

POPULATION OF CHILDREN

In 2009, there were more than 74 million children under 18 years of age in the United States, representing nearly 25 percent of the population. Young adults aged 18–24 years made up another 9.9 percent of the population, while adults aged 25–64 years composed 52.9 percent of the population, and adults aged 65 years and older composed 12.9 percent.

The age distribution of the population has shifted significantly in the past several decades. The percentage of the population that is under 18 fell from 28.2 percent in 1980 to 24.3

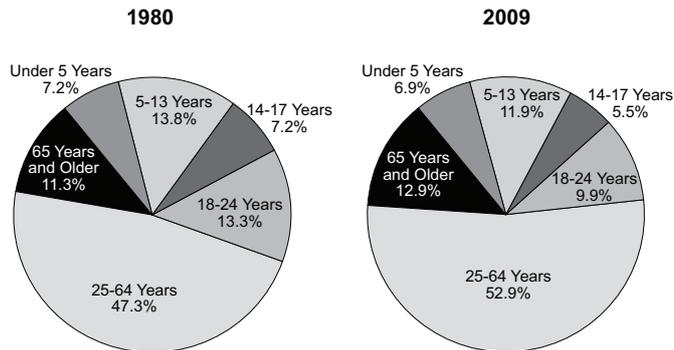
percent in 2009. The representation of young adults (aged 18–24 years) has also declined, from 13.3 percent to 9.9 percent. During this time period, the percentage of the population that is aged 25–64 years increased from 47.3 percent to 52.9 percent, and the percentage that is over 65 years increased from 11.3 percent to 12.9 percent. The median age in the United States has increased from 30.0 years in 1980 to 36.8 years in 2009 (data not shown).

The shifting racial/ethnic makeup of the child population (under 18 years) reflects the increasing diversity of the population as a

whole. Hispanic children represented less than 9 percent of children in 1980, compared to more than 22 percent in 2009, while the percentage of children who are Black remained relatively steady over the same period, around 15 percent. However, the percentage of children who are non-Hispanic White fell significantly, from 74.3 percent in 1980 to 55.3 percent in 2009. Changes in the ways that racial and ethnic data were collected after 2000 limit comparison over time for some groups, including Asians and Native Hawaiians and Other Pacific Islanders, and individuals of more than one race.

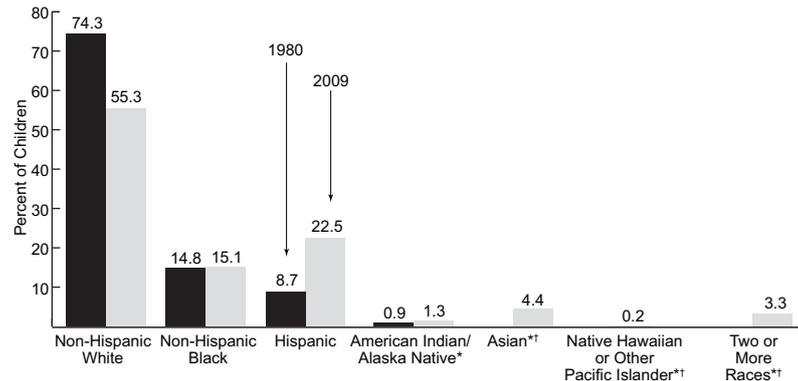
U.S. Population, by Age Group, 1980 and 2009

Source (I.1): U.S. Census Bureau, Annual Population Estimates



Population of Children Under Age 18, by Race/Ethnicity, 1980 and 2009

Source (I.1): U.S. Census Bureau, Annual Population Estimates



*May include Hispanics. †1980 data are not available.

CHILDREN IN POVERTY

In 2009, more than 15 million children under 18 years of age lived in households with incomes below 100 percent of the U.S. Census Bureau's poverty threshold (\$21,954 for a family of four in 2009); this represents 20.7 percent of all children in the United States. Poverty affects many aspects of a child's life, including living conditions, nutrition, and access to health care. A number of factors affect poverty status, and significant racial/ethnic disparities exist. In 2009, 35.7 percent of non-Hispanic Black children, 34.0 percent of non-Hispanic American Indian/Alaska Native children, and 33.1 percent of Hispanic children lived in households with incomes below 100

percent of the poverty threshold, compared to 11.9 percent of non-Hispanic White children.

