



Assessing The KIDS COUNT Composite Index

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EXECUTIVE SUMMARY

Each year since 1990, the Casey Foundation has released a *KIDS COUNT Data Book* assessing child well-being in each state based on 10 key statistical indicators. Because the 10 measures used in the *KIDS COUNT Data Book* are so central to child well-being, we believe they capture most of the important forces that shape the well-being of children. That hypothesis is tested in this study by comparing changes over time in a national index based on the 10 KIDS COUNT indicators to changes in an index based on 28 indicators of child well-being and another index based on 36 indicators of child well-being.

For each year from 1990 to 2000, we created a national composite index of child well-being based on the 10 KIDS COUNT indicators, and compared it to the 28-item index developed by Kenneth Land with funding from the Foundation for Child Development (FCD). This index is referred to as the FCD-Land Index.

The 36-indicator index is based on items available in the *America's Children* report issued each year by the Federal Interagency Forum on Child and Family Statistics. The *America's Children* report does not report an overall index, but we gathered 36 indicators from it to construct our index. Due to data limitations, we could not construct a national index from the *America's Children* report prior to 1995. Therefore, for 1995 through 2000, we compared the 36-item index we constructed from the *America's Children* report to the 10-item KIDS COUNT Index and the 28-item FCD-Land Index.

If the KIDS COUNT Index captures most of the major dimensions of child well-being, its movement should be similar to the year-to-year movement of the broader FCD-Land and *America's Children* indices. On the other hand, if the additional indicators used in the broader indices are picking up important dimensions of child well-being that are not being reflected in the KIDS COUNT indicators, changes over time are not likely to be consistent.

The KIDS COUNT and FCD-Land indices both showed a downturn in child well-being immediately following 1990, and marked improvement in the second half of the decade. Likewise, in the second half of the decade, the KIDS COUNT, *America's Children*, and FCD-Land indices all increased steadily, and peaked in 2000. These similarities between KIDS COUNT and the broader indices indicate that the 10 items in KIDS COUNT reflect the most important dimensions of child well-being.

Between 1990 and 2000, the KIDS COUNT Index showed a 14 percent improvement in child well-being compared to 7 percent for the FCD-Land Index. While the KIDS COUNT, FCD-Land, and *America's Children* indices all show improvement during the late 1990s, they do not display the same extent of improvement. Between 1995 and 2000, the KIDS COUNT Index showed a 12 percent improvement compared to 9 percent for the index constructed from *America's Children* data and 8 percent for the FCD-Land Index.

Determining which indicators were responsible for the differences between the KIDS COUNT Index and the other two indices is beyond the scope of the current study. However, we did conclude that part of the difference between the KIDS COUNT Index and the other two indices is due to inclusion of more dimensions of well-being in the FCD-Land and *America's Children* indices, and part of the difference is an artifact of particular measures being included or not included in the broader indices. For example, in one index, a measure of childhood obesity (which worsened during the 1990s) was included but not a measure of childhood hunger (which improved during the 1990s). If childhood hunger had been included, the FCD-Land results would have been more similar to the KIDS COUNT results.

In summary, our analysis found that the 10 indicators used in the *KIDS COUNT Data Book* reflect the major dimensions in child well-being. Since work to develop a global measure of child well-being is still in its infancy, we hope this study will stimulate continued work in the construction of indicators and indices of child well-being.

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Introduction

In the past decade, there has been a sharp increase in regularly-published statistics on the well-being of children. Since 1990, the KIDS COUNT project of the Annie E. Casey Foundation has tracked the status of children and families in the United States based on the performance of 10 statistical indicators. The national *KIDS COUNT Data Book* uses 10 key indicators of child well-being to build an overall index of child well-being in each state and uses that index to rank states.

Since 1997, the Federal Interagency Forum on Child and Family Statistics has published *America's Children: Key National Indicators of Well-Being*, a comprehensive annual report on the condition of children based on more than 25 statistical indicators. The report is a collaborative effort of nearly 20 federal statistical agencies, and attempts to provide the public with a summary of the most important, or key, measures of child well-being.

There is no index in the Federal Interagency Forum report, but building on the data reported each year by the Federal Interagency Forum, Duke University Sociologist Kenneth Land and his colleagues, with funding from the Foundation for Child Development (FCD), have constructed an index of child well-being covering the last quarter century. This index is commonly referred to as the FCD-Land Index.

Despite the emergence of regular reports containing child and family data, there is no agreement on specific criteria to measure well-being. As Elizabeth L. Pollard and Patrice D. Lee conclude in their review of the literature on child well-being, “well-being is a commonly used but inconsistently defined term frequently included in the study of child development.”¹ Pollard and Lee concur, “There is little agreement in the research literature on how to best measure child well-being.”²

One way toward more of a consensus on the meaning of child well-being is to move from conceptual definitions to operational definitions. In this report, we use three operational definitions of child well-being. While there are clearly differences among these three operational definitions, the similarities seem to outweigh the differences.

We compare the performance of a 10-indicator KIDS COUNT Index of child well-being to a 28-indicator FCD-Land Index of Child and Youth Well-Being, and a 36-item index based on data in the annual *America’s Children* report.

By examining these indices, we can gauge how well the 10 KIDS COUNT indicators function as a comprehensive measurement of child well-being. If the 10 measures in KIDS COUNT accurately reflect child well-being, then we can expect the KIDS COUNT Index to behave comparably to the broader indices. Moreover, if all the indices reveal similar trends, we can be more confident about how children fared in the past decade.

This analysis may also lay the groundwork for new developments in the linkage between child well-being and the Temporary Assistance to Needy Families (TANF) program. In 2002, following President Bush’s proposal to include child well-being in the overall goals and purposes of TANF, the Senate Finance Committee introduced an amendment that would require the Secretary of Health and Human Services to establish an expert panel to decide how to produce an

annual report on well-being of children state by state. Findings from this analysis on indices of child well-being will provide useful background information for such an effort.

The Data

The core data used in this study come from three sources:

- The annual KIDS COUNT report
- The FCD-Land Index of Child and Youth Well-Being
- *America's Children: Key National Indicators of Well-Being* published by the Federal Interagency Forum on Child and Family Statistics.

Table 1 lists the indicators from each of these three sources, and shows them in their respective domains where appropriate. For a more detailed description of each of these measures, see Appendix A, Tables A2, A3, and A4. Each of these three sources of data is discussed in more detail below.

1) The KIDS COUNT Indicators

The *KIDS COUNT Data Book* uses 10 key measures to consistently measure the educational, social, economic, and health status of children state-by-state since 1990. Indicators are reported individually and used collectively to rank states in terms of overall child well-being. The KIDS COUNT report does not sort the 10 measures into domains.

While the indicators represent a combination of negative outcomes and risk factors, the fact that all reflect problems facilitates interpretation. For each indicator, a lower value signifies a better child outcome for a state.

The 10 KIDS COUNT measures possess three important attributes: (1) They reflect several important areas of a child's well-being including health, material well-being, educational attainment, behavioral concerns, and social relationships. (2) The indicators reflect experiences

across a range of developmental stages—from birth through early adulthood. (3) They are consistently measured over time, permitting legitimate comparisons. See Column 1 of Table 1 for a list of the 10 KIDS COUNT indicators. The criteria used to select KIDS COUNT indicators are spelled out each year in the annual *KIDS COUNT Data Book*.³

The indicators represent the best available state-level data on child well-being. Each is derived from federal government statistical agencies. Measures based on analysis of the 12-month Current Population Survey (CPS) and the March CPS—Nonsecure Employment, Single Parent, Idle Teens, and High School Dropouts—are averaged over three years to increase sample size and reduce estimation error. This differs from most other children and family data reports which do not need to average CPS data over multiple years because they only report national level data.

Except for the child poverty measures, each of the 10 measures in our KIDS COUNT Index is reported annually since 1990. The Small Area Income and Poverty Estimates (SAIPE) child poverty data used in the KIDS COUNT Data Book are available for only seven of the 11 years—1990, 1994, and 1996 to 2000. To provide data for every year, the 1995 child poverty figure was derived by averaging 1994 and 1996 values and interpolating 1991, 1992, and 1993 child poverty data using the 1990 and 1994 values.

2) The FCD-Land Index of Child and Youth Well-Being Indicators

In recent years, Duke University sociologist and demographer Kenneth Land and colleagues under the auspices of the Foundation for Child Development (FCD) have assessed changes in the quality of life of American children and youth by constructing a composite index of child well-being. The FCD-Land Index of Child and Youth Well-Being charts the annual

change in 28 national-level social indicators and reports the results as a single number. The main purpose of the Index is to address how children in the United States are faring over time. For readability, we will refer to this index as the FCD-Land Index. See Column 2 of Table 1 for a list of the 28 FCD-Land measures.

The FCD-Land Index indicators are derived from two sources: *America's Children: Key National Indicators of Well-Being*, published annually by the Federal Interagency Forum on Child and Family Statistics, and *Trends in the Well-Being of America's Children and Youth*, published by the U.S. Department of Health and Human Services.

In Land's report, the 28 indicators are classified into seven domains of a child's well-being:

- material well-being
- social relationships with family and peers
- health
- safety and behavioral concerns
- educational attainments
- place in community,
- emotional and spiritual well-being

These measures are a combination of positive and negative child well-being indicators. Note that a positive indicator (High School Completion) is one in which a higher value signifies a better child outcome whereas a negative indicator (Suicide) is one in which a lower value signifies a better child outcome.

Most of the indicators in the FCD-Land Index are reported annually during the 1990s. The four exceptions are the reading and mathematics achievement scores, obesity rates, and presidential election voting percentages. Please see Appendix Table A3. FCD-Land Index Data Definitions and Sources for background on these measures. To provide annual figures for each

of these indicators, we interpolated and extrapolated data. Interpolated values were based upon the averages between known data points. Extrapolated values are based on linear projection.

3) The *America's Children* Indicators

The Federal Interagency Forum on Child and Family Statistics' *America's Children: Key National Indicators of Well-Being* is an annual compendium of national-level social indicators that reflect the well-being of children and youth. The report provides the public with a broad annual review of data on children and youth and monitors changes over time. Forum reports are a collaborative effort by 20 Federal statistical agencies.

In addition to a Population and Family Characteristics, the 2002 report consists of 42 indicators (and one special feature) grouped into four domains:

- economic security
- health
- safety and behavioral concerns
- education

The indicators represent data drawn from national surveys and vital records. Like the FCD-Land indicators, they consist of a combination of positive and negative indicators.

The *America's Children* report does not combine these indicators into an overall index. However, using the methodology developed by Land, we converted the individual indicators provided in *America's Children* into a single index. We want to emphasize that the *America's Children* Index shown here was constructed by us, and is not one that is published in the annual *America's Children* report.

Our *America's Children* composite index is for the 1995 to 2000 time period because several *America's Children* indicators are not available prior to 1995. For example, Childhood

Immunization is derived from the National Immunization Survey, which was not instituted until 1994, and the family reading measure is not available until 1993. Data also does not exist for the food security indicator prior to 1995, Diet Quality prior to 1994, and the usual source of care indicator prior to 1993.

Six indicators in the *America's Children* report were omitted from our index because data were not available in 1999 and/or 2000:

- 2000 Housing Problems
- 1999 and 2000 Diet Quality
- 1999 and 2000 High School Academic Course-Taking in:
 - Mathematics
 - Science
 - English
 - Foreign language

Our *America's Children* Index therefore consists of 36 indicators as opposed to the 42 indicators included in the 2002 Forum report.

Lastly, three of the 36 indicators in our *America's Children* Index are not reported annually—Activity Limitation, Family Reading to Young Children, and Early Childhood Care and Education. Appendix Table A4, *America's Children* Index Data Definitions and Sources provide information on the availability of these three indicators. We used the method employed to interpolate missing KIDS COUNT and FCD-Land Index data to derive values for these measures.

Methods

From these indicators, we constructed three indices of child well-being:

- a 10-indicator KIDS COUNT Index
- a 28-indicator FCD-Land Index
- a 36-indicator *America's Children* Index

These indices are the main focus of our analysis.

Similar to the Dow Jones Average or the Gross Domestic Product, they provide an overall assessment of a complex, multi-dimensional phenomenon in a single number.

Researchers have long assessed the general concept of social well-being. For example, in the Fordham Index of Social Health, Marc Miringhoff combines 16 social indicators, representing the well-being of Americans at different stages of life, to assess the overall quality of life.⁴

To develop each of these indices, we applied the methodology developed by Kenneth Land and his associates in their index construction work:

Index of Child and Youth Well-Being in Year $t = (1/N)\{100 \pm \sum_1 [((R_t - R_r)/R_r) \times 100]\}$.

- N denotes the number of indicators on which the composite index is based. (In this analysis, N equals 10 for KIDS COUNT, 28 for the FCD-Land Index, and 36 for *America's Children*.)
- R_t designates the child well-being indicator rate in the year $t >$ base year r .
- T is years 1991 to 2000 for the 1990 to 2000 KIDS COUNT and FCD-Land indices and years 1996 to 2000 for the 1995 to 2000 KIDS COUNT and *America's Children* indices.
- R_r designates the indicator rate in the reference or base year r . (The base year r is 1990 for the 11-year FCD-Land and KIDS COUNT indices, and 1995 for the 6-year KIDS COUNT, FCD-Land, and *America's Children* indices.)

