaccine series (often referred to as the 4:3:1:3:3 combined series).²¹ Overall, coverage with the combined series has increased since 1996. In 2006, coverage with the series was higher among White, non-Hispanic children (82 percent) than among Black, non-Hispanic (77 percent) or Hispanic children (80 percent).²²

¹⁹ U.S. Department of Health and Human Services. (2000). *Oral Health in America: A Report of the Surgeon General*. Rockville, MD: Health and Human Services, National Institutes of Health, National Institute of Dental and Craniofacial Research.

²⁰ American Academy of Pediatric Dentistry. (1999). *Handbook of Pediatric Dentistry*. Chicago, IL: The Academy.

²¹ The combined series includes ≥4 doses of diphtheria, tetanus toxoids, and pertussis vaccines, diphtheria and tetanus toxoids, or diphtheria, tetanus toxoids, and any acellular pertussis vaccine (DTP/DT/DTaP); ≥3 doses of poliovirus; ≥1 dose of any measles-containing vaccine; ≥3 doses of Haemophilus influenzae type b (Hib) vaccine; plus ≥3 doses of Hepatitis B vaccine. The recommended 2008 immunization schedule for children is available at <http://www.cdc.gov/vaccines/recs/schedules/child-schedule.htm#printable>.

²² In this survey, respondents were asked to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Hispanic children may be of any race.



Physical Environment and Safety

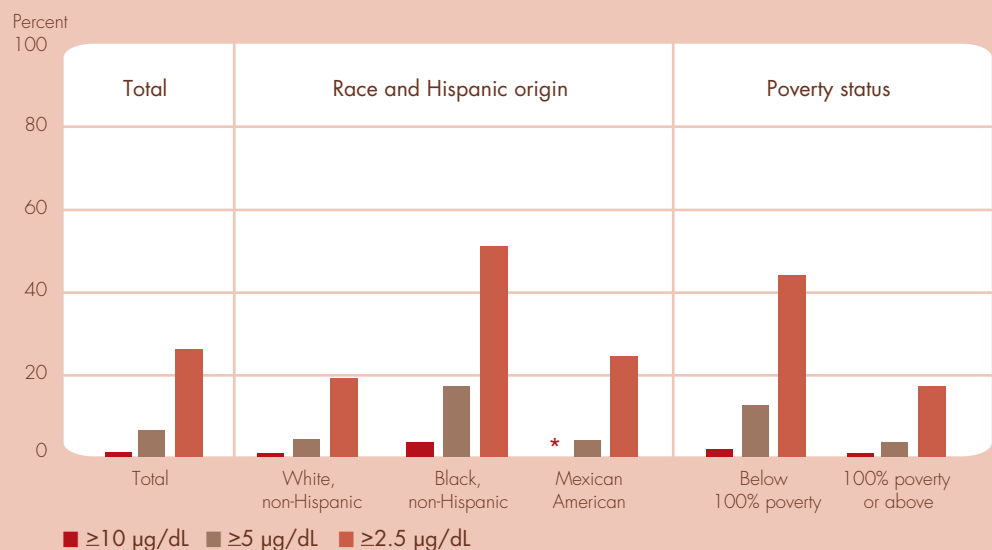
Children’s physical environments should support their healthy development and be safe from hazardous conditions. Indicators of physical environment and safety include exposure to air pollutants, drinking water contaminants, and lead, as well as measures of housing problems and deaths from injury.

In 2006, 55 percent of children lived in counties in which one or more air pollutants rose above allowable levels established by the Primary National Ambient Air Quality Standards,²³ an improvement from 65 percent in 1999. The allowable level for ozone is the standard exceeded most often. Ozone, as well as particulate matter, can cause respiratory problems and aggravate respiratory diseases, such as asthma, in children.^{24,25} In 2006, approximately 13 percent of children lived in counties that exceeded the annual allowable level for fine particulate matter less than 2.5 microns in diameter, compared with 24 percent in 1999.

The percentage of children served by community drinking water systems that did not meet all applicable health-based standards declined from 20 percent in 1993 to about 8 percent in 1999. During the period 1999–2006, this percentage has fluctuated between 5 and 12 percent, and was 10 percent in 2006.

In 2003–2004, the median blood lead concentration for children ages 1–5 was 2 µg/dL, a drop from 14 µg/dL in 1976–1980. Percentages of children with specified blood lead levels differ by race, ethnicity, and income (Figure 8). There is no “safe” concentration of lead in blood; however, a blood lead level of 10 micrograms per deciliter (µg/dL) or greater is

Figure 8 Percentage of children ages 1–5 with specified blood lead levels by race and Hispanic origin and poverty status, 2001–2004



* Data for ≥10 µg/dL not shown. Estimate is considered unreliable (relative standard error is greater than 40 percent).

NOTE: Data from combined samples for 2001–2004. In this survey, respondents were asked to choose one or more races. All race groups in this figure refer to people who indicated only one racial identity. Mexican American children may be of any race.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health and Nutrition Examination Survey.

²³ Primary National Ambient Air Quality Standards are for six principal air pollutants: ozone, particulate matter, sulfur dioxide, nitrogen dioxide, carbon monoxide, and lead.