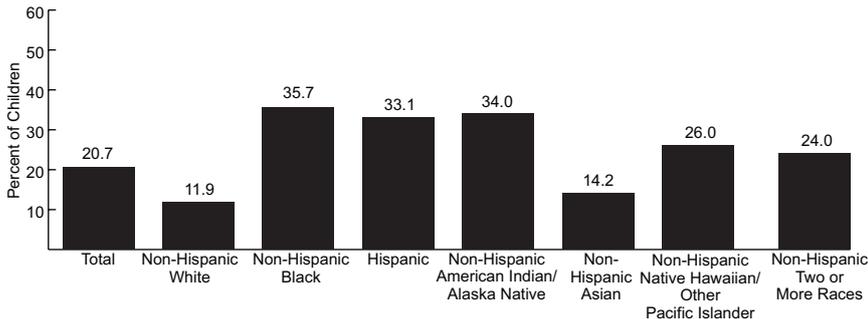
Single-parent families are particularly vulnerable to poverty. In 2009, 44.3 percent of children living in a female-headed household experienced poverty, as did 26.5 percent of children living in a male-headed household. Only 11.1 percent of children living in married-couple families lived in poverty (data not shown). The proportion of children living in poverty varies by age and family type. In 2009, 54.3 percent of children under 5 years of age living in female-headed households lived in poverty, while the same was true of 39.5 percent of children aged 6–17 years.

A number of Federal programs work to protect the health and well-being of children living in low-income families. One of these is the National School Lunch Program, administered by the U.S. Department of Agriculture's Food and Nutrition Service. The program provides nutritionally-balanced low-cost or free lunches to children based on income. In 2009, the program served free lunch to 16.3 million children and reduced-price lunch to another 3.2 million children. This represents 62.5 percent of all lunches served in participating schools.¹

1 U.S. Department of Agriculture, Food and Nutrition Service. Child nutrition tables: National Level Annual Summary Tables. Available online: <http://www.mypyramidforkids.gov/pd/cnpmain.htm>. Accessed March 2011.

Children Under Age 18 Living in Households with Incomes Below 100 Percent of the Poverty Threshold,* by Race/Ethnicity, 2009

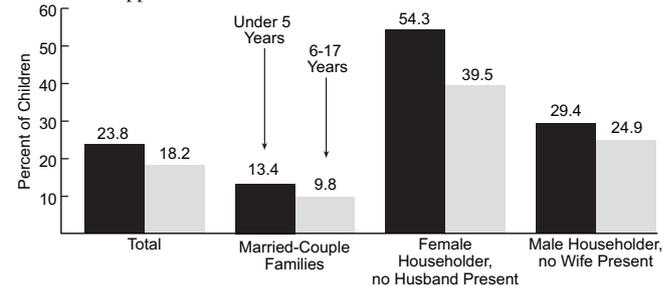
Source (I.2): U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement



*The U.S. Census Bureau uses a set of money income thresholds to determine who is in poverty; the poverty threshold for a family of four was \$21,954 in 2009.

Children Under Age 18 Living in Families* with Incomes Below 100 Percent of the Poverty Threshold,** by Age and Family Type, 2009

Source (I.2): U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement



*Includes only children who are related to the head of household by birth, marriage, or adoption.

**The U.S. Census Bureau uses a set of money income thresholds to determine who is in poverty; the poverty threshold for a family of four was \$21,954 in 2009.

CHILDREN OF FOREIGN-BORN PARENTS

The foreign-born population in the United States has increased substantially since the 1970s, largely due to immigration from Asia and Latin America. In 2009, 21.9 percent of children in the United States had at least one foreign-born parent. Of all children, 18.9 percent were U.S.-born with a foreign-born parent or parents, and 3.0 percent were themselves foreign-born. Most children (73.8 percent) were native-born with native-born parents.

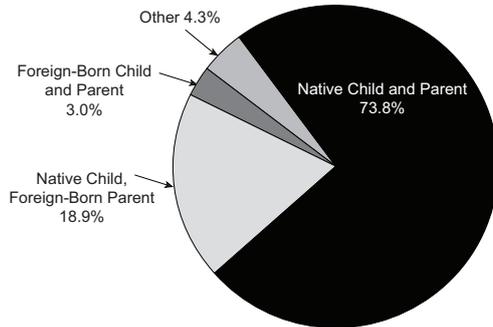
Children's poverty status varies with their nativity. In 2009, foreign-born children with foreign-born parents were most likely to live in poverty, with 32.7 percent living in households with incomes below 100 percent of the U.S. Census Bureau's poverty threshold (\$21,954 for a family of four in 2009). Another 29.0 percent of these children lived in households with family incomes of 100–199 percent of the poverty threshold. Native-born children with native parents were the least likely to experience poverty, with 16.4 percent living in households with incomes below 100 percent of the poverty

threshold, and another 19.4 percent living in households with incomes of 100–199 percent of the poverty threshold.