First, for each year t , we calculated the indicator's index value or the change in the indicator from the base year r to the year t . To do this, we subtracted the indicator's value in the base year r from the value in the year t and divided this difference by the base year value. We multiplied each year's rate change ratio by 100 to obtain the percent change in the rate from the base year value. We then added this percent change value to 100 for positive indicators and subtracted this percent change from 100 for negative indicators. This provides us with indicator index values in a particular year.

For example, to convert the 2000 KIDS COUNT child poverty value to an index value, we did the following. We subtracted the 2000 value (17.1) from the 1990 base year value (19.6) and divided this difference (-2.5) by the 1990 value to obtain the 1990-2000 change ratio - 0.12755). We then multiplied this ratio by 100 and subtracted it from 100 to obtain the 2000 child poverty index value of 112.8.

Lastly, we calculated the yearly composite indices. Here we took the geometric mean of the individual indicator index values. This is referred to as an "indicator weighted equally" composite index. Each indicator is weighted equally in the composite index calculation. Note that, in all calculations, we used unrounded as opposed to rounded values.

While Land reports their indices in terms of domains, we decided not to use domains in this analysis for two reasons. First, there is no consensus on what domains should be used or how indicators should be classified into domains. While several prominent reports on child well-being cluster indicators into domains, there is no consensus regarding the set of domains into which indicators should be grouped, or in fact, whether indicators should be put into domains at all. The KIDS COUNT report does not group their 10 indicators into domains. Kenneth Land groups his 28 indicators into seven domains and notes the possibility of assigning a few

indicators to two domains.⁵ *America’s Children* organizes their indicators into four domains.⁶ Another prominent federal government publication on children closely related to the *America’s Children report—Trends in the Well-Being of Children and Youth*—organizes their data into five areas, providing one or more subsections within each section.⁷ Pollard and Lee’s review of child well-being literature concludes that there are five distinct domains of well-being.⁸ Appendix Table 1 displays how indicators are grouped into domains in several prominent studies.

Second, when we calculated the index based on domains, the results were virtually identical to the calculation without domains (See Table 2 below). Given the uncertainty around construction of domains and the similarity of results with and without domains, we report indicator weighted equally values.

Table 2. Indicator and Domain Weighted Equally Percent Changes		
Index	Indicator Weighted Equally Percent Change	Domain Weighted Equally Percent Change
1990 – 2000 KIDS COUNT Index	14.3%	15.3%
1990 – 2000 FCD-Land Index	6.8%	6.1%
1995 – 2000 KIDS COUNT Index	12.4%	12.8%
1995 – 2000 <i>America’s Children</i> Index	8.5%	9.0%
1995 – 2000 FCD-Land Index	7.5%	N.A.

Once we obtained our yearly composite index values, we compared their movement across the decade. Comparison of KIDS COUNT Index values to FCD-Land Index and *America’s Children* Index values sheds light on how the 10-indicator KIDS COUNT Index

performs as a measurement of child well-being. In addition, index values reveal the general quality of life of children across the decade.

Theoretically, we would expect the KIDS COUNT Index to show similar changes in child well-being as the FCD-Land and *America's Children* indices if indeed the 10 indicators themselves do capture the well-being of children. If the movement of the KIDS COUNT Index is very similar to the movement of the FCD-Land and *America's Children's* indices, it suggests that the KIDS COUNT Index does capture most of the variation in child well-being. On the other hand, if the year-to-year movement in these indices is quite different, the 10 indicators are not representative of child well-being, and additional indicators used in the FCD-Land and *America's Children* indices pick up variation that the KIDS COUNT indicators do not.

Results

For both the KIDS COUNT and FCD-Land indices, we calculated an indicator weighted equally composite index for each of the 11 years (1990 to 2000). We did the same for the KIDS COUNT and *America's Children* indices for each of the six years (1995 to 2000).

1) Similarities in the Indices

The KIDS COUNT and FCD-Land indices displayed similar trends in the 1990s—minor fluctuations in the first half of the decade and consistent improvement in the second half. Table 3 below shows annual KIDS COUNT and FCD-Land Index values, and Figure 1 displays the trends of these two indices across the decade. For every year except 1991, the KIDS COUNT composite scores were greater than the FCD-LAND Index values. The consistency between the

two indices is reflected in the fact that every year-to-year change is in the same direction for both indices.

Table 3. KIDS COUNT and FCD-Land Index Composite Values, 1990-2000											
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
KIDS COUNT Composite	100.0	99.1	101.0	100.1	100.4	102.5	105.2	107.6	109.9	112.0	114.3
FCD-Land Index Composite	100.0	99.3	100.3	97.8	97.9	99.3	100.4	100.7	103.1	105.6	106.8

Both the KIDS COUNT and FCD-Land indices increased from 1990 to 1992 relative to the 1990 base year and then declined in relation to the 1992 value until 1994. After this initial fluctuation, both grew markedly for the remainder of the decade. From 1994 to 2000, the KIDS COUNT Index rose from 100.4 to 114.3, and the FCD-Land Index increased from 97.9 to 106.8. Both indices peaked in 2000.

The KIDS COUNT and *America's Children* indices also displayed similar movement from 1995 to 2000. Both improved consistently during the late 1990s; and each reached their highest value in 2000. Yearly composite values are shown in Table 4 below, and Figure 2 shows the movement of these indices from 1995 to 2000.

Note that, for comparison purposes, we also included 1995-2000 FCD-Land composite values. Like the KIDS COUNT and *America's Children* indices, the FCD-Land Index also increased across the second half of the decade and peaked in 2000.

Table 4. KIDS COUNT, *America's Children*, and FCD-Land Index Composite Values, 1995-2000

	1995	1996	1997	1998	1999	2000
KIDS COUNT Composite	100.0	102.8	105.4	107.8	110.0	112.4
<i>America's Children</i> Composite	100.0	98.8	101.4	104.4	106.1	108.5
FCD-Land Composite	100.0	101.1	101.4	103.8	106.3	107.5

Every year-to-year change is in the same direction with the exception of 1995 to 1996 when the value of the *America's Children* Index declines slightly while the KIDS COUNT Index and the FCD-Land Index rise slightly.

Assessing the Consistency

In the same way that economic indices—Dow Jones Average or the Gross Domestic Product—track economic performance, the FCD-Land, *America's Children*, and KIDS COUNT indices track the quality-of-life of children and youth.

The three indices provide slightly different answers to the question of how children's well-being changed during the 1990s, but it would be useful to know how these differences compare to similar data in other spheres. These three indices can be used to address the question, "How much did child well-being improve during the 1990s?" the same way one could ask, "How much did the economy improve during the 1990s?" Certainly measurement in the areas of economic and finance is much more developed than child well-being. While economic

index data are reported monthly or quarterly, social indicators emerge annually or even every two years.

Table 5 shows four commonly used measures of economic performance. Each of these are measures one might select to answer the question about how much the economy improved during the 1990s. Changes from 1990 to 2000 range from 12 percent for median family income to 210 percent for the Dow Jones average. Differences from 1995 to 2000 range from 11 percent for median family income to 87 percent for the Dow Jones average.

Table 5. Dow Jones, Mean Family Income, Median Family Income, and Per Capita Income, 1990, 1995, and 2000					
Economic Indicator	1990 Value	1995 Value	2000 Value	1990-2000 Percent Change	1995-2000 Percent Change
Dow Jones	\$3,470	\$5,782	\$10,787	210.9%	86.6%
Mean Family Income	\$56,015	\$59,234	\$67,609	20.7%	14.1%
Median Family Income	\$46,429	\$46,843	\$52,148	12.3%	11.3%
Per Capita Income	\$18,894	\$19,871	\$22,970	21.6%	15.6%

Notes: Dow Jones is in constant 2000 dollars. Mean family income, median family income, and per capita income are in 2001 dollars.

The differences in these four measures of economic performance are much larger than the differences in the three child well-being indices over the same period; and, just as the three indices of child well-being improved to varying degrees, so did the Dow Jones, mean, and median family income and per capita income.⁹

2) Differences in the Composite Indices

While each index registered improvement in child well-being, the size of the improvements differed. The KIDS COUNT Index showed more improvement than either the FCD-Land or *America's Children* indices. From 1990 to 2000, the KIDS COUNT Index showed a 14 percent improvement in child well-being compared to 7 percent for the FCD-Land Index. In the second half of the decade, the KIDS COUNT Index showed a 12 percent improvement compared to 9 percent for our *America's Children* Index and 8 percent for FCD-Land.

There also is an interesting temporal aspect to the difference in improvement. The KIDS COUNT Index showed improvement earlier in the decade than the FCD-Land Index. It moved above the 100.0 base year value by 1992 and remained above this value for the remainder of the decade. The FCD-Land Index moved above 100.0 by 1992 but failed to surpass this value again until 1996 when it equaled 100.4. Also, whereas KIDS COUNT achieved its low of 99.3 in 1991, FCD-Land reached its low (97.7) in 1993.

The KIDS COUNT Index also showed improvement earlier in the decade than the *America's Children* Index. KIDS COUNT remained above the 100.0 base year value whereas *America's Children* did not exceed 100.0 until 1997. Also, whereas KIDS COUNT reached its low in the 1995 base year, the *America's Children* Index reached its low (98.8) in 1996.

Individual Indicator Indices

In this part of our analysis, we examined values of each of the indicators to see which ones were most responsible for the difference between the KIDS COUNT Index and the other two indices. Tables 6a and 6b rank the individual indicators in the KIDS COUNT and FCD-Land indices in terms of percent change from 1990 to 2000, and Tables 7a and 7b rank the

individual indicators in the KIDS COUNT and *America's Children* indices in terms of percent change from 1995 to 2000.

The behavior of individual indicators used in the FCD-Land and *America's Children* indices varied more than the individual indicators used in the KIDS COUNT Index. From 1990 to 2000, FCD-Land indicators grew as much as 56.0 percent (Violent Crime Offending) and deteriorated as much as 44.8 percent (Illicit Drug Use). This contrasts with KIDS COUNT indicators, which ranged from a 14.2 percent decrease (Single Parent) to a 28.1 percent increase (Child Deaths and Teen Births). A similar pattern also exists for the 1995 to 2000 time period with KIDS COUNT and *America's Children* indicators. These results are not surprising since indices containing 28 and 42 measures should include more extreme values than a 10-indicator index.

Nine FCD-Land and seven *America's Children* indicators deteriorated in their respective time periods. In contrast, only two KIDS COUNT indicators (Single Parent and Low Birthweight) did so. Of particular interest are the FCD-Land and *America's Children* illicit drug use measures (percentage of students who have used illicit drugs in the previous 30 days). The FCD-Land illicit drug use indicator decreased 44.8 percent across the decade; the *America's Children* illicit drug use indicator for 10th-graders decreased 9.2 percent; and the 12th-grader drug use indicator diminished 4.6 percent between 1995 and 2000.

Another indicator that is noteworthy is the FCD-Land obesity measure (rate of overweight children and adolescents, ages 6-17), which decreased 40.0 percent across the decade. The *America's Children* usual source of care indicator (percent of children with no usual source of health care) also declined 11.1 percent from 1995 to 2000.

These results show that, while the 10-indicator KIDS COUNT Index generally measures child well-being, it differs from the two broader indices.

Discussion

While each index captures the overall improvement in child well-being, the FCD-Land and *America's Children* indices did not improve as much as the KIDS COUNT Index. It is not our intent to explain sources of these differences in detail, but a couple of ideas are put forward.

1) Same Name – Different Measures

Some of the difference between the results of the KIDS COUNT Index and the other two indices has to do with differences in how concepts were defined and/or measured. Several indicators sound similar but actually measure different characteristics or different dimensions. For example, FCD-Land Children in Single-Parent Families and KIDS COUNT Single-Parent Families with Children both measure the living arrangements of children but do not reflect the same changes over the 1990s. FCD-Land Children in Single-Parent Families (percentage of children under 18 living in families headed by a single parent) increased by 4.0 percent between 1990 and 2000, while KIDS COUNT Single-Parent Families with Children (the percentage of all families with “own children” under age 18 living in the household who are headed by a person—male or female—without a spouse present in the home) increased by 14.2 percent over the same period.

The FCD-Land high school completion indicator (the rate of persons ages 18 to 24 who have received a high school diploma or its equivalent) decreased by 0.5 percent between 1990 and 2000, while KIDS COUNT High School Dropouts (percentage of teenagers between ages 16

and 19 who are not enrolled in school and are not high school graduates) improved 2 percent over the same period.

And while FCD-Land Secure Parental Employment (percentage of children under 18 living in families with at least one parent employed full time all year) improved 11.1 percent during the 1990s, KIDS COUNT Nonsecure Employment (the share of all children under age 18 living in families where no parent has regular, full-time employment) improved 19.1 percent.

