

POPULATION CHARACTERISTICS

Socio-demographic characteristics provide a comprehensive picture of the country's diverse maternal and child population. The population of children ages 21 and below comprises roughly one-third of the U.S. population.

At the national, state, and local levels, policy-makers use population information to systematically address health-related issues of mothers and children. By carefully analyzing and comparing data, health workers can often isolate high-risk populations that require specific interventions. Policy-makers can then tailor programs to meet the needs of those populations. The following section presents data on several population characteristics that have an impact on maternal and child health program development and evaluation. These include age, poverty status, race and ethnicity, living arrangements, child care trends, and school dropout rates. Also presented in this section are descriptions of specific target populations, including the foreign-born population and children with special health care needs.



POPULATION OF CHILDREN

Age

In 2003, the 73 million children under the age of 18 in the United States represented 25 percent of the total population. Young adults aged 20-24 represented 7.1 percent, adults aged 25-64 represented nearly 53 percent, and persons ages 65 and over represented 12 percent of the total population. The median age in the U.S. for all races was 35.9 years.

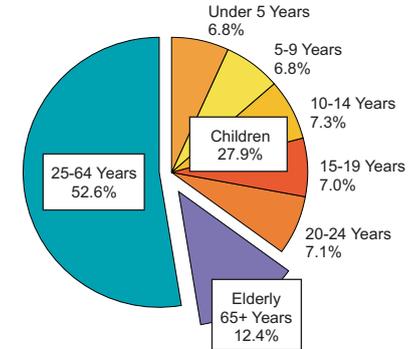
In the last decade, the number of children under 5 years of age has increased by 0.2 percent, while the number of children ages 5-19 has increased by 12 percent. In the same period, the number of persons aged 65 and over has increased by 9 percent.

Race and Ethnicity

Reflecting the trends in the general population, the population of children has become increasingly diverse over the past several decades. Since 1980, the percentage of children who are Hispanic or Asian/Pacific Islander has doubled, as the percentage who are non-Hispanic White has declined. Hispanic children represented 9 percent of children in 1980 and 18 percent in 2003; likewise, Asian/Pacific Islander children represented 2 percent in 1980 and 4 percent in 2003. In the same period, the percentage of children who are White dropped by 18 percent to represent 59 percent of the child population in 2003, while the percentage who are Black remained stable. In addition, nearly 3 percent of children were of more than one racial group in 2003.

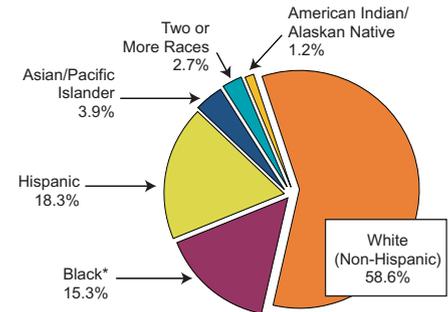
U.S. Resident Population by Age Group: 2003

Source (I.1): U.S. Census Bureau



Percent Distribution of Children Under 18, by Race/Ethnicity: 2003

Source (I.1): U.S. Census Bureau



* Includes Hispanic

CHILDREN OF FOREIGN-BORN PARENTS

The foreign-born population in the United States has increased substantially since 1970, largely due to immigration from Asia and Latin America. In 2002, nearly 20 percent of children in the U.S. or 14 million children, had at least one foreign-born parent: 15.9 percent were born in the U.S., and 3.7 percent were themselves foreign-born. Most children (76.2 percent) were native-born living in households with native-born parents.¹

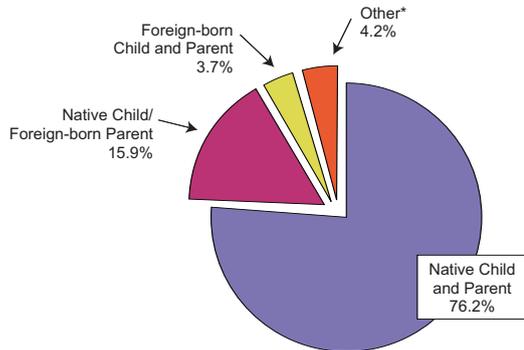
Compared to native-born children living with native parents, children living with foreign-born parents were more likely to live below 200 percent of the Federal poverty level, more likely to live in cities, and more likely to live in two-parent families. They were also more likely to have parents with less than a high school education, although educational attainment varied by region of birth. Those born in Asia and Europe had the highest percentages of high school graduates (86.8 percent and 84 percent, respectively) compared to those born in Latin