A number of other sociodemographic factors vary by the nativity of children and their parents. For instance, native-born children with native parents were most likely to have health insurance in 2009 (92.8 percent), while foreign-born children with foreign-born parents were least likely (66.3 percent). Almost 87 percent of native-born children with foreign-born parents had health insurance in 2009 (data not shown).

Children Under Age 18, by Nativity of Child and Parent(s),* 2009

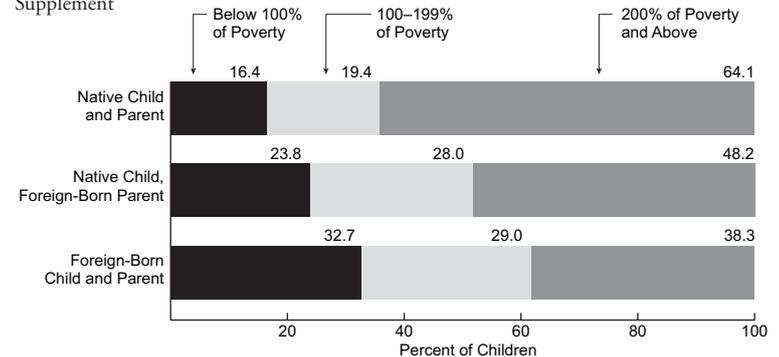
Source (I.3): U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement



*"Native parent" indicates that both of the child's parents were U.S. citizens at birth, "foreign-born parent" indicates that one or both parents were born outside of the United States, and "other" includes children with parents whose native status is unknown and foreign-born children with native parents.

Children Under Age 18, by Nativity of Child and Parent(s)* and Poverty,** 2009

Source (I.3): U.S. Census Bureau, Current Population Survey, Annual Social and Economic Supplement



**"Native parent" indicates that both of the child's parents were U.S. citizens at birth, "foreign-born parent" indicates that one or both parents were born outside of the United States. **The U.S. Census Bureau uses a set of money income thresholds to determine who is in poverty; the poverty threshold for a family of four was \$21,954 in 2009.

ADOPTED CHILDREN

In 2007, there were approximately 1.8 million adopted children living in the United States. Of all adopted children, 38 percent were placed with families through private domestic adoption, meaning the child was voluntarily placed for adoption by his or her biological parents. Another 37 percent of adopted children were placed with their families through foster care adoption, and the remaining 25 percent of adopted children came to their families through international adoption (data not shown).

Overall, the sex distribution of adopted children is about even, but this varies by adoption type. Only one-third of children

adopted internationally are male (33 percent) compared to 57 percent of children adopted from foster care and 51 percent of children adopted privately in the U.S. The racial/ethnic distribution of adopted children also varies across adoption types, with private adoptions most likely to involve non-Hispanic White children and international adoptions most likely to involve Asian children (data not shown).

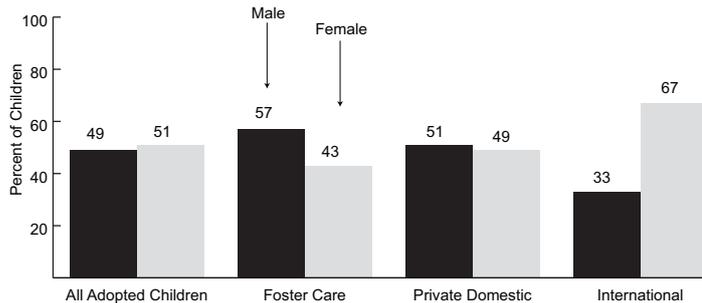
The majority of adopted children, 85 percent, were reported by their parents to be in “excellent” or “very good” health; however, nearly 40 percent of adopted children have special health care needs. Children with special health care needs are those who have or are at increased

risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.¹ Children adopted from foster care are more likely to have a special health care need (54 percent) compared to children adopted privately from the United States (32 percent) or internationally (29 percent).