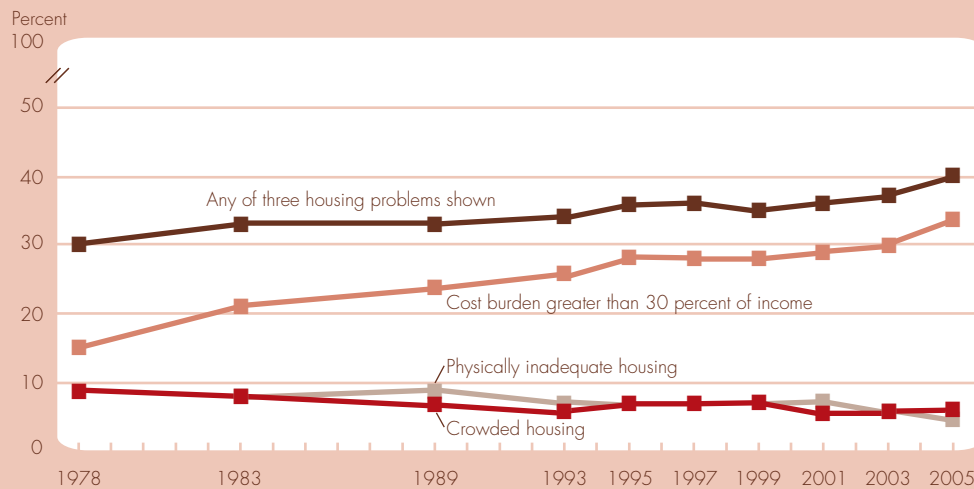
²⁴ U.S. EPA. Air Quality Criteria for Ozone and Related Photochemical Oxidants (Final). U.S. Environmental Protection Agency, Washington, DC, EPA/600/R-05/004aF-cF, 2006.

²⁵ U.S. EPA. Air Quality Criteria for Particulate Matter (October 2004). U.S. Environmental Protection Agency, Washington, DC, EPA 600/P-99/002aF-bF, 2004.

considered “elevated,” and is a level at which children experience, on average, a decrease of 6 points in IQ.²⁶

Inadequate, crowded, or costly housing can pose serious problems to children’s physical, psychological, and material well-being. In 2005, 40 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or a housing-cost burden of more than 30 percent of household income (Figure 9).²⁷ Cost burdens have driven significant increases in the incidence of problems since 2003, when 37 percent of households had one or more of these housing problems, as well as over the long term. Severe cost burdens—housing costs exceeding 50 percent of income—are especially prevalent among the lowest-income renters, affecting 45 percent of very-low-income renters with children in 2005.^{28,29}

Figure 9 Percentage of households with children ages 0–17 that reported housing problems by type of problem, selected years 1978–2005



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

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

In 2005, injury deaths among adolescents ages 15–19 were 50 deaths per 100,000 adolescents, a decrease from 51 deaths per 100,000 in 2004. However, deaths among adolescents due to homicides increased in 2005 for the first time since 1993.³⁰ The homicide rate among Black males is particularly high and increased from 55 deaths per 100,000 adolescents ages 15–19 in 2004 to 60 deaths per 100,000 in 2005. Firearms account for the majority of homicides; 2005 also marked the first increase in the firearm homicide rate since 1993.

²⁶ Lanphear, B.P., Hornung, R., Khoury, J., Yolton, K., Baghurst, P., Bellinger, D.C., Canfield, R.L., Dietrich, K.N., Bornschein, R., Greene, T., Rothenberg, S.J., Needleman, H.L., Schnaas, L., Wasserman, G., Graziano, J., and Roberts, R. (2005). Low-level environmental lead exposure and children’s intellectual function: An international pooled analysis. *Environmental Health Perspectives*, 113(7), 894–899.

²⁷ Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. See National Academy of Sciences. (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press.

²⁸ Income-eligible families who report either severe housing cost burdens or severe physical problems with their housing and do not receive rental assistance are considered by the U.S. Department of Housing and Urban Development to have “priority” housing problems. Because of questionnaire changes, 1997 and 1999 data on assisted families, priority problems, and severe physical problems are not comparable to earlier data.

²⁹ The U.S. Department of Housing and Urban Development defines “very-low-income renters” as renter households with incomes at or below half the median family income, adjusted for family size, within their geographic area. See *Affordable Housing Needs 2005: Report to Congress*. Washington, DC: U.S. Department of Housing and Urban Development (2007). Retrieved January 2008 from <http://www.huduser.org/publications/affhsg/affhsgneeds.html>.

³⁰ Kung, H.C., Hoyert, D.L., Xu, J.Q., and Murphy, S.L. (2008). Deaths: Final data for 2005. *National Vital Statistics Reports*, 56(10). Hyattsville, MD: National Center for Health Statistics.