Other differences between the indices reflect the choice of indicators. For example, the FCD-Land Index includes an obesity measure (percent of children ages 6 to 17 who are overweight), which worsened by 40% over the 1990s. Inclusion of this obesity indicator had the effect of depressing the degree of improvement in the overall index between 1990 and 2000. Obesity among young people is clearly a problem, and it clearly worsened between 1990 and 2000; but there is a closely related aspect - child hunger - that was not included in the index. The *America's Children* data shows that food security improved by 38.5 percent between 1995 and 2000. If the food security measures had been included in the FCD-Land Index, it would have shown more improvement over the 1990s and been closer to the KIDS COUNT results.

Also, the FCD-Land Index includes Presidential Election Voting, which declined by 18.2 percent over the decade. This is a dubious measure of child well-being. In addition, its values must be estimated three out of every four years. Had it not been included, the FCD-Land Index would have shown more improvement over the 1990s and been closer to the value of the KIDS COUNT Index.

It is likely that the difference between the KIDS COUNT Index and the FCD-Land Index is partly due to more dimensions of child well-being that are included in the FCD-Land Index and partly due to the particular measures included, or not included, in the FCD-Land Index.

2) Lack of State-Level Data

A lack of available state-level measures limits the development of a more inclusive list of child well-being indicators in the KIDS COUNT Index. Several FCD-Land and *America's Children* indicators are not available at the state-level. 2001 National Assessment of Educational Progress (NAEP) reading and mathematics achievement scores were not reported for five states. The National Health and Nutrition Examination Survey (NHANES) reports national-level obesity data. The Monitoring the Future Survey, the source of illicit drug use, cigarette use, and alcohol use data, is a national-level survey. And state-level estimates from the National Health Interview Study (NHIS), the source of multiple FCD-Land and *America's Children* indicators, are available for larger populated states only.

In addition, child well-being indicators available at the state-level may not be consistent across states. One such example is crime data. Systematic, reliable, comparable measures of juvenile arrests and detention across states are lacking. Some states do not report juvenile violent crime arrest data. In light of this, KIDS COUNT discontinued the juvenile violent crime arrest rate as one of its 10 indicators in 1999.

Conclusion

In summary, our analysis found that the 10 indicators used in the *KIDS COUNT Data Book* do adequately measure overall child well-being. However, additional measures would enhance state-level indices of child well-being. As new data become available and methodology is refined, additional state-level child well-being data should emerge.

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5. Land, Kenneth C., et al., 2001, "Child and Youth Well-Being in the United States, 1975-1998: Some Findings From a New Index," *Social Indicators Research*, Vol. 56, p. 241.
6. Federal Interagency Forum on Children and Families, 2002, "*America's Children: Key National Indicators of Well-Being*," U.S. Government Printing Office, Washington, DC, p. viii.
7. U.S. Department of Health and Human Services, 2002, *Trends in the Well-Being of Children and Youth: 2002*, Office of the Assistant Secretary for Planning and Evaluation, Washington, DC.
8. Pollard, Elizabeth and Lee, Patrice D., 2003, "Child Well-Being: A Systematic Review of the Literature" *Social Indicators Research*, Kluwer Academic Publisher, Netherlands, Vol. 61, p. 59-78.
9. Author's analysis of Dow Jones Indexes, available at http://averages.dowjones.com/downloads/xlspages/DJIA_Hist_Perf.xls (accessed May 2003) and U.S. Census Bureau's March Current Population Survey.

**Table 1. Child Well-Being Indicators in KIDS COUNT,
FCD-Land Index, and America's Children**

<i>KIDS COUNT</i>	<i>FCD-Land Index</i>	<i>America's Children</i>
	Material Well-Being	Economic Security
1.) Child Poverty	1.) Child Poverty	1.) Child Poverty
2.) Non-secure Employment	2.) Secure Parental Employment	2.) Secure Parental Employment
3.) Single Parent Families with Children	3.) Median Annual Income	3.) Food Security
	4.) Health Insurance Coverage	4.) Health Insurance Coverage
		5.) Usual Source of Care
	Health	Health
4.) Infant Mortality	5.) Child Deaths, ages 1-19	6.) General Health Status
5.) Low Birth Weight	6.) General Health Status	7.) Activity Limitation, ages 5-17
6.) Child Deaths, ages 1-14	7.) Activity Limitation, ages 0-17	8.) Childhood Immunization
7.) Teen Births, ages 15-17	8.) Infant Mortality	9.) Low Birth Weight
8.) Teen Deaths, ages 15-19	9.) Low Birth Weight	10.) Infant Mortality
9.) High School Dropouts	10.) Obesity	11.) Child Mortality, ages 1-4
		12.) Child Mortality, ages 5-14
		13.) Adolescent Mortality, ages 15-19
		14.) Adolescent Births, ages 15-17
10.) Idle Teens	Safety/Behavioral Concerns	Behavior and Social Environment
	11.) Violent Crime Victimization, ages 12-19	15.) Cigarette Smoking, 8 th -grade
	12.) Violent Crime Offending	16.) Cigarette Smoking, 10 th -grade
	13.) Cigarette Smoking, 12 th -grade	17.) Cigarette Smoking, 12 th -grade
	14.) Alcohol Use, 12 th -grade	18.) Alcohol Use, 8 th -grade
	15.) Illicit Drug Use, 12 th -grade	19.) Alcohol Use, 10 th -grade
	16.) Teen Births, ages 10-17	20.) Alcohol Use, 12 th -grade
		21.) Illicit Drug Use, 8 th -grade
		22.) Illicit Drug Use, 10 th -grade
		23.) Illicit Drug Use, 12 th -grade
		24.) Youth Victims, ages 12-17
		25.) Perpetrators of Serious Violent Crimes
	Social Relationships	
	17.) Children in Single Parent Families	
	18.) Residential Mobility	

Table 1. Child Well-Being Indicators in KIDS COUNT, FCD-Land Index, and America's Children (Continued)

	<i>FCD-Land Index</i>	<i>America's Children</i>
	Educational Attainments	Education
	19.) Reading Achievement 20.) Mathematics Achievement	26.) Family Reading to Young Children 27.) Early Childhood Care and Education 28.) Mathematics Achievement, 9-year-olds 29.) Mathematics Achievement, 13-year-olds
	Place in Community	30.) Mathematics Achievement, 17-year-olds 31.) Reading Achievement, 9-year-olds 32.) Reading Achievement, 13-year-olds 33.) Reading Achievement, 17-year-olds 34.) High School Completion 35.) Idle Teens 36.) Higher Education
	21.) Preschool Enrollment 22.) High School Diploma 23.) Idle Teens 24.) Bachelor's Degree 25.) Presidential Election Voting	
	Emotional/Spiritual Well-Being	
	26.) Suicide 27.) Religious Attendance 28.) Religion Importance	

Source: Annie E. Casey Foundation, *2003 KIDS COUNT Data Book*; Kenneth C. Land, *Child and Youth Well-Being in the United States, 1975-1999*; and Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being 2002*.

Figure 1. Behavior of KIDS COUNT and FCD-Land Indices, 1990-2000

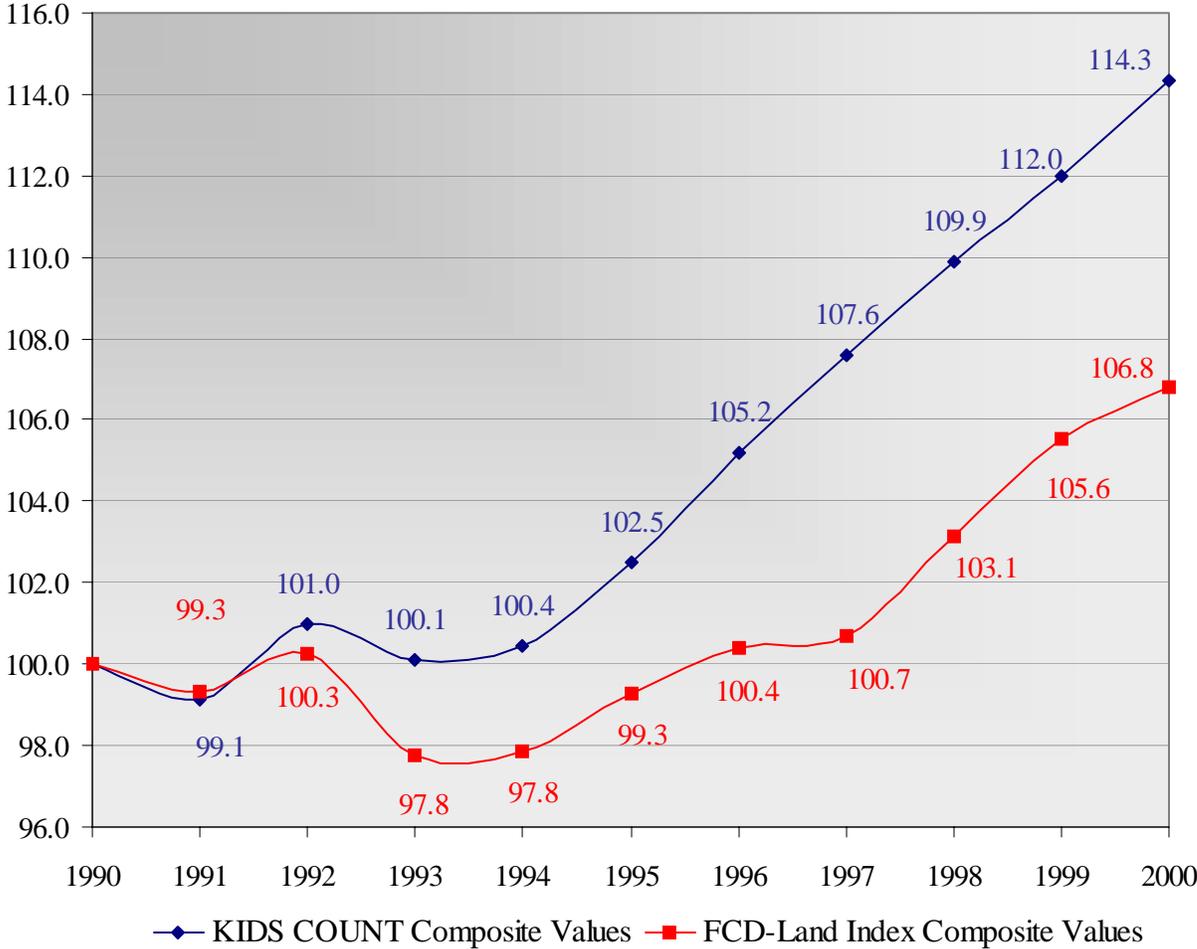
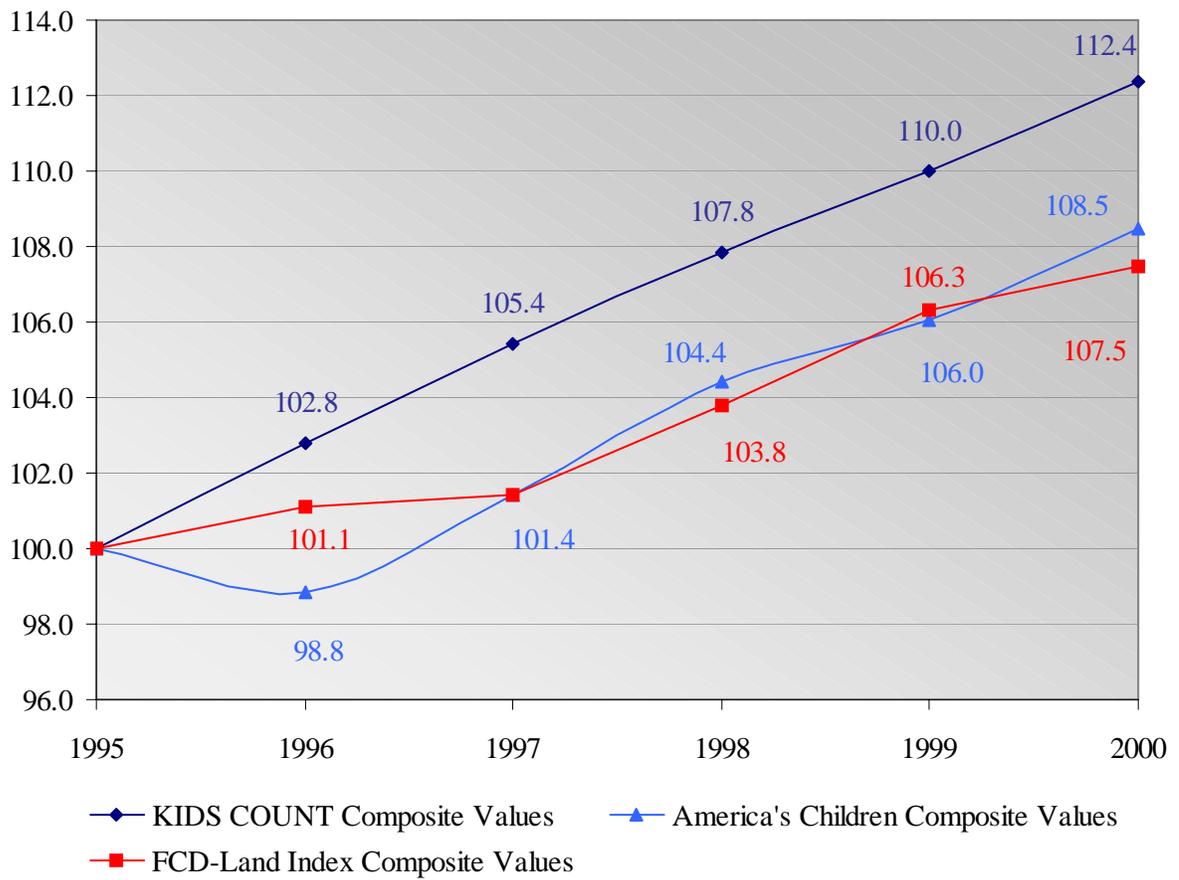


Figure 2. Behavior of KIDS COUNT, *America's Children*, and FCD-Land Indices, 1995-2000



**Table 6a. Percent Change in KIDS COUNT Indicators, 1990-2000
(Ranked by Percent Change in Indicator Index)**

KIDS COUNT Indicator	Percent Change in Indicator Index
Child Deaths, ages 1-14	28.1%
Teen Births, ages 15-17	28.1%
Teen Deaths, ages 15-19	28.0%
Infant Mortality	25.1%
Non-secure Employment	19.1%
Idle Teens	17.3%
Child Poverty	12.8%
High School Dropouts	7.7%
Low Birth Weight	-8.7%
Single Parent	-14.2%

Source: Authors' analysis of data from Annie E. Casey Foundation, 2003 KIDS COUNT Data Book.