1 McPherson M, Arango P, Fox H, Lauver C, McManus M, Newacheck P, Perrin J, Sbonkoff J, Strickland B. A new definition of children with special health care needs. Pediatrics, 102(1):137-140, 1998.

Adopted Children,* by Adoption Type and Sex,** 2007

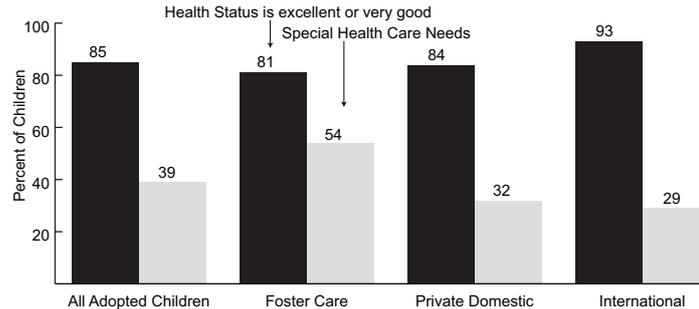
Source (I.4): Office of the Assistant Secretary for Planning and Evaluation and the Administration for Children and Families, National Survey of Adoptive Parents



*Adopted children were defined as those with at least one adoptive parent, but no biological parents, in the household. **Published analyses of this data source round all estimates to the nearest whole number.

Adopted Children,* by Adoption Type and Selected Health Status Indicators,** 2007

Source (I.4): Office of the Assistant Secretary for Planning and Evaluation and the Administration for Children and Families, National Survey of Adoptive Parents



*Adopted children were defined as those with at least one adoptive parent, but no biological parents, in the household. **Published analyses of this data source round all estimates to the nearest whole number.

RURAL AND URBAN CHILDREN

The health risks facing children often vary by geographic location. For instance, children living in rural areas are more vulnerable to death from injuries,¹ and are more likely to use tobacco than their urban counterparts.² Rural families may also not have the same access to health care because health services are not always located nearby.³ Understanding these potential risks can provide program planners and policymakers information that can be used to design and target services.

In 2007, 81.7 percent of children lived in urban areas, while about 9 percent lived in large and small/isolated rural areas, respectively (data not shown). These areas were classified based on zip code, the size of the city or town, and the commuting pattern in the area. Urban areas include metropolitan areas and surrounding towns, large rural areas include towns with populations of 10,000 to 49,999 persons and their surrounding areas, and small/isolated rural areas include towns with populations of 2,500 to 9,999 persons and their surrounding areas.

Rural and urban children did not differ in the proportion who were insured; however, rural children were more likely to have public insurance (38.3 percent among those in small/isolated rural areas and 35.6 percent in large rural areas) compared to urban children (27.2 percent). While the majority of children had a preventive physical or oral health visit in the past

year (88.5 percent), children in both large and small/isolated rural communities were slightly less likely to have had either such visit compared to their urban counterparts (data not shown).

Rural and urban children did not differ in their overall physical and oral health status; however, differences were found for specific health indicators by location. Children aged 10-17 years in small/isolated rural areas were more likely to be overweight or obese than children in urban areas (35.2 versus 30.9 percent) and were also more likely to spend more than 1 hour per weekday watching TV or videos or playing video games than urban children of the same age (55.3 versus 50.9 percent). However, children in small/isolated rural areas were more likely to engage in

physical activity everyday (28.9 percent) than those in urban (24.6 percent) or large rural areas (23.3 percent) and also had a higher rate of daily shared family meals than children living in urban areas (40.7 percent versus 35.0 percent).

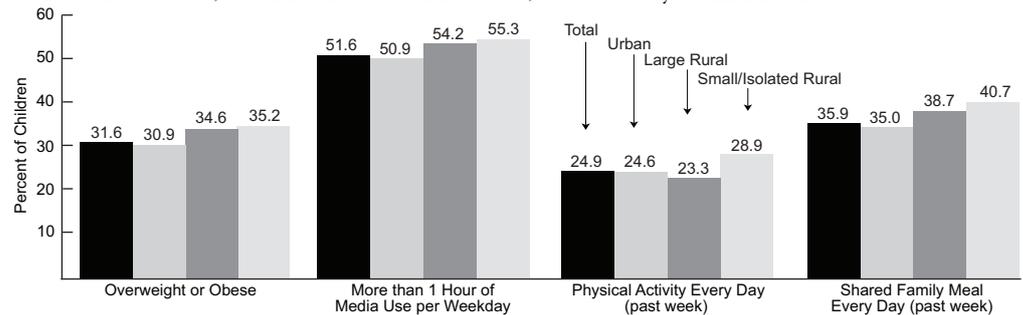
1 Cherry DC, Huggins B, Gilmore K. Children's health in the rural environment. *Pediatric Clinics of North America* 54 (2007):121-133.