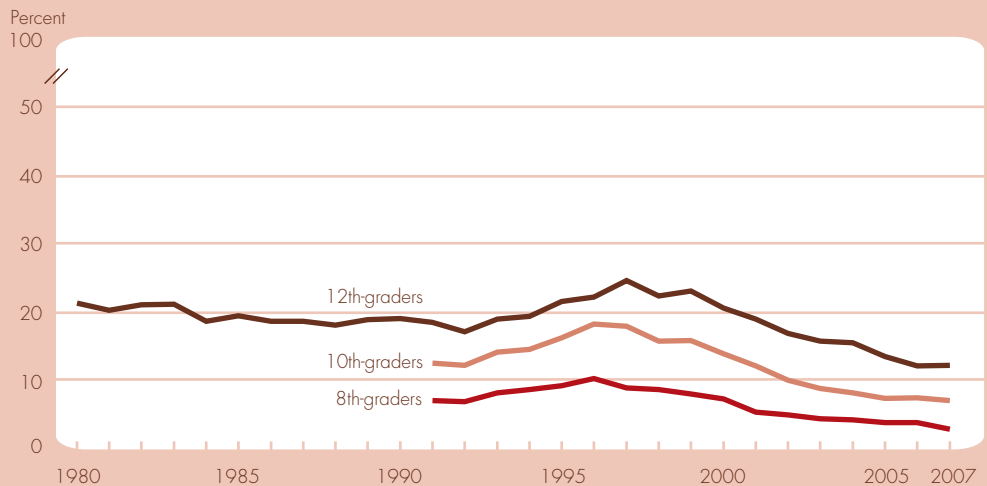


Behavior

Adolescent participation in high-risk or illegal behaviors can have severe, long-term consequences for our youth and our society. These behaviors include cigarette smoking, drinking alcohol, using illicit drugs, engaging in sexual activity, and participating in violent crimes.

Cigarette smoking has serious health consequences; it is estimated that more than 6 million of today's underage smokers will die of tobacco-related illnesses.³¹ Cigarette smoking rates among adolescents have reached their lowest levels since the inception of the survey that measures these rates.³² In 2007, 3 percent of 8th-graders reported smoking cigarettes daily over the past 30 days, down from 4 percent in 2006 (Figure 10). This percentage is a decline from 1996, when 10 percent of 8th-graders reported smoking cigarettes daily. In 2007, 7 percent of 10th-graders and 12 percent of 12th-graders reported smoking cigarettes daily—down from peaks of 18 percent of 10th-graders in 1996 and 25 percent of 12th-graders in 1997.

Figure 10 Percentage of 8th-, 10th-, and 12th-grade students who reported smoking cigarettes daily over the past 30 days by grade, 1980–2007



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

Alcohol use by adolescents can also have severe consequences: its use is associated with motor vehicle accidents, injuries, and deaths; problems in school; and fighting and crime.³³ Early onset of heavy drinking, defined here as five or more alcoholic beverages in a row during a single occasion in the previous 2 weeks, may be especially problematic, potentially increasing the likelihood of these negative outcomes. Heavy drinking declined from 15 percent in 1995 to 10 percent in 2007 for 8th-graders, from 24 to 22 percent for 10th-graders, and from 30 to 26 percent for 12th-graders.

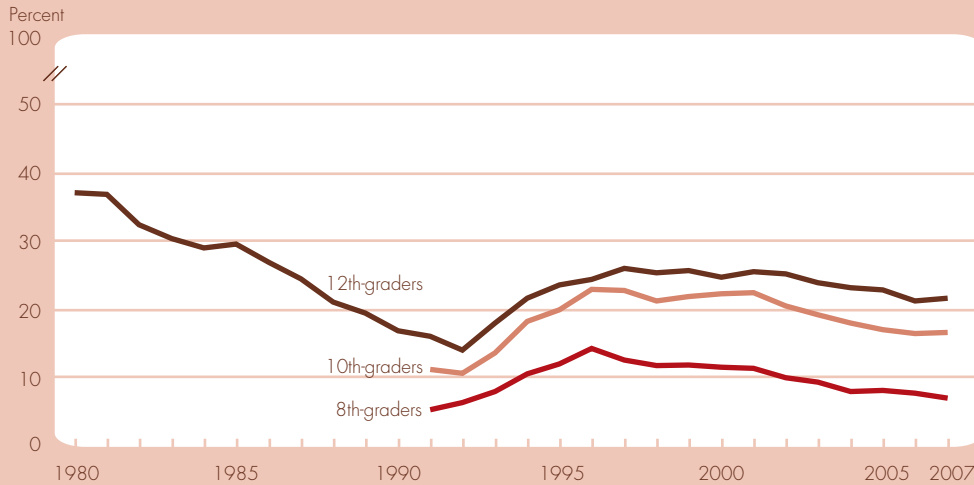
³¹ Hahn, E.J., Rayens, M.K., Chaloupka, F.J., Okoli, C.T.C., and Yang, J. (2002). Projected smoking-related deaths among U.S. youth: A 2000 update. Robert Wood Johnson Foundation ImpacTeen Research Paper Series, No. 22.

³² The survey, Monitoring the Future, began assessing cigarette smoking among 12th-graders in 1975, and among 8th- and 10th-graders in 1991.

³³ National Institute on Alcohol Abuse and Alcoholism. (2004/2005). Alcohol development in youth—A multidisciplinary overview. *Alcohol Research & Health*, 28(3).