**Table 6b. Percent Change in FCD-Land Indicators, 1990-2000
(Ranked by Percent Change in Indicator Index)**

FCD-Land Index Indicator	Percent Change in Indicator Index
Violent Crime Offending	56.0%
Violent Crime Victimization, ages 12-19	37.8%
Teen Births, ages 10-17	27.3%
Infant Mortality	25.0%
Child Deaths, ages 1-19	24.3%
Religion Importance	23.5%
Suicide	23.0%
Bachelor's Degree	22.2%
Child Poverty	20.0%
Idle Teens	20.0%
Preschool Enrollment	17.3%
Median Annual Income	12.3%
Secure Parental Employment	11.1%
Religious Attendance	10.0%
Alcohol Use, 12 th -grade	6.8%
Mathematics Achievement	1.4%
Health Insurance Coverage	1.2%
General Health Status	1.2%
Reading Achievement	0.4%
High School Diploma	-0.5%
Residential Mobility	-3.3%
Children in Single-Parent Families	-4.0%
Cigarette Smoking, 12 th -grade	-7.9%
Low Birth Weight	-8.6%
Presidential Election Voting	-18.2%
Activity Limitations, ages 0-17	-22.5%
Obesity	-40.0%
Illicit Drug Use, 12 th -grade	-44.8%

Source: Authors' analysis of FCD-Land Index data.

**Table 7a. Percent Change in KIDS COUNT Indicators, 1995-2000
(Ranked by Percent Change in Indicator Index Value)**

KIDS COUNT Indicator	Percent Change in Indicator Value
Teen Births, ages 15-17	25.1%
Child Poverty	21.4%
Teen Deaths, ages 15-19	21.8%
Child Deaths, ages 1-14	21.1%
Non-secure Employment	17.7%
Idle Teens	12.1%
Infant Mortality	9.0%
High School Dropouts	1.9%
Low Birth Weight	-3.5%
Single Parent	-3.0%

Source: Authors' analysis of data from Annie E. Casey Foundation, 2003 KIDS COUNT Data Book.

**Table 7b. Percent Change in *America's Children* Indicators, 1995-2000
(Ranked by Percent Change in Indicator Index Value)**

<i>America's Children</i> Indicator	Percent Change in Indicator Index Value
Perpetrators of Serious Violent Crimes	52.6%
Youth Victims, ages 12-17	42.4%
Food Security	38.5%
Adolescent Births, ages 15-17	23.9%
Cigarette Smoking, 8 th -grade	20.4%
Child Poverty	20.0%
Child Mortality, ages 1-4	19.0%
Adolescent Mortality, ages 15-19	17.9%
Higher Education	17.9%
Child Mortality, ages 5-14	17.1%
Cigarette Smoking, 10 th -grade	14.1%
Idle Teens	14.0%
Infant Mortality	9.2%
Secure Parental Employment	8.1%
Activity Limitations, ages 5-17	5.4%
Early Childhood Care and Education	5.4%
Cigarette Smoking, 12 th -grade	4.6%
Alcohol Use, 8 th -grade	4.0%
Illicit Drug Use, 8 th -grade	2.8%
Childhood Immunization	2.7%
General Health Status	2.5%
High School Completion	2.4%
Health Insurance Coverage	2.3%
Mathematics Achievement, age 13	0.7%
Mathematics Achievement, age 17	0.7%
Reading Achievement, age 9	0.5%
Mathematics Achievement, age 9	0.4%
Reading Achievement, age 17	0.0%

**Table 7b. Percent Change in *America's Children* Indicators, 1995-2000
(Ranked by Percent Change in Indicator Index Value) (Continued)**

<i>America's Children</i> Indicator	Percent Change in Indicator Index Value
Reading Achievement, age 13	0.0%
Alcohol Use, 12 th -grade	-0.7%
Family Reading to Young Children	-3.4%
Low Birth Weight	-4.1%
Illicit Drug Use, 12 th -grade	-4.6%
Illicit Drug Use, 10 th -grade	-9.2%
Usual Source of Care	-11.1%
Alcohol Use, 10 th -grade	-11.4%

Source: Authors' analysis of data from Federal Interagency Forum on Children and Families, *America's Children: Key National Indicators of Well-Being 2002*.

Appendix Table 1. Child Well-Being in Four Major Studies

<i>FCD-Land Index</i>	<i>Elizabeth Pollard and Patrice Lee</i>	<i>America's Children</i>	<i>Trends in the Well-Being of Children and Youth</i>
1.) Material Well-Being	1.) Economic	1.) Economic Security	1.) Economic Security <ul style="list-style-type: none"> • Poverty and Income • Financial Support • Parental and Youth Employment • Consumption
2.) Health	2.) Physical	2.) Health	2.) Health Conditions/Health Care <ul style="list-style-type: none"> • Mortality • Health Care • Health Conditions
3.) Social Relationships	3.) Social	3.) Behavior/Social Environment	3.) Social Development/Behavioral Health <ul style="list-style-type: none"> • Social Development • Physical Health and Safety • Smoking, Alcohol, and Substance Abuse • Sexual Activity and Fertility
4.) Educational Attainments	4.) Cognitive	4.) Education	4.) Education/Achievement <ul style="list-style-type: none"> • Enrollment/Attendance • Achievement/Proficiency • Related Behaviors and Characteristics
5.) Safety/Behavioral Concerns	5.) Psychological	5.) Population/Family Characteristics	5.) Population/Family/Neighborhood <ul style="list-style-type: none"> • Child Population Characteristics • Family Structure • Neighborhoods
6.) Place in Community			
7.) Emotional/Spiritual Well-Being			

Source: Kenneth C. Land, *Child and Youth Well-Being in the United States, 1975-1999*; Federal Interagency Forum on Children and Families, *America's Children: Key National Indicators of Well-Being 2000*; Elizabeth Pollard and Patrice Lee, *Child Well-Being: A Systematic Review of the Literature*; and U.S. Department of Health and Human Services, *Trends in the Well-Being of Children and Youth*.

**Appendix Table A2. KIDS COUNT Indicators:
Data Book Definitions and Data Sources**

Percent Low-Birth Weight Babies is the share of live births weighing less than 2,500 grams (5.5 pounds). The data are reported by place of mother's residence, not place of birth. Each year, there are a small number of births in which the weight of the newborn is not recorded, and births of unknown weight are not included in these calculations. In 1999, 4,804 births were of unknown weight.

SOURCES:

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

2000 data: "Births: Final Data for 2000," *National Vital Statistics Reports*, Vol. 50, No. 5, (February 12, 2002), Table 46.

1999 data: "Births: Final Data for 1999," *National Vital Statistics Reports*, Vol. 49, No. 1, (April 17, 2001), Table 46.

1998 data: "Births: Final Data for 1998," *National Vital Statistics Reports*, Vol. 48, No. 3, (March 28, 2000), Table 46.

1997 data: "Births: Final Data for 1997," *National Vital Statistics Reports*, Vol. 47, No. 18, (April 29, 1999), Table 46.

1996 data: "Advance Report of Final Natality Statistics, 1996," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement (June 30, 1998), Table 46.

1995 data: "Advance Report of Final Natality Statistics, 1995," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement (June 10, 1997), Table 16.

1994 data: "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, Vol. 44, No. 11, Supplement (June 24, 1996), Table 16.

1993 data: "Advance Report of Final Natality Statistics, 1993," *Monthly Vital Statistics Report*, Vol. 44, No. 3, Supplement (September 21, 1995), Table 16.

1992 data: "Advance Report of Final Natality Statistics, 1992," *Monthly Vital Statistics Report*, Vol. 43, No. 5, Supplement (October 25, 1994), Table 16.

1991 data: "Advance Report of Final Natality Statistics, 1991," *Monthly Vital Statistics Report*, Vol. 42, No. 3, Supplement (September 9, 1993), Table 14.

1990 data: "Advance Report of Final Natality Statistics, 1990," *Monthly Vital Statistics Report*, Vol. 41, No. 9, Supplement (February 25, 1993), Table 14.

Infant Mortality Rate (deaths per 1,000 live births) is the number of deaths occurring to infants under 1 year of age per 1,000 live births. The data are reported by place of residence, not place of death.

SOURCES:

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

2000 data: "Deaths: Final Data for 2000," *National Vital Statistics Reports*, Vol. 50, No. 15 (September 16, 2002), Table 36.

1999 data: "Deaths: Final Data for 1999," *National Vital Statistics Reports*, Vol. 49, No. 8 (September 21, 2001), Table 29.

1998 data: "Deaths: Final Data for 1998," *National Vital Statistics Reports*, Vol. 48, No. 11 (July 24, 2000), Table 31.

1997 data: “Deaths: Final Data for 1997,” *National Vital Statistics Reports*, Vol. 47, No. 19 (June 30, 1999), Table 31.

1996 data: “Deaths: Final Data for 1996,” *National Vital Statistics Reports*, Vol. 47, No. 9 (November 10, 1998), Table 31.

1995 data: “Advance Report of Final Mortality Statistics, 1995,” *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement 2 (June 12, 1997), Table 30.

1994 data: “Advance Report of Final Mortality Statistics, 1994,” *Monthly Vital Statistics Report*, Vol. 45, No. 3, Supplement (September 30, 1996), Table 29.

1993 data: “Advance Report of Final Mortality Statistics, 1993,” *Monthly Vital Statistics Report*, Vol. 44, No. 7, Supplement (February 29, 1996), Table 25.

1992 data: “Advance Report of Final Mortality Statistics, 1992,” *Monthly Vital Statistics Report*, Vol. 43, No. 6, Supplement (December 8, 1994), Table 27.

1991 data: “Advance Report of Final Mortality Statistics, 1991,” *Monthly Vital Statistics Report*, Vol. 42, No. 2, Supplement (August 31, 1993), Table 24.

1990 data: “Advance Report of Final Mortality Statistics, 1990,” *Monthly Vital Statistics Report*, Vol. 41, No. 7, Supplement (January 7, 1993), Table 25.

Child Death Rate (deaths per 100,000 children ages 1-14) is the number of deaths to children between ages 1 and 14, from all causes, per 100,000 children in this age range. The data are reported by place of residence, not place of death.

SOURCES:

Death Statistics: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS).

2000 data: CDC, NCHS, Division of Vital Statistics, “Deaths by 10-Year Age Groups: United States and Each State, 2000,” available at www.cdc.gov/nchs/data/dvs/VS00100.TABLE23B_2000.pdf (accessed January 10, 2003).

1999 data: NCHS, Division of Vital Statistics, “Deaths From 358 Selected Causes, by 5-Year Age Groups, Race and Sex: U.S. and Each State, 1999,” available at www.cdc.gov/nchs/data/VS00199.TABLEIII.PT1.pdf (accessed October 23, 2001). 1998 data: NCHS, Division of Vital Statistics, “Deaths From 282 Selected Causes, by 5-Year Age Groups, Race and Sex: U.S. and Each State, 1998,” available at http://www.cdc.gov/nchs/data/98gm3_01.pdf (accessed July 26, 2000).

1997 data: NCHS, Division of Vital Statistics, “Deaths From 282 Selected Causes, by 5-Year Age Groups, Race and Sex: U.S. and Each State, 1997,” available at www.cdc.gov/nchs/data/97gm3_01.pdf (accessed October 27, 1999).

1996 data: Special tabulations accessed online through CDC WONDER at wonder.cdc.gov (January 5, 1999). 1990 through 1995 data: Special tabulations by NCHS, Division of Vital Statistics, “Deaths From 282 Selected Causes, by 5-Year Age Groups, Race and Sex: U.S. and Each State,” for each year from 1990 through 1995.

Population Statistics: U.S. Census Bureau, data from Population Division.

Rate of Teen Deaths by Accident, Homicide, and Suicide (deaths per 100,000 teens ages 15-19) is the number of deaths from accidents, homicides, and suicides to teens between ages 15 and 19, per 100,000 teens in this age group. (Earlier editions of the *KIDS COUNT Data Book*

referred to this measure as the Teen Violent Death Rate.) The data are reported by place of residence, not the place where the death occurred.