2 Johnston LD, O'Malley PM, Bachman JG, Schulenberg JE. (2009) *Monitoring the Future: National Survey Results on Drug Use, 1975-2008*. (NIH Publication No. 09-7402.) Bethesda, MD: National Institute on Drug Abuse.

3 Probst JC, Laditka SH, Wang J-Y, Johnson AO. Effects of residence and race on burden of travel for care: cross sectional analysis of the 2001 US National Household Travel Survey. *BMC Health Serv Res* 2007 Mar 9;7:40.

Selected Indicators Among Children Aged 10-17, by Location,* 2007

Source (I.5): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health.



*Urban areas include metropolitan areas and surrounding towns, large rural areas include towns with populations of 10,000 to 49,999 persons and their surrounding areas, and small/isolated rural areas include towns with populations of 2,500 to 9,999 persons and their surrounding areas.

EDUCATION

In 2008, there were nearly 3.3 million high school status dropouts in the United States, representing a “status dropout” rate of 8.0 percent. Status dropout refers to those 16–24 years of age who are not enrolled in school and have not earned high school credentials (diploma or equivalent). This rate has declined steadily over the past several decades, with a decrease of 43 percent since 1980 (when the rate was 14.1 percent).

Historically, Hispanic students have had the highest dropout rates among youth of all racial/ethnic groups. Racial/ethnic differences in status dropout rates also vary by student sex

and nativity. In 2008, the status dropout rate among Hispanics born in the United States (10.8 percent) was much lower than the rate for foreign-born Hispanics (34.6 percent; data not shown). Overall, 10.4 percent of males were status dropouts compared to 7.9 percent of females. The highest rate observed was for Hispanic males (21.9 percent).

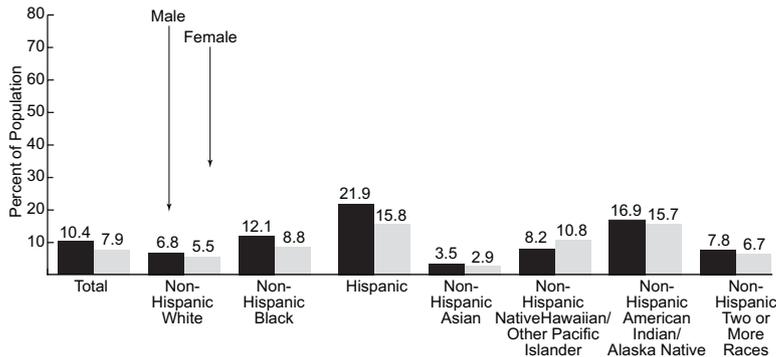
Children are educated in a variety of settings, including public and private schools and at home. In 2007, the majority of all children aged 5-17 years attending kindergarten through 12th grade were in public schools, including 70.6 percent who attended their assigned public school and 15.0 percent who attended another

public school of choice. An additional 11.4 percent of students attended private schools while 2.9 percent were homeschooled.² School type and setting varied by race/ethnicity. A higher proportion of Hispanic students were enrolled in assigned public schools than non-Hispanic Whites (74.6 versus 69.9 percent, respectively); non-Hispanic Whites were also less likely to be enrolled in a public school of choice (12.0 percent) than non-Hispanic Blacks (23.0 percent). Conversely, a higher proportion of non-Hispanic White children attended private school or were homeschooled.

² Percentages may not sum to 100 due to rounding.