America, with only 49.1 percent having graduated from high school. Immigrant children and children of foreign-born parents face the challenges of acculturation and have health and psychosocial risks at home and at school.²

¹ The term “native-born parents” indicates that both parents who live with the child are native-born, while “foreign-born” means that one or both of the child’s parents are foreign-born.
² Schmidley, Dianne (2003). *The Foreign-born Population in the United States: March 2002. Current Population Reports, P20-539.* Washington, D.C.: U.S. Census Bureau.

Percent Distribution of Children Under 18, by Nativity of Child and Parents: 2002

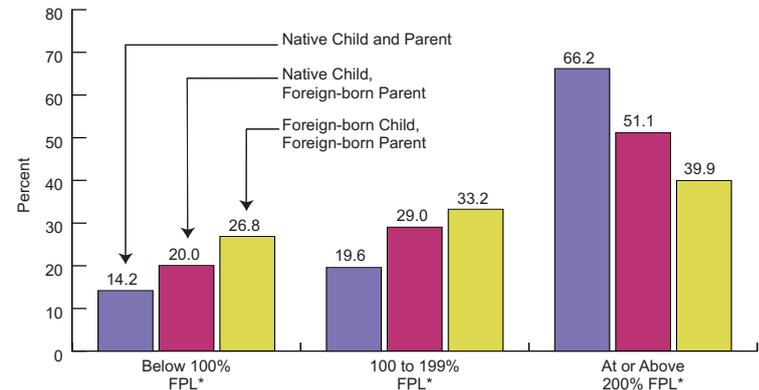
Source (I.2): U.S. Census Bureau, Current Population Survey



* Includes children living in households with no parent present and foreign-born children with native parents.

Percent Distribution of Children Under 18, by Income and Nativity of Child and Parents: 2002

Source (I.2): U.S. Census Bureau, Current Population Survey



* Federal Poverty Level

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Based on the 2001 National Survey of Children with Special Health Care Needs, it is estimated that 12.8 percent of children have special health care needs. Children with special health care needs (CSHCN) are defined by the Maternal and Child Health Bureau as those who have or are at increased risk for a chronic physical, developmental, behavioral, or emo-

tional condition and who also require health and related services of a type or amount beyond that required by children generally. Based on this definition, the survey estimated that 9.4 million children in the U.S. have special health care needs.

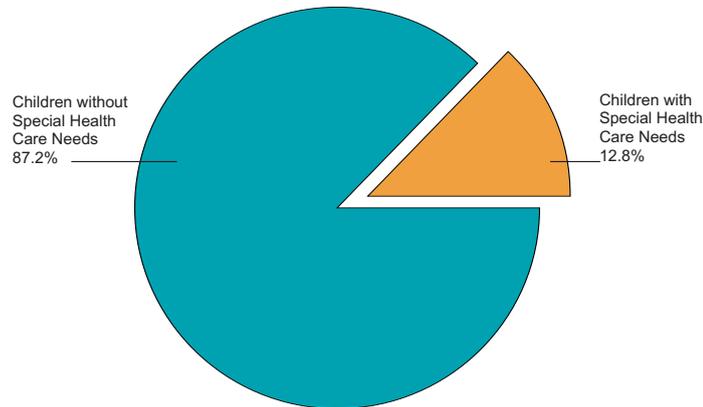
The conditions of CSHCN vary in their impact on children's ability to function. The parents of 23.2 percent of CSHCN report that their children's conditions affect their abilities

usually, always, or a great deal; 37.4 percent report that their children's conditions sometimes affect their abilities; and 39.4 percent report that their children's conditions never affect their activities.