Beginning with data for 1999, causes of death have been reclassified to be consistent with the Tenth Revision of the *International Classification of Diseases* (ICD-10), which replaces the Ninth Revision (ICD-9) that had been used for 1979–1998 data. To facilitate better comparability over time, accident, homicide, and suicide data for 1990 through 1998 were re-tabulated using the new ICD-10 codes. Using the new classification on this measure removes deaths due to “adverse effects” (such as bad reactions to medication) from the “accident” category and removes deaths as a result of legal intervention (such as executions) from the “homicide” category. (“Adverse effects” and “legal intervention” account for less than 1 percent of all deaths from accident, homicide, and suicide. For more on the effects of the new ICD revision, please see Centers for Disease Control and Prevention, National Center for Health Statistics, “Comparability of Cause of Death Between ICD-9 and ICD-10: Preliminary Estimates,” *National Vital Statistics Reports*, Vol. 49, No. 2, May 18, 2001.)

SOURCES:

Death Statistics: 2000 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), Division of Vital Statistics, “Deaths by 10-Year Age Groups: United States and Each State, 2000,” available at www.cdc.gov/nchs/data/dvs/VS00100.TABLE23B_2000.pdf (accessed January 10, 2003).

1999 data: CDC, NCHS, Division of Vital Statistics, “Deaths From 358 Selected Causes, by 5-Year Age Groups, Race and Sex: U.S. and Each State, 1999,” available at <http://www.cdc.gov/nchs/data/VS00199.TABLEIII.PT4.pdf> (accessed October 23, 2001).

1990 through 1998 data: CDC, National Center for Injury Prevention and Control (NCIPC), special tabulations, available at webapp.cdc.gov/sasweb/ncipc/mortrate.html (accessed January 28, 2002).

Population Statistics: U.S. Census Bureau, data from Population Division.

Teen Birth Rate (births per 1,000 females ages 15-17) is the number of births to teenagers between ages 15 and 17 per 1,000 females in this age group. Data reflect the mother’s place of residence, rather than place of birth. This measure of teenage childbearing focuses on the fertility of all females ages 15 to 17, regardless of marital status. We focus on births to 15- to 17-year-olds rather than the broader age range of 15- to 19-year-olds because there is a strong consensus that births to females ages 15 to 17 are more problematic. We omitted births to females under age 15, since less than 5 percent of teen births occurred to females in that age group. The inclusion of females under age 15 in the denominator would dramatically lower the rate, providing an unrealistic assessment of the risk being faced by 15- to 17-year-old females.

SOURCES:

Birth Statistics: 2000 data: Child Trends, Inc., *Facts at a Glance* (Washington, DC: 2002), Table 1.

1999 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), “Births: Final Data for 1999,” *National Vital Statistics Reports*, Vol. 49, No. 1 (April 17, 2001), Table 10; and Child Trends, Inc., *Facts at a Glance* (Washington, DC: 2001), Table 1.

1998 data: CDC, NCHS, “Births: Final Data for 1998,” National Vital Statistics Reports, Vol. 48, No. 3 (March 28, 2000), Table 10; and Child Trends, Inc., analysis of unpublished tabulations from NCHS.

1997 data: CDC, NCHS, “Declines in Teenage Birth Rates, 1991–1998: Update of National and State Trends,” National Vital Statistics Reports, Vol. 47, No. 26 (October 25, 1999), Table 2; and unpublished tabulations from NCHS.

1996 data: CDC, NCHS, “Declines in Teenage Birth Rates, 1991–1997: National and State Patterns,” National Vital Statistics Reports, Vol. 47, No. 12 (December 17, 1998), Table 4; and unpublished tabulations from the NCHS.

1995 data: CDC, “State-Specific Birth Rates for Teenagers—United States, 1990–1996,” Morbidity and Mortality Weekly Report, Vol. 46, No. 36 (September 12, 1997), pp. 837–842, and unpublished tabulations from NCHS.

1994 data: NCHS, “Recent Declines in Teenage Birth Rates in the United States: Variations by State, 1990–94,” *Monthly Vital Statistics Report*, Vol. 45, No. 5, Supplement (December 19, 1996), Table 4, and unpublished tabulations from NCHS.

1990 through 1993 data: Child Trends, Inc., *Facts at a Glance* (Washington, DC: 1996).

Population Statistics: U.S. Census Bureau, data from Population Division.

Percent of Teens Who Are High School Dropouts (ages 16-19) is the percentage of teenagers between ages 16 and 19 who are not enrolled in school and are not high school graduates. Those who have a GED or equivalent are included as high school graduates in this measure. The measure used here is defined as a “status dropout” rate by the National Center for Education Statistics (NCES) as shown in their publication *Dropout Rates in the United States: 2000* (p. 2). We used data from the Current Population Survey (CPS) because it provides systematic information for all states. Currently, only 37 states and the District of Columbia have submitted event dropout data to the NCES that meet quality and comparability levels needed to justify publishing estimates (see NCES, *Dropout Rates in the United States: 2000*, p. 8). For the measure presented here, we focus on teens ages 16 to 19 rather than young adults ages 16 to 24 (which is the focus of *Dropout Rates in the United States: 2000*), because a large share of 18- to 24-year-olds migrate across state lines each year. The high interstate migration rates of 18- to 24-year-olds confound the connection between state policies and programs and state dropout rates. This measure is based on analysis of the 12-month CPS file maintained by the U.S. Bureau of Labor Statistics. Each month, the CPS asks respondents in about 60,000 households nationwide questions regarding their activities related to the labor force and education. A yearly average was calculated based on responses for the 9 months students typically are in school (September through May). The figures shown here represent 3-year averages. For example, the figure for 1999 represents an average of data from 1998 to 2000. We label this figure as a 1999 estimate because 1999 is the midpoint of the 3-year period. Like all estimates derived from samples, these figures contain some amount of random error. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

SOURCE:

Special tabulations of 1989–2000 Current Population Survey micro data prepared by the U.S. Bureau of Labor Statistics.

Percent of Teens Not Attending School and Not Working (ages 16-19) is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). This measure is sometimes referred to as “idle teens” or “disconnected youth.” This measure is based on analysis of the 12-month Current Population Survey (CPS) file maintained by the U.S. Bureau of Labor Statistics. Each month, the CPS asks respondents in about 60,000 households nationwide questions regarding their activities related to the labor force and education. Questions regarding school enrollment and employment are asked of all 16- to 19-year-olds in the sample each month. A yearly average was calculated based on responses for the 9 months students typically are in school (September through May). The figures shown here represent 3-year averages. For example, the figure for 1999 represents an average of data from 1998 through 2000. We label this figure as a 1999 estimate because 1999 is the midpoint of the 3-year period. Like all estimates derived from samples, these figures contain some amount of random error. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

SOURCE:

Special tabulations of 1989–2000 Current Population Survey micro data prepared by the U.S. Bureau of Labor Statistics.

Percent of Children Living in Families Where No Parent Has Full-Time, Year-Round Employment is the share of all children under age 18 living in families where no parent has regular, full-time employment. This measure is very similar to the measure called “Secure Parental Employment,” used by the Federal Interagency Forum on Child and Family Statistics in its publication *America’s Children: Key National Indicators of Well-Being*. For children living in single-parent families, this means the resident parent did not work at least 35 hours per week, at least 50 weeks in the previous calendar year. For children living in married-couple families, this means neither parent worked at least 35 hours per week, at least 50 weeks in the previous calendar year. Children living with neither parent also were listed as not having secure parental employment. The figures shown here reflect 3-year averages; for example, the figure for 1999 reflects an average of data from 1998 through 2000. We label this figure as a 1999 estimate because 1999 is the midpoint of the 3-year period. For any given year, employment data are collected in March of the following year.

SOURCE:

Urban Studies Institute at the University of Louisville, analysis of data from the U.S. Census Bureau, Current Population Survey (March supplement), 1990 through 2001.

Percent of Children in Poverty is the share of children under age 18 who live in families with incomes below the U.S. poverty threshold, as defined by the U.S. Office of Management and Budget. The federal poverty definition consists of a series of thresholds based on family size and composition. In 1998, the poverty threshold for a family of two adults and two children was \$16,530. Poverty status is not determined for people in military barracks or institutional quarters, or for unrelated individuals under age 15 (such as foster children). Since the 2000 *Data Book*, we have used information from the Small Area Income and Poverty Estimates (SAIPE) series of the U.S. Census Bureau, which provides annual state level estimates of income and poverty (including child poverty). This series was developed to help the U.S. Department of

Education distribute roughly \$8 billion each year in Title I funds. In addition, it is now used in connection with the federal welfare reform legislation passed in 1996. The SAIPE program uses a model-based estimation technique to create annual state- and county-level income and poverty estimates, as well as income and poverty estimates for school districts in odd-numbered years. State-level estimates currently are available for 1989, 1993, and each year from 1995 through 1998. (County-level estimates also are available for each of the years listed above except 1996.) Because the most recent SAIPE estimate for child poverty is for 1998, we used it in our calculation of the National Composite Rank for this year's *KIDS COUNT Data Book*—even though this year's composite ranking is based on 1999 data for the other nine indicators.

SOURCE:

U.S. Census Bureau, Small Area Income and Poverty Estimates Program, data accessed online at www.census.gov/hhes/www/saipe.html (October 23, 2001).

Percent of Families With Children Headed by a Single Parent is the percentage of all families with “own children” under age 18 living in the household, who are headed by a person—male or female—without a spouse present in the home. “Own children” are never-married children under 18 who are related to the householder (head of household) by birth, marriage, or adoption. This measure is based on analysis of the 12-month Current Population Survey (CPS) file maintained by the U.S. Bureau of Labor Statistics. Questions regarding family type are collected for all family households each month. A yearly average was calculated based on responses for the 12 months in the calendar year. The figures shown here represent 3-year averages. For example, the figure for 1999 represents an average of data from 1998 through 2000. We label this figure as a 1999 estimate because 1999 is the midpoint of the 3-year period. Families with either spouse in the military are not included in this analysis because their inclusion would introduce a small bias in our estimate. The CPS sample does not include families where the only adult in the family is in the military, but it does include military families where one of the spouses is in the civilian labor force. Therefore, the only military families included in the CPS are two-parent families where one spouse is in the civilian labor force and one is in the military. This discrepancy would introduce a slight downward bias in the estimate of the percent of children in single-parent families if military families were included. Like all estimates derived from samples, these figures contain some amount of random error. The Bureau of Labor Statistics suggests that state rankings based on these figures should be used with caution.

SOURCE:

Special tabulations of 1989–2000 Current Population Survey micro data prepared by the U.S. Bureau of Labor Statistics.

**Appendix Table A3.
FCD-Land Index Data Definitions and Sources**

Child Poverty is the percentage of related children under 18 living in families whose incomes in a given year fall below the official poverty line calculated for each family type by the Census Bureau. Related children in a family include own children and all other children under 18 years old in the household who are related to the householder by birth, marriage, or adoption.

A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then, the poverty line has been updated annually for inflation using the Consumer Price Index (CPI) for all urban consumers. The poverty line depends on the size of the family and the number of children in the family. The poverty level is based on money income and does not include non-cash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average CPI level.

SOURCE:

U.S. Census Bureau, March Current Population Survey, *Current Population Reports*, Consumer Income, Series P-60, available at <http://www.census.gov/income/histpov/hstpov04.txt>.

Secure Parental Employment is the percentage of children under 18 living in families with at least one parent employed full time all year. Full-time, all-year employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks. Children living with neither parent were listed as not having secure parental employment.

SOURCE:

U.S. Bureau of Labor Statistics, March Current Population Survey.

Median Annual Income is the median annual income of families with related children under the age of 18. Median income is the amount which divides the income distribution into two equal groups, half having incomes above the median, half having incomes below the median. The medians for households, families, and unrelated individuals are based on all households, families, and unrelated individuals.

SOURCE:

U.S. Census Bureau, March Current Population Survey, Historical Income Tables – Families, available at <http://www.census.gov/hhes/income/histinc/f07.html>.

Access to Health Care is the percentage of children under age 18 covered by any form of health insurance. Children are considered to be covered by health insurance if they had government or private coverage at any time during the year. Government health insurance for children consists

mostly of Medicaid, but also includes Medicare, the State Children's Health Insurance Programs (SCHIP), and Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/Tricare). Some children are covered by both types of insurance; hence, the sum of government and private is greater than the total. This measure is based on analysis of the annual March Current Population Survey. 1999 and 2000 data are not directly comparable to previous years. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Estimates for 1999 and 2000 are not directly comparable with earlier years, before the verification questions were added.

SOURCES:

U.S. Census Bureau, Housing and Household Economic Statistics Division, unpublished tabulations from the March Current Population Surveys.

Special tabulation by the Federal Interagency Forum on Child and Family Statistics.

Children in Single Parent Families is the percentage of children under 18 living in families headed by a single parent. A single parent may be never-married, widowed, divorced, or married, spouse absent.

SOURCE:

U.S. Census Bureau, *Current Population Reports*, Marital Status and Living Arrangements, available at <http://www.census.gov/population/www/socdemo/ms-la.html>.