Recent illicit drug use among youth changed little from 2006 to 2007. In 2007, 7 percent of 8th-graders, 17 percent of 10th-graders, and 22 percent of 12th-graders reported illicit drug use in the past 30 days (Figure 11). These statistics represent declines from peaks of 15 percent for 8th-graders and 23 percent for 10th-graders in 1996, and 26 percent for 12th-graders in 1997.

Figure 11 Percentage of 8th-, 10th-, and 12th-grade students who have used illicit drugs in the previous 30 days by grade, 1980–2007



NOTE: Use of “any illicit drug” includes any use of marijuana, LSD, other hallucinogens, crack, other cocaine, or heroin, or any use of other narcotics, amphetamines, barbiturates, or tranquilizers not under a doctor’s orders. For 8th- and 10th-graders, the use of other narcotics and barbiturates has been excluded because these younger respondents appear to overreport use (perhaps because they include the use of nonprescription drugs in their responses).

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

Early sexual activity is associated with emotional^{34,35} and physical health risks. Youth who engage in sexual activity are at risk of contracting sexually transmitted infections (STIs) and becoming pregnant. The percentage of students in grades 9–12 who reported ever having had sexual intercourse declined from 54 percent in 1991 to 46 percent in 2001 and remained stable from 2001 to 2005. In 2005, 18 percent of students in grades 9–12 who had sexual intercourse in the past 3 months reported that they or their partner had used birth control pills before their last sexual intercourse and 63 percent reported condom use. While there was no statistically significant change in the use of birth control pills, condom use among high school students has increased from 1991 (from 46 percent to 63 percent).

One measure of youth violence in society is the rate of serious crimes by youth perpetrators. In 2005, the rate of serious violent crime³⁶ offenses was 17 crimes per 1,000 juveniles ages 12–17, totaling 437,000 such crimes involving juveniles. While this is somewhat higher than the 2004 rate of 14 crimes per 1,000 juveniles, it is significantly lower than the rate of 52 crimes per 1,000 juveniles in 1993.

³⁴ Hallfors, D., Waller, M., Bauer, D., Ford, C., and Halpern, C. (2005). Which comes first in adolescence—sex and drugs or depression? *American Journal of Preventive Medicine*, 29(3), 163–170.

³⁵ Meier, A.M. (2007). Adolescent first sex and subsequent mental health. *American Journal of Sociology* 112(6): 1811–47.

³⁶ Serious violent crimes include aggravated assault, rape, robbery (stealing by force or threat of violence), and homicide.



Education

Education shapes the personal growth and life chances of children, as well as the economic and social progress of our Nation. Early educational experiences of young children, such as being read to daily, encourage the development of essential skills and prepare children for success in school.³⁷ Later aspects of academic performance, such as mastering mathematics, reading, and other subjects; completing high school; and enrolling in college, provide opportunities for further education and future employment.

In 2005, 60 percent of children ages 3–5 were read to daily by a family member, an increase from 53 percent in 1993, when the data were first collected. Children in families with incomes of 200 percent or more of the poverty threshold were more likely to be read to daily by a family member (65 percent) than were children in families with incomes 100–199 percent of the poverty threshold (60 percent) or those in families with incomes below the poverty threshold (50 percent) in 2005.

The National Assessment of Educational Progress (NAEP) measures national trends in student performance in mathematics, reading, and other academic subjects. Average NAEP mathematics scores for 4th- and 8th-graders were higher in 2007 than in all previous assessments (Figure 12), with 39 percent of 4th-graders and 32 percent of 8th-graders at or above the *Proficient* level, a level that indicates solid academic achievement.³⁸

Figure 12 Average mathematics scale scores for students in grades 4, 8, and 12, selected years 1990–2007



NOTE: Data are available for 1990, 1992, 1996, 2000, 2003, 2005, and 2007, although the 2003 and 2007 assessments only included grades 4 and 8. The 2005 assessment included a 12th-grade component, but the National Assessment Governing Board introduced changes in the 2005 NAEP mathematics framework for grade 12 in both the assessment content and administration procedures. As a result, the 12th-grade assessment results cannot be compared with those of previous assessments. In early years of the assessment, testing accommodations (e.g., extended time, small group testing) for children with disabilities and limited-English-proficient students were not permitted. In 1996, scores are shown for both the assessments 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.

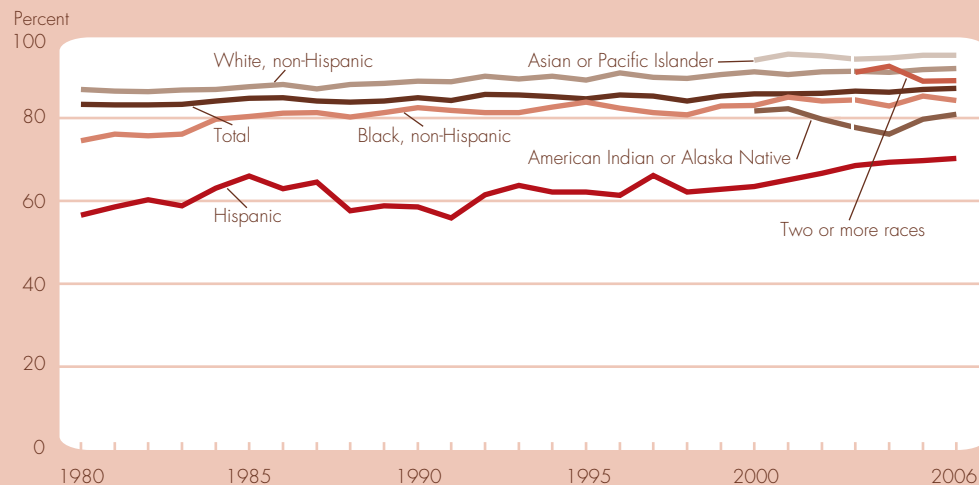
³⁷ Snow, C.E., Burns, M.S., and Griffin, P. (Eds.). (1998). *Preventing reading difficulties in young children*. Washington, DC: National Academy Press.