State-level data on the prevalence of CSHCN can be found in the National Survey of CSHCN Chartbook.

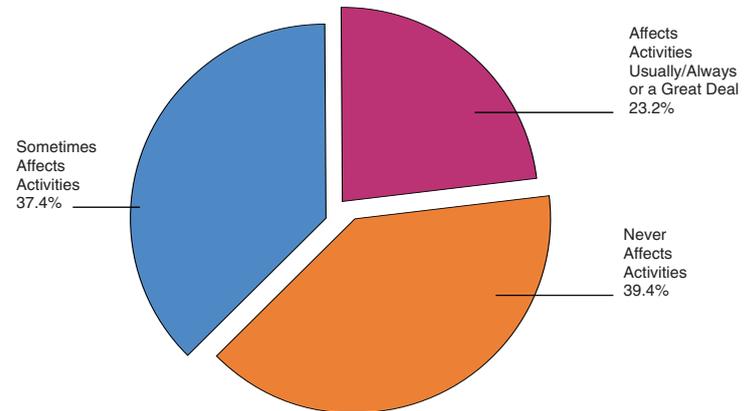
Prevalence of Children with Special Health Care Needs, 2001

Source (I.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of CSHCN



Impact on Child's Condition on Functional Ability, 2001

Source (I.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of CSHCN



CHILDREN IN POVERTY

In 2002, 12.1 million children under 18 years of age lived in families with income below the Federal poverty threshold (e.g., \$18,392 for a family of four).¹ Children living below the poverty level represented 16.7 percent of children in the U.S., a rate that did not change from the previous year. Children represented 35 percent of people in poverty but only 25 percent of the

population as a whole.

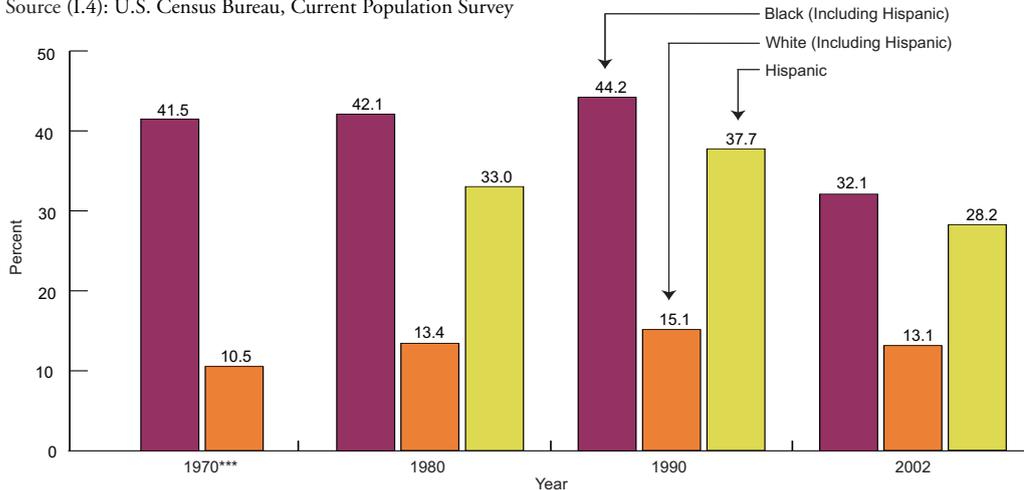
Poverty affects living conditions and access to health care and nutrition, all of which contribute to health status. Black and Hispanic children were particularly vulnerable. A much higher proportion of Black (32.1 percent) and Hispanic (28.2 percent) related* children under age 18 were poor than were related White children (13.1 percent).

Children in single-parent families are particularly likely to be poor: of children under age 6 living with a single mother, 48.6 percent were in poverty, compared to 9.7 percent of children of the same age in married-couple families.

¹ Based on the U.S. Census Bureau's poverty threshold, which is calculated using the Consumer Price Index from the previous year.