Residential Mobility is the percentage of children under 18 who moved residences in the past year. All respondents were asked whether they lived at the same residence one year earlier. This measure is based on the March Current Population Survey (CPS). The CPS presents information on the mobility of the U.S. population one year earlier and includes data on the annual rate of moving and the characteristics of movers and nonmovers by type of move.

SOURCE:

U.S. Census Bureau, *Current Population Reports*, P20 Series Geographic Mobility.

General Health Status is the rate of children under 18 with very good or excellent health as reported by their parents. This measure is based on analysis of the National Health Interview Survey (NHIS), a continuing nationwide sample survey of the non institutionalized civilian population in which data are collected during personal household interviews. In 1997, the National Health Interview Survey was redesigned. Data for 1997 to 2000 are not strictly comparable with earlier data.

SOURCE:

Centers for Disease Control, National Center for Health Statistics, National Health Interview Survey, available at <http://www.cdc.gov/nchs/nhis.htm> (2003).

Activity Limitation is the rate of children under 18 who have activity limitations as reported by their parents. Chronic conditions usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation. This measure is based on analysis of the National Health Interview Survey (NHIS), a continuing nationwide sample survey of the non institutionalized civilian population in which data are collected during personal household

interviews. In 1997, the National Health Interview Survey was redesigned. Data for 1997 to 2000 are not strictly comparable with earlier data.

SOURCE:

Centers for Disease Control, National Center for Health Statistics, National Health Interview Survey, available at <http://www.cdc.gov/nchs/nhis.htm> (2003).

Low Birth Weight is the percentage of infants weighing less than 2,500 grams (5.5 pounds) at birth. 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 prenatal care, 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.

SOURCES:

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

2000 data: "Births: Final Data for 2000," *National Vital Statistics Reports*, Vol. 50, No. 5, (February 12, 2002), Table 46.

1999 data: "Births: Final Data for 1999," *National Vital Statistics Reports*, Vol. 49, No. 1, (April 17, 2001), Table 46.

1998 data: "Births: Final Data for 1998," *National Vital Statistics Reports*, Vol. 48, No. 3, (March 28, 2000), Table 46.

1997 data: "Births: Final Data for 1997," *National Vital Statistics Reports*, Vol. 47, No. 18, (April 29, 1999), Table 46.

1996 data: "Advance Report of Final Natality Statistics, 1996," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement (June 30, 1998), Table 46.

1995 data: "Advance Report of Final Natality Statistics, 1995," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement (June 10, 1997), Table 16.

1994 data: "Advance Report of Final Natality Statistics, 1994," *Monthly Vital Statistics Report*, Vol. 44, No. 11, Supplement (June 24, 1996), Table 16.

1993 data: "Advance Report of Final Natality Statistics, 1993," *Monthly Vital Statistics Report*, Vol. 44, No. 3, Supplement (September 21, 1995), Table 16.

1992 data: "Advance Report of Final Natality Statistics, 1992," *Monthly Vital Statistics Report*, Vol. 43, No. 5, Supplement (October 25, 1994), Table 16.

1991 data: "Advance Report of Final Natality Statistics, 1991," *Monthly Vital Statistics Report*, Vol. 42, No. 3, Supplement (September 9, 1993), Table 14.

1990 data: "Advance Report of Final Natality Statistics, 1990," *Monthly Vital Statistics Report*, Vol. 41, No. 9, Supplement (February 25, 1993), Table 14.

Infant Mortality is the number of deaths before age one per 1,000 live births. The data are reported by place of residence, not place of death.

SOURCES:

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

2000 data: “Deaths: Final Data for 2000,” *National Vital Statistics Reports*, Vol. 50, No. 15 (September 16, 2002), Table 36.

1999 data: “Deaths: Final Data for 1999,” *National Vital Statistics Reports*, Vol. 49, No. 8 (September 21, 2001), Table 29.

1998 data: “Deaths: Final Data for 1998,” *National Vital Statistics Reports*, Vol. 48, No. 11 (July 24, 2000), Table 31.

1997 data: “Deaths: Final Data for 1997,” *National Vital Statistics Reports*, Vol. 47, No. 19 (June 30, 1999), Table 31.

1996 data: “Deaths: Final Data for 1996,” *National Vital Statistics Reports*, Vol. 47, No. 9 (November 10, 1998), Table 31.

1995 data: “Advance Report of Final Mortality Statistics, 1995,” *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement 2 (June 12, 1997), Table 30.

1994 data: “Advance Report of Final Mortality Statistics, 1994,” *Monthly Vital Statistics Report*, Vol. 45, No. 3, Supplement (September 30, 1996), Table 29.

1993 data: “Advance Report of Final Mortality Statistics, 1993,” *Monthly Vital Statistics Report*, Vol. 44, No. 7, Supplement (February 29, 1996), Table 25.

1992 data: “Advance Report of Final Mortality Statistics, 1992,” *Monthly Vital Statistics Report*, Vol. 43, No. 6, Supplement (December 8, 1994), Table 27.

1991 data: “Advance Report of Final Mortality Statistics, 1991,” *Monthly Vital Statistics Report*, Vol. 42, No. 2, Supplement (August 31, 1993), Table 24.

1990 data: “Advance Report of Final Mortality Statistics, 1990,” *Monthly Vital Statistics Report*, Vol. 41, No. 7, Supplement (January 7, 1993), Table 25.

Child Deaths is number of deaths per 100,000 children and adolescents ages 1 to 19. The data are reported by place of residence, not place of death. To obtain the rate for this age group, rates were averaged over the one to four, five to nine, 10 to 14, and 15 to 19 age groups. Note that the suicide deaths counted in the incident rates were subtracted out of the general mortality rates for the corresponding age groups so that these deaths were not counted twice.

Cause-of-death information for 1980-98 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-Death information for 1999 is classified according to the Tenth Revision of the International Classification of Diseases.

SOURCES:

2000 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), “Deaths: Final Data from 2000,” *National Vital Statistics Reports*, Vol. 50, No. 15 (September 16, 2002), Table 3, available at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_15.pdf (accessed 2003).

1990 to 1999 data: CDC, NCHS, National Vital Statistics System.

Teen Births is the number of births per 1,000 females ages 10-17. Data reflect the mother’s place of residence, rather than place of birth. To obtain this rate, rates were averaged over the 10 to 14 and 15 to 17 age groups.

SOURCES:

Centers for Disease Control (CDC), National Center for Health Statistics (NCHS), National Vital Statistics System.

1997 to 2000 data: CDC, NCHS, *National Vital Statistics Reports*.

1990 to 1996 data: CDC, NCHS, *Monthly Vital Statistics Reports*.

Cigarette Smoking is the percentage of 12th-grade students who reported smoking cigarettes daily in the previous 30 days. This measure is based on results from the Monitoring the Future (MTF) Study, 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 2001 survey is the eleventh to include comparable samples of eighth- and tenth-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 multi-stage, random sample where the stages include selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2001 survey included 13,304 high school seniors from 134 schools, 14,286 tenth-graders from 137 schools, and 16,756 eighth-graders from 153 schools (a total of 44,346 students from 424 schools).

SOURCE:

The Monitoring the Future Study, Institute for Social Research, University of Michigan, available at <http://www.isr.umich.edu/src/mtf/pr98t4.htm>.

Alcohol Use is the percentage of 12th-grade students who reported having five or more drinks in a row in the past two weeks. This measure is based on results from the Monitoring the Future (MTF) Study. The MTF study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth.

SOURCE:

The Monitoring the Future Study, Institute for Social Research, University of Michigan, available at <http://www.isr.umich.edu/src/mtf/pr98t4.htm>.

Illicit Drug Use is the percentage of 12th-grade students who have used illicit drugs in the previous 30 days. Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy (MDMA)), amphetamines (including methamphetamine), and non-medical use of psychotherapeutics. Illicit Drug Use is based on results from the Monitoring the Future Study. This study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth.

SOURCE:

The Monitoring the Future Study, Institute for Social Research, University of Michigan, available at <http://www.isr.umich.edu/src/mtf/pr98t4.htm>.

Violent Crime Victimization is the rate of serious violent victimizations per 1,000 youth ages 12 to 19. To obtain the rate for this group, rates for 12 to 15 and 16 to 19 age groups were averaged. Serious violent crimes include aggravated assault, rape, robbery, and homicide.

Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Victimization rates were calculated using population estimates from the U.S. Census Bureau's Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey-derived population estimates. Rape, robbery, and assault data are from the National Crime Victimization Survey (NCVS). The homicide data are collected by the FBI's Uniform Crime Reports (CUR) (Supplementary Homicide Reports) from reports from law enforcement agencies.

SOURCE:

U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey & FBI Supplementary Homicide Reports.

Violent Crime Offending is the serious violent crime-offending rate per 1,000 youth ages 12 to 17. This 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 for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age, to the number of juveniles in the population.

SOURCE:

U.S. Department of Justice, Bureau of Justice Statistics, available at <http://www.ojp.usdoj.gov/bjs/glance/offage.htm>.

Preschool Enrollment is the number of children ages 3 to 4 who are enrolled in preschool, public or private.

SOURCE:

U.S. Department of Education, National Center for Education Statistics, Digest of Education Statistics, available at <http://www.nces.ed.gov/pubs2002/digest2001/>.

Mathematics Achievement is the average mathematics scale score of nine, 13, and 17-year-olds. To obtain this average, scores for nine, 13 and 17-year-olds were averaged. The mathematics proficiency scale ranges from 0 to 500. Levels are as follows: Level 150: Simple arithmetic facts, Level 200: Beginning skills and understandings, Level 250: Numerical operations and beginning problem solving, Level 300: Moderately complex procedures and reasoning, and Level 350: Multi-step problem solving and algebra.

Data are from the National Assessment of Educational Progress (NAEP). The NAEP is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation's children and youth. It samples students in public and nonpublic schools.

SOURCES:

1994, 1996, and 1999 data: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), Trends in Academic Progress, available at <http://nces.gov/pubs2000/digest99/d99t123.html>.

1995, 1997, and 1998 data: These missing years were interpolated to reflect the dominant trends of the indicators in question. Interpolated values were based upon the average differences between known data points.

2000 data: 2000 data were projected from 1999 NAEP results.

Reading Achievement is the average reading scale score of nine, 13, and 17-year-olds. To obtain this average, scores for nine, 13 and 17-year-olds were averaged. The reading proficiency scale has a range from 0 to 500. Levels are as follows: Level 150: Simple, discrete reading tasks, Level 200: Partial skills and understanding, Level 250: Interrelates ideas and makes generalizations, Level 300: Understands complicated information, and Level 350: Learns from specialized reading materials.

SOURCES:

1994, 1996, and 1999 data: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), 1996 Trends in Academic Progress, available at <http://nces.gov/pubs2000/digest99/d99t112.html>.

1995, 1997, and 1998 data: These missing years were interpolated to reflect the dominant trends of the indicators in question. Interpolated values were based upon the average differences between known data points.

2000 data: 2000 data were projected from 1999 NAEP results.

High School Completion is the rate of persons ages 18 to 24 who have received a high school diploma or its equivalent. Those who have a GED or a diploma equivalent are included as high school graduates in this measure. Diploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) test.

Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older.

SOURCE:

U.S. Census Bureau, October Current Population Survey, available at <http://www.census.gov/population/socdemo/school/tabA-5.pdf>.

Youth Not Working and Not in School is the rate of youth ages 16 to 19 who are not working and not in school. The information relates to the labor force and enrollment status of persons 16 to 19 years old in the civilian non-institutionalized 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 uncomposited estimates and are not comparable to data from published tables.

This measure is based on analysis of the 12-month Current Population Survey (CPS) file maintained by the U.S. Bureau of Labor Statistics. Each month the CPS asks respondents in about 60,000 households nationwide questions regarding their activities related to the labor force and education. Questions regarding school enrollment and employment are asked of all 16- to 19-year-olds in the sample each month.

SOURCE:

U.S. Bureau of Labor Statistics, Current Population Survey.

Bachelor's Degree is the percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher.

Data on the highest level of school completed or degree attained are derived from the March supplement to the Current Population Survey (CPS).

SOURCE:

U.S. Department of Education, National Center for Education Statistics, available at <http://nces.ed.gov/programs/coe/2002/section3/indicator25.asp>.

Obesity is the percentage of children and adolescents ages six to 17 who are overweight. The definition of overweight follows the definition given in the U.S. Department of Health and Human Services *Trends in the Well-Being of America's Children and Youth* which defines overweight as a body mass index at or above the sex-and race-specific 95th percentile BMI cutoff points calculated at six-month intervals for children ages six through 11 from the 1963-1965 National Health Examination Survey (NHES) and for adolescents ages 12 through 17 from the 1966-1970 NHES. Age is at time of examination at mobile examination centers in the NHES. To obtain rates for this age group, rates for the six to 11 and 12 to 17 age groups were averaged.

SOURCES:

2000 data: This value is a projection extrapolated from the most recent wave through 1998.

1999 data: National Center for Health Statistics. Health United States, 1998 with Socioeconomic Status and Health Chartbook. Table 71. National Health and Nutrition Examination Survey (NHANES III, 88-94), available at <http://www.cdc.gov/nchs/products/pubs/pubd/hestats/overwght99.htm>.