School Status Dropout* Rates Among Persons Aged 16–24 Years, by Race/Ethnicity and Sex, 2008

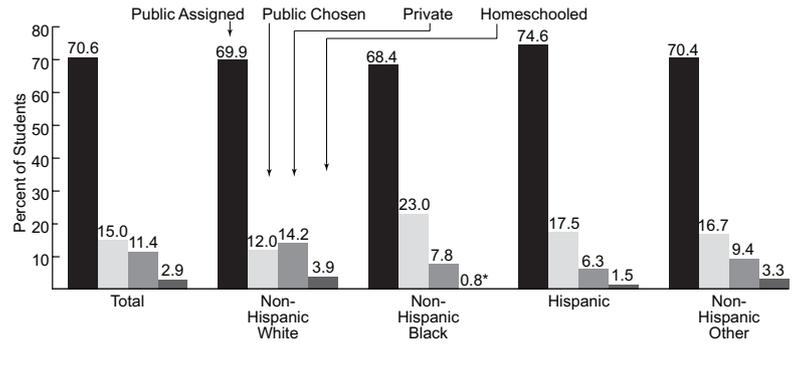
Source (I.6): U.S. Census Bureau, American Community Survey



*Status dropout refers to those 16-24 years of age who are not enrolled in school and have not earned high school credentials (diploma or equivalent).

Students Aged 5-17 Years, by Race/Ethnicity and School Type or Setting, 2007

Source (I.7): U.S. Department of Education, National Center for Education Statistics, National Household Education Survey, Parent and Family Involvement in Education Survey



*Interpret with caution; coefficient of variation is >30 percent.



HOMELESS AND SHELTERED FAMILIES

Children and youth are considered to be homeless if they do not have a fixed, regular, and adequate nighttime residence. This includes children living in shelters, transitional housing, cars, campgrounds, motels and hotels, or sharing housing with others due to loss of housing or economic hardship.¹ The exact number of children and adults who are homeless is not known, however, the US Department of Housing and Urban Development (HUD) estimated that approximately 1.6 million people, or one in every 200 Americans, spent at least one night in emergency shelter or transitional housing in 2009. Although the majority of those in shelter are individuals, persons in families – households with at least one adult and one child – accounted for 34.1 percent (or 535,477) of those using emergency shelters or

transitional housing. Between 2007 and 2009, family homelessness (as reflected by emergency and transitional shelter use) increased approximately 30 percent while a decrease in the number of individuals using shelter was observed during the same period (data not shown).²

Homeless families in emergency shelter or transitional housing differ substantially from homeless individuals. While sheltered individuals are more likely to be male (72.7 percent), over the age of 30 (75.2 percent), disabled (42.9 percent), and of veteran-status (13.0 percent), the majority of persons in sheltered families are female (79.6 percent), African American (47.9 percent), and under the age of 31 (82.4 percent). Overall, 22.2 percent of all sheltered homeless persons are under the age of 18, the majority of whom (52.6 percent) are under the age of 6 (data not shown).

The path into and out of emergency shelter

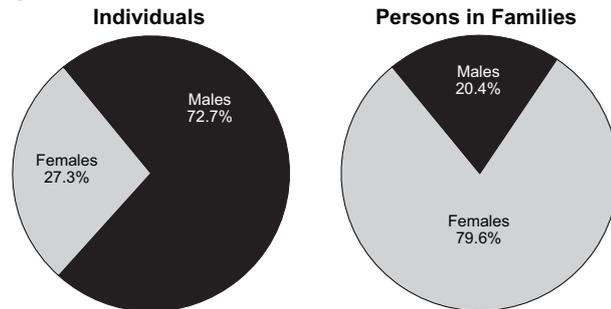
and transitional housing is also different for families and individuals. Among adults in families, 62.6 percent entered emergency shelter or transitional housing from some other form of shelter, including a rented or owned housing unit. The same was true for only 36.6 percent of individuals, the majority of whom were already homeless before seeking emergency shelter. Families are also more likely to stay in shelter for longer periods of time than individuals. In 2009, the average number of nights spent in emergency shelter among persons in families was 36 compared to 17 among individuals (data not shown).

1 National Coalition for the Homeless. *Who is homeless?* Available at: <http://nationalhomeless.org/factsheets/who.html>. Accessed May 2011.

2 U.S. Department of Housing and Urban Development. *The 2009 Annual Homeless Assessment Report to Congress.* Available at: <http://www.hudhre.info/documents/5thHomelessAssessmentReport.pdf>. Accessed May 2011.