³⁸ The achievement levels define what students should know and be able to do at each grade. They are set by the National Assessment Governing Board (NAGB) and have undergone several evaluations but remain developmental in nature and continue to be used on a trial basis. Until the Commissioner of the National Center for Education Statistics determines that the levels are reasonable, valid, and informative to the public, they should be interpreted and used with caution. For more information, see <http://nces.ed.gov/nationsreportcard/>.

Average NAEP reading scores at 4th grade increased 4 points (on a scale of 0–500) between 1992 and 2007. At 8th grade, reading scores in 2007 had increased 1 point from 2005 and 3 points from 1992. At 12th grade, reading scores declined between 1992 and 2005 (the most recent year of data). In 2007, 33 percent of 4th-graders were at or above the *Proficient* achievement level in reading, a higher percentage than in all previous assessments. At 8th grade, 31 percent of students were at or above *Proficient*, a percentage not statistically different than in 1992. At 12th grade, 35 percent of students were at or above *Proficient* in 2005, 5 percentage points lower than in 1992.

In 2006, 88 percent 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 (Figure 13). This percentage represents a slight increase since 1980, when it was 84 percent. Among White, non-Hispanics, the high school completion rate increased from 88 to 92 percent between 1980 and 2002, then remained stable through 2006. The rate at which Black, non-Hispanic youth completed high school increased between 1980 and 1990, from 75 percent to 83 percent. It has fluctuated since then and, at 85 percent in 2006, the rate was not statistically different from 1990. Among Hispanics, the high school completion rate increased from 57 percent in 1980 to 71 percent in 2006.

Figure 13 Percentage of young adults ages 18–24 who have completed high school by race and Hispanic origin, 1980–2006



NOTE: Percentages are based only on those not currently enrolled in high school or below. Prior to 1992, this indicator was measured as completing 4 or more years of high school rather than the actual attainment of a high school diploma or equivalent. For all years, data on race and Hispanic origin are collected separately, and five race categories are used. Until 2002, respondents were asked to report only one race and were classified into a single race category. From 2003 onward, respondents could choose more than one race. Those reporting more than one race were classified as “Two or more races.” Thus, data from 2003 onward are not directly comparable with data from earlier years. Persons of Hispanic origin may be of any race; race categories exclude persons of Hispanic ethnicity.

SOURCE: U.S. Census Bureau, Current Population Survey, School Enrollment Supplement (1980–2006).

In 2006, 66 percent of high school completers³⁹ enrolled immediately in a 2-year or 4-year college. This rate has trended upward from 49 percent in 1980; however, the rate has fluctuated from year to year. Between 1980 and 2005, the immediate enrollment rate for White, non-Hispanic high school completers increased from 50 to 73 percent, then decreased to 69 percent in 2006. Among Black, non-Hispanics, it increased from 43 to 55 percent between 1980 and 2006. Among Hispanics, it has fluctuated greatly, very likely due to small sample sizes. For this reason, a 3-year moving average is used to measure the trend. However, the apparent difference between the moving average in 1980 (50 percent) and 2005 (58 percent) is not statistically significant.

³⁹ Refers to those who completed 12 years of school for survey years 1980–1991 and to those who earned a high school diploma or equivalent (e.g., a General Educational Development [GED] certificate) for all years since 1992.