1995 through 1998 data: The overweight time series were linearly interpolated for intervening years from the waves of the NHANES III (1988 to 1994). Interpolated values were based upon the average differences between known data points.

Religious Attendance is the percentage of 12th-graders who weekly attend religious services. Students were asked, "How often do you attend religious services?" This indicator reflects those who answered "about once a week or more."

Data are from the Monitoring the Future study, an ongoing study of the behaviors, attitudes, and values of American secondary school students, college students, and young adults. Each year, a total of some 50,000 8th, 10th and 12th grade students are surveyed (12th graders since 1975, and 8th and 10th graders since 1991.) In addition, annual follow-up questionnaires are mailed to a sample of each graduating class for a number of years after their initial participation.

SOURCE:

The Monitoring the Future Study, Institute for Social Research, University of Michigan, available at <http://www.monitoringthefuture.org/>.

Religion Importance is the percentage of 12th-graders who report religion as playing a very important role in their lives. Students were asked, "How important is religion in your life?" This indicator reflects those who responded "very important."

SOURCE:

The Monitoring the Future Study, Institute for Social Research, University of Michigan, available at <http://www.monitoringthefuture.org/>.

Suicide is the number of deaths to adolescents ages 10 to 19 as a result of self-directed violent behaviors. It is important to note that the number of completed suicides reflects only a small portion of the impact of suicidal behavior. Many more individuals are hospitalized as a result of nonfatal suicide attempts than are fatally injured, and a still greater number are treated in ambulatory settings or are not treated at all for injuries resulting from suicidal acts.

To obtain rates for this age group, we averaged rates for the 10 to 14 and 15 to 19 age groups. Suicide deaths counted in the incident rates were subtracted out of the general mortality rates for the corresponding age groups so that these deaths were not counted twice.

SOURCE:

Centers for Disease Control, National Center for Health Statistics, National Vital Statistics System. "Death Rates for 358 Selected Causes by Five-year Age Groups, Race, and Sex: United States, 1999," Table 292A.

Presidential Election Voting is the percentage of 18 to 24-year-olds who voted in the Presidential election.

Information on reported voting and registration by various demographic and socioeconomic characteristics is collected for the nation in November of congressional and presidential election years in the [Current Population Survey \(CPS\)](#).

SOURCES:

2000 data: U.S. Census Bureau, Current Population Reports, Series P20-542, "Voting and Registration in the Election of November 2000."

1996 data: U.S. Census Bureau, Current Population Reports, Series P20-504, "Voting and Registration in the Election of November 1996."

1995 and 1997 through 1999 data: Since Presidential elections occur on a four-year cycle, the time series was interpolated for the intervening years in order to be consistent with the annual time series of the other indicators in the index. Interpolated values were based upon the average differences between known data points.

1992 data: U.S. Census Bureau, Historical Time Series Tables, Table A-1.

Reported Voting and Registration by Race, Hispanic Origin, Sex and Age Groups: November 1964 to 2000, available at <http://www.census.gov/population/www/socdemo/voting.html>.

Appendix Table A4.
America's Children Index Data Definitions and Sources

Child Poverty is the percentage of related children under age 18 living below 100 percent of poverty. Estimates refer to children who are related to the householder and who are under age 18. Related children in a family include own children and all other children under 18 years old in the household who are related to the householder by birth, marriage, or adoption.

The measurement of poverty is the official poverty measure used by the U.S. Census Bureau. A child is living below poverty if the child lives in a family with before-tax cash income below a defined level of need, called the poverty line. The official poverty line in use today was devised in the early 1960s based on the minimum cost of what was considered to be a nutritionally adequate diet. As originally defined, the poverty index signified the inability of families to afford the basic necessities of living, based on the budget and spending patterns of those Americans with an average standard of living. Since then, the poverty line has been updated annually for inflation using the Consumer Price Index (CPI) for all urban consumers. The poverty line depends on the size of the family and the number of children in the family. The poverty level is based on money income and does not include non-cash benefits, such as food stamps. Poverty thresholds reflect family size and composition and are adjusted each year using the annual average CPI level. The average poverty threshold for a family of four was \$17,603 in 2000.

SOURCE:

U.S. Census Bureau, March Current Population Survey, *Current Population Reports*, Consumer income, Series P-60, various years.

Secure Parental Employment is the percentage of children under age 18 living with at least one parent employed full time all year. Full-time, all-year employment is defined as usually working full time (35 hours or more per week) for 50 to 52 weeks. Children living with neither parent were listed as not having secure parental employment.

SOURCE:

U.S. Census Bureau, March Current Population Survey.

Food Security is the percentage of children under age 18 in households experiencing food insecurity reporting child hunger.

Food Security Data presented are 12-month data from the CPS food security supplements, specifically the April Food Security Supplement to the Current Population Survey (CPS). The April Food Security Supplement is a survey instrument introduced in 1995. Its content is based on material reported in prior research on hunger and food security. The respondents completing the supplement included households at all income levels, both above and below the Federal poverty threshold. Special final supplement sample weights were computed to adjust for the demographic characteristics of supplement non-interviews.

Data for 1995 are not precisely comparable to more recent years, due to a change in the method of screening CPS sample households into the Food Security Supplement. However, the effect for 1995 (a slight downward bias) is perceptible only for the broadest category of household food

insecurity identified. Food insecurity and hunger among children in 2000 appear slightly higher than in 1999; however, this is due, in whole or in part, to variation in the data collection periods in adjacent years. Comparisons of 2000 to 1998, or of 1999 to 1995 are free of this seasonal effect and are therefore more accurate.

SOURCES:

1995, 1998, 1999, and 2000 data: United States Department of Agriculture, Food and Nutrition Service and Economic Research Service (ERS). Tabulated by the Economic Research Service.

1997 data: Cohen, Barbara, Parry, James, and Yang, Kenneth, "Household Food Security in the United States, 1998 and 1999," (June 2002), Table B10, available at <http://www.ers.usda.gov/publications/efan02011/efan02011.pdf> (accessed 2003).

1996 data: Cohen, Barbara, Parry, James, and Yang, Kenneth, "Household Food Security in the United States, 1998 and 1999," (June 2002), Table B9, available at <http://www.ers.usda.gov/publications/efan02011/efan02011.pdf> (accessed 2003).

Access to Health Care is the percentage of children under age 18 covered by health insurance. Children are considered to be covered by health insurance if they had government or private coverage at any time during the year. Government health insurance for children consists mostly of Medicaid, but also includes Medicare, the State Children's Health Insurance Programs (SCHIP), and Civilian Health and Medical Care Program of the Uniformed Services (CHAMPUS/Tricare). Some children are covered by both types of insurance; hence, the sum of government and private is greater than the total.

The measure is based on analysis of the annual March Current Population Survey. 1999 and 2000 data are not directly comparable to previous years. Estimates beginning in 1999 include follow-up questions to verify health insurance status. Estimates for 1999 and 2000 are not directly comparable with earlier years, before the verification questions were added.

SOURCE:

U.S. Census Bureau, unpublished tables based on analyses from the March Current Population Survey.

Usual Source of Care is the percentage of children under age 18 with no usual source of health care. It excludes emergency rooms as a usual source of care.

The measure is based on analysis of the National Health Interview Survey (NHIS). The NHIS is a continuing nationwide sample survey of the non-institutionalized civilian population in which data are collected during personal household interviews. Interviewers obtain information on personal and demographic characteristics, including race and ethnicity, by self-reporting or as reported by a member of the household. Investigators also collect data about illnesses, injuries, impairments, chronic conditions, activity limitation caused by chronic conditions, utilization of health services, and other health topics. For most health topics, the survey collects data over an entire year. In 1997, the NHIS was redesigned; estimates beginning in 1997 are likely to vary slightly from those for previous years. Data for 1997 to 2000 are not strictly comparable with earlier data.

SOURCE:

Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey, available at <http://www.cdc.gov/nchs/nhis.htm> (2003).

General Health Status is the percentage of children under age 18 in very good or excellent health.

The measure is based on analysis of the National Health Interview Survey (NHIS), a continuing nationwide sample survey of the non-institutionalized civilian population in which data are collected during personal household interviews. In 1997, the National Health Interview Survey was redesigned. Data for 1997 to 2000 are not strictly comparable with earlier data.

SOURCE:

Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Study, available at <http://www.cdc.gov/nchs/nhis.htm> (2003).

Activity Limitation is the percentage of children under age 18 with any limitation in activity resulting from chronic conditions. Chronic conditions usually have a duration of more than 3 months, e.g., asthma, hearing impairment, diabetes. Persons are not classified as limited in activity unless one or more chronic conditions are reported as the cause of the limitation.

The measure is based on analysis of the National Health Interview Survey (NHIS). The NHIS is a continuing nationwide sample survey of the non-institutionalized civilian population in which data are collected during personal household interviews.

SOURCES:

1997, 1999, and 2000 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), National Health Interview Survey (NHIS), available at <http://www.cdc.gov/nchs/nhis.htm> (2003).

1998 data: 1998 annual estimates for activity limitation were not shown in the America's Children report due to an error in data collection for January-June. 1998 data therefore represent an average of 1995 and 1996 data.

Childhood Immunization is the percentage of children ages 19 to 35 months who received combined series immunization coverage. The 4:3:1:3 combined series consists of 4 doses of diphtheria and tetanus toxoids and pertussis vaccine (DTP), 3 doses of polio vaccine, 1 dose of a measles-containing vaccine (MCV), and 3 doses of *Haemophilus influenzae* type b (Hib) vaccine.

This measure is based on results from the National Immunization Survey (NIS), a continuing nationwide telephone sample survey of families with children ages 19 to 35 months. Estimates of vaccine-specific coverage are available for the Nation, the States, and 28 urban areas since 1994 when the survey was instituted. The NIS uses a two-stage sample design. First, a random-digit-dialing sample of telephone numbers is drawn. When households with age-eligible children (19-35 months) are contacted, the interviewer collects information on the vaccinations received by all age-eligible children. The interviewer also collects information on the vaccination providers. In the second phase, all vaccination providers are contacted by mail. Providers' responses are combined with information obtained from the households to render estimates of vaccination coverage levels more accurately. Final estimates are adjusted for non-coverage of households without telephones.

SOURCES:

1996, 1998, 1999, and 2000 data: Centers for Disease Control and Prevention, National Immunization Program and National Center for Health Statistics, [National Immunization Survey](#).

1995 and 1997 data: America's Children: Key National Indicators of Well-Being, 1999, available at <http://www.childstats.gov/ac1999/hlth5.asp> (accessed 2003).

Low Birth Weight is the percentage of infants weighing less than 5.5 pounds (2,500 grams) at birth. This excludes live births with unknown birth weight.

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 prenatal care, 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.

SOURCES:

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

2000 data: "Births: Final Data for 2000," *National Vital Statistics Reports*, Vol. 50, No. 5, (February 12, 2002), Table 46.

1999 data: "Births: Final Data for 1999," *National Vital Statistics Reports*, Vol. 49, No. 1, (April 17, 2001), Table 46.

1998 data: "Births: Final Data for 1998," *National Vital Statistics Reports*, Vol. 48, No. 3, (March 28, 2000), Table 46.

1997 data: "Births: Final Data for 1997," *National Vital Statistics Reports*, Vol. 47, No. 18, (April 29, 1999), Table 46.

1996 data: "Advance Report of Final Natality Statistics, 1996," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement (June 30, 1998), Table 46.

1995 data: "Advance Report of Final Natality Statistics, 1995," *Monthly Vital Statistics Report*, Vol. 45, No. 11, Supplement (June 10, 1997), Table 16.

Infant Mortality is the number of deaths before the first birthday per 1,000 live births.

Data are from the National Linked File of Live Births and Infant Deaths, 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 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. Although discrepancies are rare for white and black infants, they can be substantial for other races. National linked files are available starting with the birth cohort of 1983. No linked file was produced for the 1992 through 1994 data years.

SOURCES:

2000 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), "Infant Mortality Rates, Live Births, and Infant Deaths by Selected

Characteristics and Specified Race of Mother: United States, 2000,” *National Vital Statistics Reports*, Vol. 50, No. 12 (August 28, 2002), Table 2, available at http://www.cdc.gov/nchs/data/nvsr/nvsr50/50_12t2a.pdf (accessed 2003).

1995 through 1999 data: CDC, NCHS, National Linked File of Live Births and Infant Deaths.

Child Mortality is the number of deaths per 100,000 children and adolescents ages one to four and ages five to 14.

Cause-of-death information for 1980-98 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-Death information for 1999 is classified according to the Tenth Revision of the International Classification of Diseases.

SOURCES:

2000 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), “Deaths: Final Data from 2000,” *National Vital Statistics Report*, Vol. 50, No. 15 (September 16, 2002), Table 3, available at

http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_15.pdf (accessed 2003).

1999 data: CDC, NCHS, *National Vital Statistics Report*, Vol. 49, No. 8 (September 21, 2002), Table 2.

1995 through 1998 data: CDC, NCHS, National Vital Statistics System.

Adolescent Mortality is the number of deaths per 100,000 adolescents ages 15 to 19.