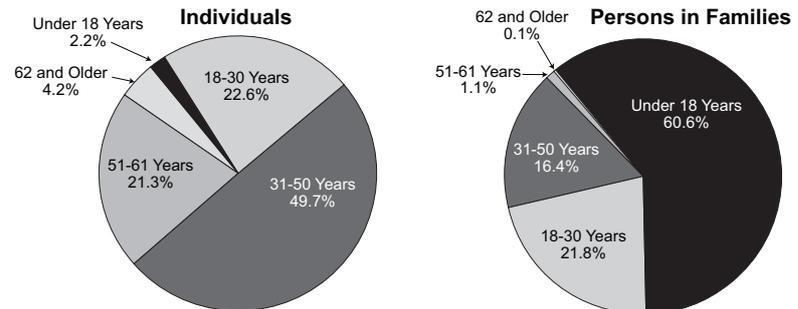
Sheltered Homeless Persons by Household Type and Sex, 2009

Source (L.8): U.S. Department of Housing and Urban Development. Homeless Management Information System.



Sheltered Homeless Persons by Household Type and Age, 2009

Source (L.8): U.S. Department of Housing and Urban Development. Homeless Management Information System.



CHILD-FAMILY CONNECTEDNESS

Family activities can promote bonding and help children lay the groundwork for future health and well-being. Sharing meals is a bonding activity that can also encourage good nutritional habits. In 2007, 45.8 percent of children under 18 years of age ate at least one meal every day with all other members of their household in the prior week while less than 5 percent of children did not share at least one meal with all the other members of their household. Sharing of meals varied by family income, with 58.2 percent of children living in households with incomes below 100 percent of the Federal pov-

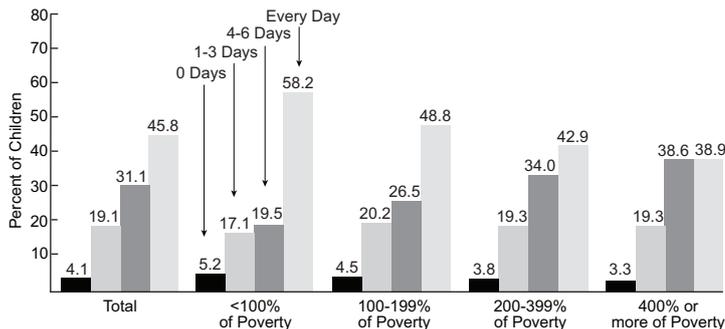
erty level (\$20,650 for a family of four in 2007) sharing meals daily compared to 48.8 and 42.9 percent of children living in households with incomes between 100-199 and 200-399 percent of the Federal poverty level, respectively, sharing daily family meals. Only 38.9 percent of children with household incomes of 400 percent or more of the Federal poverty level shared a meal every day with all other members of their household in the prior week.

In 2007, the parents of nearly 70 percent of children between the ages of 6 and 17 years reported that they could share ideas or talk about

things that really matter very well with their children. Less than one third (27.1 percent) reported that they could share ideas or talk about things that really mattered only somewhat well with their children and 3.1 percent reported that they could not share or talk about important issues well at all. This varied by age, with 75.4 percent of parents with children between the ages of 6 and 11 years reporting that they could share ideas and talk about important issues very well and 64.5 percent of parents with children aged 12-17 reporting the same level of communication with their children.

Frequency of Family Meals* Among Children, by Poverty,** 2007

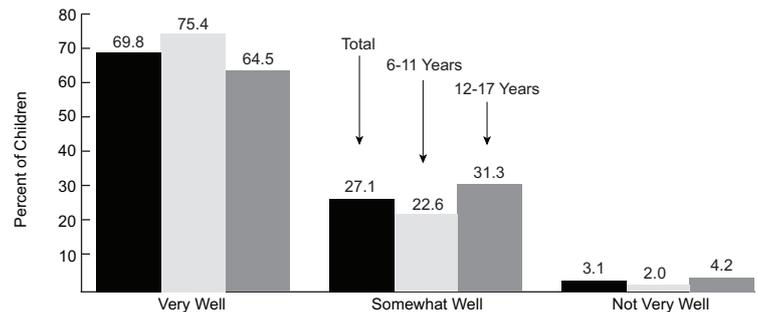
Source (I.8): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health



*Number of days that the child ate a meal with all other family members living in the household. **The U.S. Department of Health and Human Services establishes poverty guidelines for determining financial eligibility for Federal programs; the poverty level for a family of four was \$20,650 in 2007.

Parents and Children Sharing Ideas and Meaningful Conversation,* by Age, 2007

Source (I.8): Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of Children's Health



*Based on parent report of how well they share ideas or talk about things that really matter with their children.