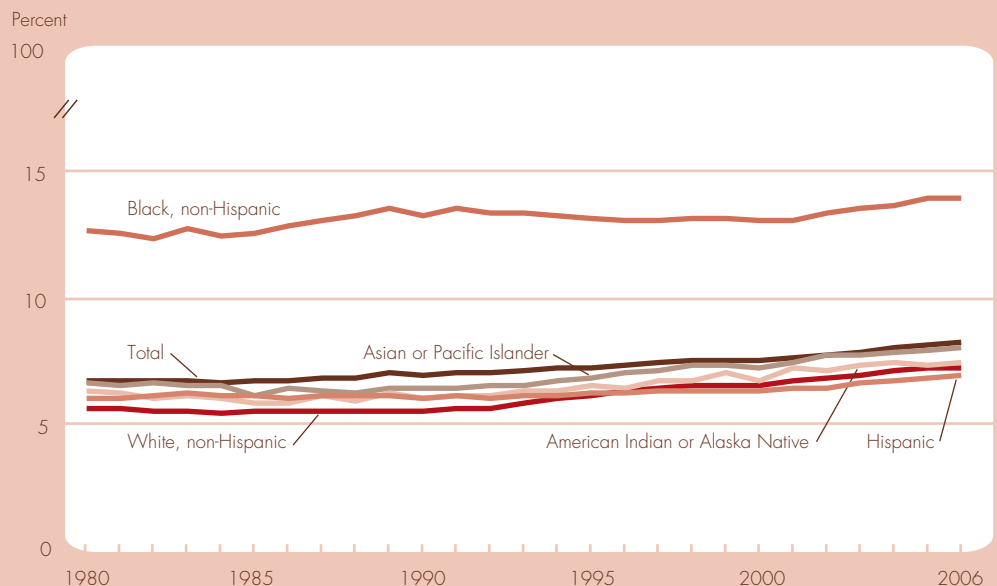


Health

Children's health is influenced by their biology, social and physical environment, and behaviors, as well as the availability of services. This section presents information about indicators of key health conditions, including low birthweight, emotional and behavioral difficulties, asthma, and overweight, that may result from a combination of these influences.

Low birthweight⁴⁰ (LBW) is an important risk factor for future health conditions, disability, and death. The percentage of infants born LBW has increased for more than two decades. In 2006, 8.3 percent of infants were born LBW, up from 8.2 in 2005, 8.1 in 2004, and 7.0 in 1990 (Figure 14). A number of factors may have contributed to this increase: the increases in multiple births, which are more likely to result in LBW infants than singleton births (though singleton LBW has also increased); obstetric interventions such as induction of labor and cesarean delivery; infertility therapies; and delayed childbearing. In 2006, the percentage of Black, non-Hispanic infants born LBW (14.0 percent) continued to be higher than that of any other reported racial or ethnic group, even when maternal age is taken into account.⁴¹

Figure 14 Percentage of infants born with low birthweight by mother's race and Hispanic origin, 1980-2006



NOTE: Data for 2006 are preliminary. Race refers to mother's race. Although state reporting of birth certificate data is transitioning to comply with the 1997 OMB standard for race and ethnic statistics, all data in the figure have been mapped back to the 1977 OMB standard to present consistent categories over time. Trend data for births to Hispanic and to White, non-Hispanic, and Black, non-Hispanic, women are affected by the increasing number of states in which an item on Hispanic origin is included on the birth certificate.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System.

Parents' reports of their children's serious emotional and behavioral difficulties are a crucial first step to alerting doctors and obtaining needed mental health services. In 2006, 5 percent of parents reported that their child had definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people. The rate at which boys were reported as having such difficulties (7 percent) was twice the rate for girls (3 percent). Among

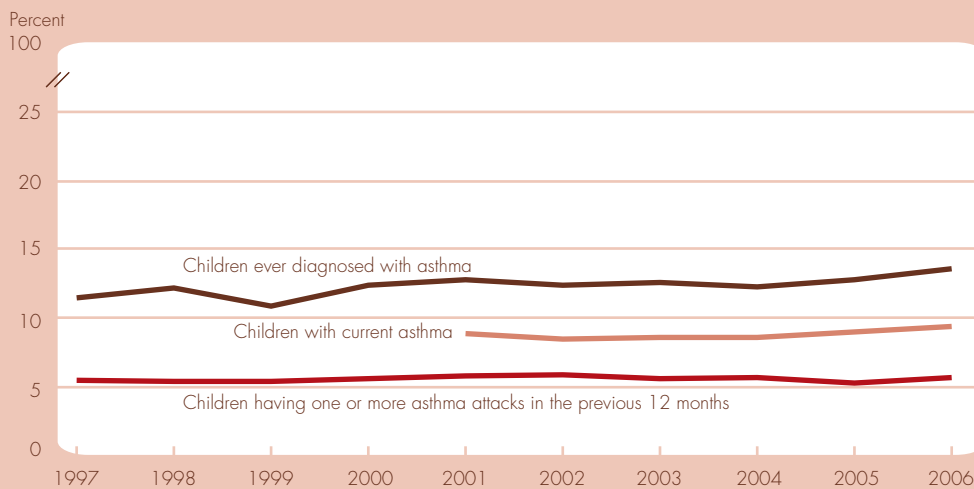
⁴⁰ Infants born weighing less than 2,500 grams, or 5 lb. 8 oz.

⁴¹ Hamilton, B.E., Martin, J.A., and Ventura, S.J. (2007). Births: Preliminary data for 2006. *National Vital Statistics Reports*, 56(7). Hyattsville, MD: National Center for Health Statistics.

parents of children with serious difficulties, 84 percent reported that they contacted a health care provider or school staff about their child's difficulties, 49 percent reported that medications were prescribed for their child, and 44 percent reported that their child received treatment other than medication.

Asthma is a leading chronic disease among children, and rates of childhood asthma have remained at historically high levels since the 1990s. In 2006, 9 percent of children had current asthma (Figure 15). This includes children with active asthma symptoms and those with well-controlled asthma. This percentage has not significantly changed since 2001. There are differences by race/ethnicity among children in the United States with asthma: in 2006, the highest rates of current asthma were reported among Black, non-Hispanic children (13 percent) and Puerto Rican children (26 percent), compared with the lowest rates of asthma among White, non-Hispanic children (9 percent) and Asian children (6 percent).⁴² In 2006, nearly 6 percent of all children had one or more asthma attacks in the previous 12 months.