Cause-of-death information for 1980-98 is classified according to the Ninth Revision of the International Classification of Diseases. Cause-of-death information for 1999 is classified according to the Tenth Revision of the International Classification of Diseases.

SOURCES:

2000 data: Centers for Disease Control and Prevention (CDC), National Center for Health Statistics (NCHS), “Deaths: Final Data from 2000,” *National Vital Statistics Reports*, Vol. 50, No. 15 (September 16, 2002), Table 3, available at

http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_15.pdf (accessed 2003).

1999 data: CDC, NCHS, *National Vital Statistics Report*, Vol. 49, No. 8 (September 21, 2002), Table 2.

1995 through 1998 data: CDC, NCHS, National Vital Statistics System.

Adolescent Births is the number of births per 1,000 females ages 15 to 17.

Data are collected via the National Vital Statistics System. Through this, 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.

SOURCES:

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

Mathews, T.J., Ventura, S.J., Curtin, S.C., and Ma, J.A. (1999). Births of Hispanic origin, 1989-95. *Monthly Vital Statistics Report*, 46 (6, Supplement).

Taffel, S.M. (1994). Birth and fertility rates for States: United States, 1990. *Vital and Health Statistics*, 42 (21).

Ventura, S.J., Mathews, T.J., and Hamilton, B.E. (2001). Births to teenagers in the United States, 1940-2000. *National Vital Statistics Reports*, 49 (10).

Martin, J.A., Hamilton, B.E., Ventura, S.J., Menacker, F., and Park, M.M. (2002). Births: Final data for 2000. *National Vital Statistics Reports*, 50 (5).

Cigarette Smoking is the percentage of students who reported smoking cigarettes daily in the previous 30 days. Separate percentages were calculated for eighth, 10th, and 12th grade students. This measure is based on results from the Monitoring the Future (MTF) Study, 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 2001 survey is the eleventh to include comparable samples of eighth- and tenth-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 multi-stage random sample where the stages include selection of geographic areas, selection of one or more schools in each selected area, and selection of a sample of students within each school. Data are collected in the spring of each year using questionnaires administered in the classroom by representatives from ISR. The 2001 survey included 13,304 high school seniors from 134 schools, 14,286 tenth-graders from 137 schools, and 16,756 eighth-graders from 153 schools (a total of 44,346 students from 424 schools).

SOURCE:

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2001). *Monitoring the Future National Survey Results on Drug Use, 1975-2000 Volume I: Secondary School Students* (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse. Tables D-48 and D-49.

Alcohol Use is the percentage of students who reported having five or more drinks in a row in the past two weeks. Separate percentages were calculated for eighth, 10th, and 12th grade students.

This measure is based on results from the Monitoring the Future (MTF) Study. The MTF study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth.

SOURCE:

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2001). *Monitoring the Future National Survey Results on Drug Use, 1975-2000 Volume I: Secondary School Students* (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse. Tables D-44 and D-45.

Illicit Drug Use is the percentage of students who have used illicit drugs in the previous 30 days. Separate percentages were calculated for eighth, 10th, and 12th grade students. Illicit drugs include marijuana, cocaine (including crack), heroin, hallucinogens (including LSD, PCP, and ecstasy (MDMA)), amphetamines (including methamphetamine), and non-medical use of psychotherapeutics.

Illicit Drug Use is based on results from the Monitoring the Future (MTF) Study. This study is a continuing series of surveys intended to assess the changing lifestyles, values, and preferences of American youth.

SOURCE:

Johnston, L.D., O'Malley, P.M., and Bachman, J.G. (2001). *Monitoring the Future National Survey Results on Drug Use, 1975-2000 Volume I: Secondary School Students* (NIH Publication No. 01-4924). Bethesda, MD: National Institute on Drug Abuse. Tables 2-2 and 5-3. Data for 2001 are from press release of December 19, 2001, and demographic disaggregations are from unpublished tabulations from Monitoring the Future, University of Michigan.

Youth Victims is the rate of serious violent victimizations per 1,000 youth ages 12 to 17.

Serious violent crimes include aggravated assault, rape, robbery, and homicide. Aggravated assault is an attack with a weapon, regardless of whether or not an injury occurred or an attack without a weapon when serious injury resulted. Robbery is stealing by force or threat of force. Victimization rates were calculated using population estimates from the U.S. Census Bureau's Current Population Reports. Such population estimates normally differ somewhat from population estimates derived from the victimization survey data. The rates may therefore differ marginally from rates based upon the victimization survey-derived population estimates.

Rape, robbery, and assault data are from the National Crime Victimization Survey (NCVS). The National Crime Victimization Survey (NCVS) is the Nation's primary source of information on criminal victimization. In earlier years, researchers obtained data from a nationally representative sample of roughly 49,000 households that include more than 100,000 persons ages 12 and older on the frequency, characteristics, and consequences of criminal victimization in the United States. In recent years, the sample size for the NCVS has been decreased. The sample for the most recent year, 2000, was 43,000 households and 80,000 persons ages 12 and older. The survey reports 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 over age 11, women, the elderly, members of various racial groups, city dwellers, and other groups. Victims are also asked whether they reported the incident to the police and, in the instances of personal violent crimes, they are asked about the characteristics of the perpetrator.

The homicide data are collected by the Federal Bureau of Investigation's (FBI's) Uniform Crime Reports (UCR) (Supplementary Homicide Reports) from reports from law enforcement agencies. The (FBI's) UCR Program, which began in 1929, collects information on the following crimes reported to law enforcement authorities: homicide, forcible rape, robbery, aggravated assault, burglary, larceny-theft, motor vehicle theft, and arson. Arrests are reported for 21 additional crime categories. The UCR data are compiled from monthly law enforcement reports or individual crime incident records transmitted directly to the FBI or to centralized State agencies that then report to the FBI. In 1997, law enforcement agencies active in the UCR Program represented approximately 254 million U.S. inhabitants—94 percent of the total population. The UCR Program provides crime counts for the Nation as a whole, as well as for regions, States, counties, cities, and towns.

UCR findings for each calendar year are published in a preliminary release in the spring, followed by a detailed annual report, *Crime in the United States*, issued in the following calendar year. In addition to crime counts and trends, this report includes data on crimes cleared, persons

arrested (age, gender, and race), law enforcement personnel (including the number of sworn officers killed or assaulted), and the characteristics of homicides (including age, gender, and race of victims and offenders, victim-offender relationships, weapons used, and circumstances surrounding the homicides).

SOURCE:

U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Perpetrators of Serious Violent Crimes is the serious violent crime-offending rate per 1,000 youth ages 12 to 17. This 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 for which the age of the offenders was known, plus the number of homicides reported to police that involved at least one juvenile offender perceived by the victim (or by law enforcement in the case of homicide) to be 12 through 17 years of age, to the number of juveniles in the population.

SOURCE:

U.S. Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey, Federal Bureau of Investigation, Uniform Crime Reporting Program, Supplementary Homicide Reports.

Family Reading to Young Children is the percentage of children ages three to five who are read to every day in the last week by a family member. Estimates are based on children who have yet to enter kindergarten.

Family reading is based on analysis of the National Household Education Surveys Program (NHES), which was conducted in 1991, 1993, 1995, 1996, 1999, and 2001. This program, conducted by the National Center for Education Statistics (NCES), collects detailed information about education issues through a household-based survey using telephone interviews. The sample for the NHES is drawn from the non-institutionalized civilian population in households having a telephone in the 50 States and the District of Columbia. The data are weighted to permit nationally representative estimates of the population of interest. In addition, the NHES design samples minorities at a higher rate than non-minorities to increase the reliability of estimates for these groups.

In 1995, NCES also fielded an early childhood program participation survey. It entailed screening approximately 44,000 households and interviewing 14,000 parents of children from birth through third grade. In 1996, NCES fielded a survey of parent and family involvement in education, interviewing nearly 21,000 parents of children from age three through 12th grade. About 8,000 youth in grades six through 12 were also interviewed about their community service and civic involvement. The 1999 NHES was designed to collect end-of-the-decade estimates of key indicators collected in previous NHES surveys and also collected data from children and their parents about plans for the child's education after high school. Interviews were conducted with 24,000 parents of children ranging from newborns through 12th-graders, approximately 8,000 students in grades six through 12 in the youth interview, and nearly 7,000 adults.

SOURCES:

1995, 1996, and 1999 data: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey.

1997, 1998, and 2000 data: These missing years were interpolated to reflect the dominant trends of the indicators in question. Interpolated values were based upon the average differences between known data points.

Early Childhood Care and Education is the percentage of children ages three to five who are enrolled in center-based early childhood care and education programs. Center-based programs include day care centers, Head Start programs, preschool, nursery school, and pre-kindergarten, and other early childhood programs. Estimates are based on children who have yet to enter kindergarten.

Data is based on analysis of the National Household Education Surveys Program, which was conducted in 1991, 1993, 1995, 1996, 1999, and 2001.

SOURCES:

1995, 1996, and 1999 data: U.S. Department of Education, National Center for Education Statistics, National Household Education Survey

1997, 1998, and 2000 data: These missing years were interpolated to reflect the dominant trends of the indicators in question. Interpolated values were based upon the average differences between known data points.

Mathematics Achievement is the mathematics scale score of nine, 13, and 17-year-olds.

The mathematics proficiency scale ranges from 0 to 500. Levels are as follows: Level 150: Simple arithmetic facts, Level 200: Beginning skills and understandings, Level 250: Numerical operations and beginning problem solving, Level 300: Moderately complex procedures and reasoning, and Level 350: Multi-step problem solving and algebra.

The National Assessment of Educational Progress (NAEP) is mandated by Congress to monitor continuously the knowledge, skills, and performance of the Nation's children and youth. To measure long-term trends in educational performance, NAEP has periodically assessed students ages nine, 13, and 17 in reading, mathematics, and science since the early 1970s. To ensure accurate measurement of trends, items and procedures have remained the same in each assessment. A variation of matrix sampling is used so that the results from a large number of items can be generalized to an entire population. NAEP also conducts assessments in various academic subjects to measure short-term trends for periods of approximately 10 years. Data from many of these assessments are available for participating States as well as the Nation as a whole. Students in public and nonpublic schools are sampled. A charter school could be sampled, since such schools are within the universe of public schools, but home-schoolers are not included.

SOURCES:

2000 data: 2000 data were projected from the 1999 NAEP results.

1994, 1996, and 1999 data: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP 1999 Trends in academic progress*.

1995, 1997, and 1998 data: These missing years were interpolated to reflect the dominant trends of the indicators in question. Interpolated values were based upon the average differences between known data points.

Reading Achievement is the reading scale score of nine, 13, and 17-year-olds. The reading proficiency scale has a range from 0 to 500. Levels are as follows: Level 150: Simple, discrete reading tasks, Level 200: Partial skills and understanding, Level 250: Interrelates ideas and makes generalizations, Level 300: Understands complicated information, and Level 350: Learns from specialized reading materials.

SOURCES:

2000 data: 2000 data were projected from the 1999 NAEP results.

1994, 1996, and 1999 data: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress (NAEP), *NAEP 1999 Trends in academic progress*.

1995, 1997, and 1998 data: These missing years were interpolated to reflect the dominant trends of the indicators in question. Interpolated values were based upon the average differences between known data points.

High School Completion is the percentage of young adults ages 18 to 24 that have completed high school. Those who have a GED or a diploma equivalent are included as high school graduates in this measure. Diploma equivalents include alternative credentials obtained by passing exams such as the General Education Development (GED) test.

Educational Attainment data are collected annually in the Current Population Survey (CPS) and reported every March for the Nation, with limited detail for states and some metropolitan areas.

Data for 1994 and subsequent years are not strictly comparable with data for 1980-93, because of major revisions in the Current Population Survey questionnaire and data collection methodology and because of the inclusion of 1990 Census-based population controls in the estimation process.

SOURCE:

U.S. Census Bureau, October Current Population Survey (various years). Kaufman, P., Alt, M.N. and C. Chapman (2001). *Dropout rates in the United States: 2000*. Washington, DC: National Center for Education Statistics.

Youth Not Working and Not in School is the percentage of youth ages 16 to 19 who are neither enrolled in school nor working. The information relates to the labor force and enrollment status of persons 16 to 19 years old in the civilian non-institutionalized 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 uncomposited estimates and are not comparable to data from published tables.

This measure is based on analysis of the 12-month Current Population Survey (CPS) file maintained by the U.S. Bureau of Labor Statistics. Each month the CPS asks respondents in about 60,000 households nationwide questions regarding their activities related to the labor force and education. Questions regarding school enrollment and employment are asked of all 16- to 19-year-olds in the sample each month.

SOURCE:

Bureau of Labor Statistics, Current Population Survey.

Higher Education is the percentage of high school graduates ages 25 to 29 who have completed a bachelor's degree or higher.

Data on the highest level of school completed or degree attained are derived from the March supplement to the CPS. Every year, the October supplement to the CPS asks questions on school enrollment by grade and other school characteristics about each member of the household ages 3 and older.

SOURCE:

U.S. Census Bureau, March Current Population Survey. Tabulated by the U.S. Department of Education, National Center for Education Statistics, *The Condition of Education*.