MATERNAL AGE

According to preliminary data, the general fertility rate fell slightly to 66.7 live births per 1,000 women aged 15–44 years in 2009 (from a rate of 68.6 in 2008). Birth rates for nearly every age and racial/ethnic group declined. The rate for teenagers aged 15–19 years decreased to 39.1 per 1,000 females in this age group, which continues the general decline in teenage birthrates since 1991, when the rate was 61.8 births per 1,000. Although the birth rate for women aged 25–29 years fell in 2009, this group still experienced the highest birth rate of all age groups (110.5 births per 1,000). Birth rates for women aged 35–39

years (46.6 births per 1,000) also declined slightly (from 46.9 in 2008), representing the second year of decline after increasing rates for three decades. Birth rates for women aged 40–44 years (10.1 births per 1,000) increased slightly over the previous year.¹ Average age at first birth rose 3.6 years between 1970 and 2006 to 25.0 years (the latest year for which data are available; data not shown).²

The age distribution of births varies by race/ethnicity. Among non-Hispanic Black, Hispanic, and American Indian/Alaska Native women, 16.5 percent, 13.8 percent, and 17.3 percent of births, respectively, were to females younger than

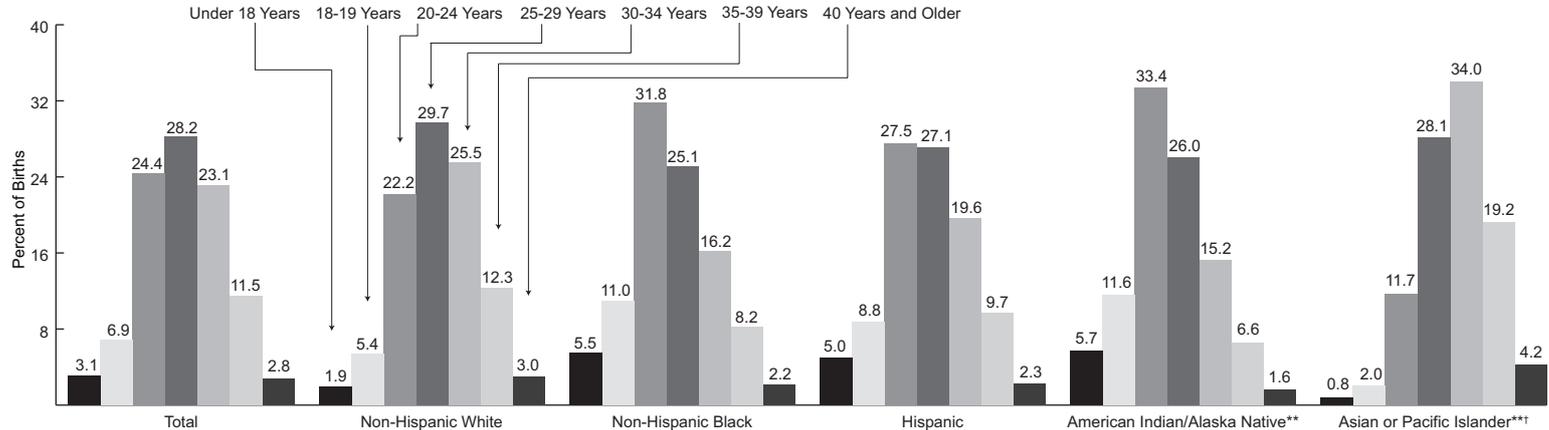
20 years of age, compared to 7.3 percent of births to non-Hispanic White females. The percentage of births to women aged 20–24 years was higher among non-Hispanic Black and Hispanic women (31.8 percent and 27.5 percent, respectively) than among non-Hispanic White women (22.2 percent). However, births to women aged 35 and older represented a higher proportion of births among non-Hispanic White and Asian/Pacific Islander women than among non-Hispanic Black and Hispanic women.

1 Hamilton BE, Martin JA, Ventura SJ. Births: Preliminary data for 2009. National vital statistics reports; vol 59 no 3. National Center for Health Statistics. 2010.

2 Mathews TJ, Hamilton BE. Delayed childbearing: More women are having their first child later in life. NCHS data brief, no 21. Hyattsville, MD: National Center for Health Statistics. 2009.

Distribution of Births, by Maternal Age and Race/Ethnicity, 2009*

Source (I.9): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System



*Preliminary data. **May include Hispanics. †Separate estimates were not available for Asians and Native Hawaiians and Other Pacific Islanders.