Figure 15 Percentage of children ages 0–17 with asthma, 1997–2006



NOTE: Children are identified as having 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 with current asthma.

SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

Children with chronic conditions, such as asthma or emotional or behavioral difficulties, can be limited in their ability to fully participate in age-appropriate activities. In 2006, 9 percent of children were reported by parents as having activity limitation due to chronic conditions. This rate has remained stable since 2001.

The percentage of overweight children is a public health challenge. In 1976–1980, only 6 percent of children ages 6–17 were overweight. By 1988–1994, this percentage had risen to 11 percent, and it continued to rise to 15 percent in 1999–2000. Most recently, in 2005–2006, 17 percent of children ages 6–17 were overweight. While there was an increase in overweight among U.S. children between 1988–1994 and 2003–2004, the percentage of overweight children did not significantly change between 2003–2004 and 2005–2006.

⁴² In this survey, respondents were asked to choose one or more races. All race groups discussed in this paragraph refer to people who indicated only one racial identity. Hispanic children may be of any race.

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	73.7 million (2006)	73.9 million (2007)	↑
Children as a proportion of the population*			
Children ages 0–17 in the United States	24.6% (2006)	24.5% (2007)	↓
Racial and ethnic composition*			
Children ages 0–17 by race and ethnic group			
White	76.2% (2006)	76.2% (2007)	NS
White, non-Hispanic	57.6% (2006)	57.0% (2007)	↓
Black	15.4% (2006)	15.4% (2007)	NS
Asian	4.0% (2006)	4.1% (2007)	↑
All other races	4.3% (2006)	4.3% (2007)	NS
Hispanic (of any race)	20.3% (2006)	20.9% (2007)	↑
Family and Social Environment			
Family structure and children's living arrangements			
Children ages 0–17 living with two married parents	67.4% (2006)	67.8% (2007)	NS
Births to unmarried women			
Births to unmarried women ages 15–44	48 per 1,000 (2005)	51 per 1,000 (2006)	↑
All births that are to unmarried women	37% (2005)	38% (2006)	↑
Child care			
Children ages 0–6, not yet in kindergarten, who received some form of nonparental child care on a regular basis	61.2% (2001)	60.8% (2005)	NS
Children ages 0–4, with employed mothers, whose primary child care arrangement is with a relative	45.5% (2002)	47.9% (2005)	NS
Children of at least one foreign-born parent			
Children ages 0–17 living with at least one foreign-born parent	20.7% (2006)	21.9% (2007)	↑
Language spoken at home and difficulty speaking English			
Children ages 5–17 who speak a language other than English at home	19.9% (2005)	20.3% (2006)	↑
Children ages 5–17 who have difficulty speaking English and speak a language other than English at home	5.3% (2005)	5.2% (2006)	↓
Adolescent births			
Births to females ages 15–17	21 per 1,000 (2005)	22 per 1,000 (2006)	↑
Child maltreatment			
Substantiated reports of maltreatment of children ages 0–17	12.1 per 1,000 (2005)	12.1 per 1,000 (2006)	NS

* Population estimates are not sample derived and therefore not subject to statistical testing. Change between years identifies differences in the proportionate size of these estimates as rounded. 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			
Children ages 0–17 in poverty	17.6% (2005)	17.4% (2006)	NS
Secure parental employment			
Children ages 0–17 living with at least one parent employed year round, full time	78.3% (2005)	78.2% (2006)	NS
Food security			
Children ages 0–17 in households classified by USDA as “food insecure”	16.9% (2005)	17.2% (2006)	NS
Health Care			
Health insurance coverage			
Children ages 0–17 covered by health insurance	89.1% (2005)	88.3% (2006)	↓
Usual source of health care			
Children ages 0–17 with no usual source of health care	5% (2005)	6% (2006)	NS
Childhood immunization			
Children ages 19–35 months with the 4:3:1:3:3 combined series of vaccinations	80.8% (2005)	80.5% (2006)	NS
Oral health			
Children ages 2–17 with a dental visit in the past year	76.2% (2005)	75.7% (2006)	NS
Physical Environment and Safety			
Outdoor and indoor air quality			
Children ages 0–17 living in counties in which levels of one or more air pollutants rose above allowable levels	60% (2005)	55% (2006)	NS
Drinking water quality			
Children served by community water systems that did not meet all applicable health-based drinking water standards	12% (2005)	10% (2006)	NS
Lead in the blood of children			
Median blood lead concentration for children ages 1–5	1.6 µg/dL (2001–2002)	1.6 µg/dL (2003–2004)	NS
Housing problems			
Households with children ages 0–17 reporting shelter cost burden, crowding, and/or physically inadequate housing	37% (2003)	40% (2005)	↑
Youth victims of serious violent crimes			
Serious violent crime victimization of youth ages 12–17	11 per 1,000 (2004)	14 per 1,000 (2005)	NS
Child injury and mortality			
Injury deaths of children ages 1–4	12.9 per 100,000 (2004)	13.0 per 100,000 (2005)	NS
Injury deaths of children ages 5–14	8.2 per 100,000 (2004)	7.7 per 100,000 (2005)	↓

Legend

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

America's Children at a Glance

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Physical Environment and Safety—continued			
Adolescent injury and mortality			
Injury deaths of adolescents ages 15–19	51.3 per 100,000 (2004)	49.8 per 100,000 (2005)	↓
Behavior			
Regular cigarette smoking			
Students who reported smoking daily over the past 30 days			
8th-graders	4% (2006)	3% (2007)	↓
10th-graders	8% (2006)	7% (2007)	NS
12th-graders	12.2% (2006)	12.3% (2007)	NS
Alcohol use			
Students who reported having five or more alcoholic beverages in a row in the last 2 weeks			
8th-graders	11% (2006)	10% (2007)	NS
10th-graders	21.9% (2006)	21.9% (2007)	NS
12th-graders	25% (2006)	26% (2007)	NS
Illicit drug use			
Students who reported using illicit drugs over the past 30 days			
8th-graders	8% (2006)	7% (2007)	NS
10th-graders	16.8% (2006)	16.9% (2007)	NS
12th-graders	21.5% (2006)	21.9% (2007)	NS
Sexual activity			
High school students who reported ever having had sexual intercourse	46.7% (2003)	46.8% (2005)	NS
Youth perpetrators of serious violent crimes			
Youth offenders ages 12–17 involved in serious violent crimes	14 per 1,000 (2004)	17 per 1,000 (2005)	↑
Education			
Family reading to young children			
Children ages 3–5 who were read to every day in the last week by a family member	58% (2001)	60% (2005)	NS
Mathematics and reading achievement			
Average mathematics scale score of			
4th-graders (0–500 scale)	238 (2005)	240 (2007)	↑
8th-graders (0–500 scale)	279 (2005)	281 (2007)	↑
12th-graders (0–300 scale)	—	150 (2005)	N/A

Legend

NS = No statistically significant change ↑ = Statistically significant increase ↓ = Statistically significant decrease
 — = Not available N/A = Not applicable

	Previous Value (Year)	Most Recent Value (Year)	Change Between Years
Education — continued			
Average reading scale score of			
4th-graders (0–500 scale)	219 (2005)	221 (2007)	↑
8th-graders (0–500 scale)	262 (2005)	263 (2007)	↑
12th-graders (0–500 scale)	287 (2002)	286 (2005)	NS
High school academic coursetaking			
High school graduates who completed high-level coursework in			
Mathematics	45% (2000)	50% (2004)	↑
Science	63% (2000)	68% (2004)	↑
English	34% (2000)	33% (2004)	NS
Foreign language	30% (2000)	34% (2004)	↑
High school completion			
Young adults ages 18–24 who have completed high school	87.6% (2005)	87.8% (2006)	NS
Youth neither enrolled in school* nor working			
Youth ages 16–19 who are neither enrolled in school nor working	7.6% (2006)	7.8% (2007)	NS
Immediate college enrollment			
Recent high school completers enrolled in college the October immediately after completing high school	69% (2005)	66% (2006)	NS
Health			
Low birthweight			
Infants weighing less than 5 lb. 8 oz. at birth	8.2% (2005)	8.3% (2006)	↑
Infant mortality			
Death before first birthday	6.8 per 1,000 (2004)	6.9 per 1,000 (2005)	NS
Emotional and behavioral difficulties			
Children ages 4–17 reported by a parent to have definite or severe difficulties with emotions, concentration, behavior, or being able to get along with other people	4.6% (2005)	5.0% (2006)	NS
Activity limitation			
Children ages 5–17 with activity limitation resulting from one or more chronic health conditions	8% (2005)	9% (2006)	NS
Overweight			
Children ages 6–17 who are overweight	18% (2003–2004)	17% (2005–2006)	NS
Asthma			
Children ages 0–17 who currently have asthma	8.9% (2005)	9.3% (2006)	NS

* School refers to both high school and college.

Legend

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

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Federal Interagency Forum on Child and Family Statistics

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 2008 are listed below.

Department of Agriculture

Economic Research Service

Department of Commerce

U.S. Census Bureau

Department of Defense

Defense Manpower Data Center

Department of Education

National Center for Education Statistics

Department of Health and Human Services

Administration for Children and Families

Agency for Healthcare Research and Quality

Maternal and Child Health Bureau

National Center for Health Statistics

National Institute of Child Health and Human Development

National Institute of Mental Health

Office of the Assistant Secretary for Planning and Evaluation

Substance Abuse and Mental Health Services Administration

Department of Housing and Urban Development

Office of Policy Development and Research

Department of Justice

Bureau of Justice Statistics

National Institute of Justice

Office of Juvenile Justice and Delinquency Prevention

Department of Labor

Bureau of Labor Statistics

Women's Bureau

Department of Transportation

National Highway Traffic Safety Administration

Environmental Protection Agency

Office of Children's Health Protection and Environmental Education

National Science Foundation

Division of Science Resources Statistics

Office of Management and Budget

Statistical and Science Policy Office