Related Children Under 18 Living in Families* Below 100% of Poverty Level, by Race/Ethnicity:** 1970-2002

Source (I.4): U.S. Census Bureau, Current Population Survey



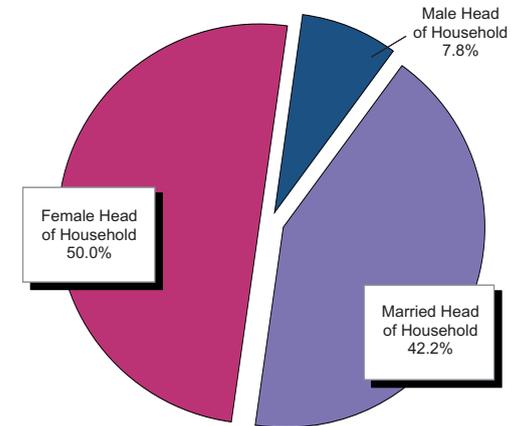
* Related children are those under 18 who are related to the householder by birth, marriage, or adoption.

** The 2003 CPS allowed respondents to choose more than one race. For 2001 and earlier years, only one race was allowed.

*** Hispanic ethnicity not reported prior to 1979.

Families Below 100% of Poverty Level, by Household Status: 2002

Source (I.4): U.S. Census Bureau, Current Population Survey



SCHOOL DROPOUTS

As of October 2001, the latest year for which data are available, there were approximately 3,774,000 high school dropouts¹ between the ages of 16 and 24 in the United States. This translates into a total dropout rate of 10.7 percent for youth in this age group, a rate that has remained fairly stable since 1992.

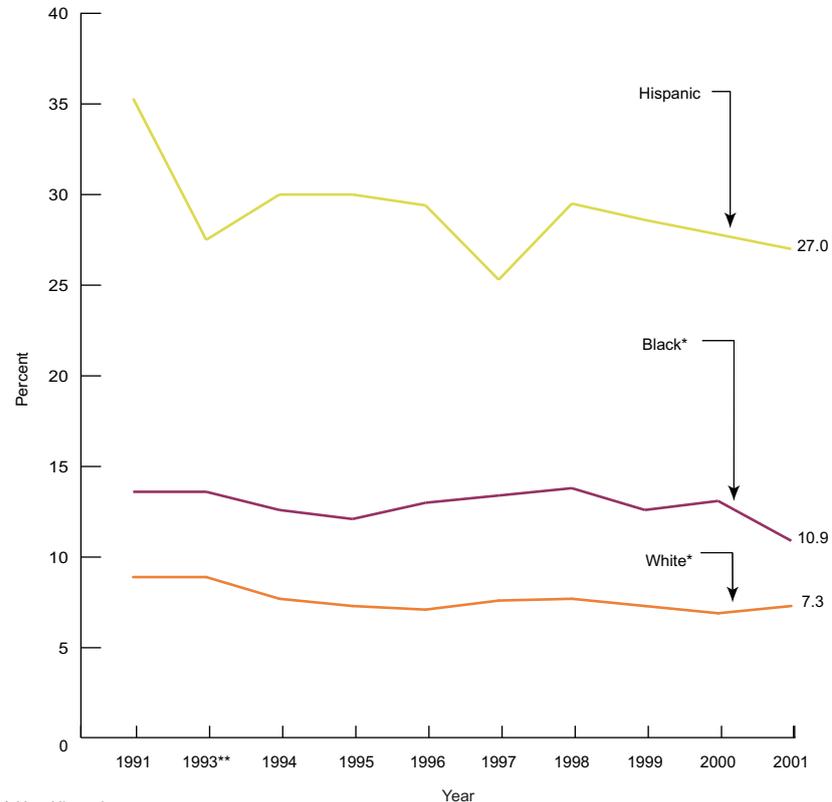
Since 1970, Hispanic students have had the highest dropout rates, representing well over a quarter of Hispanic young adults. The high Hispanic dropout rate (27 percent) is partly driven by the significantly higher dropout rate among foreign-born Hispanics of 43.4 percent in 2001. The corresponding rates for White and Black students were 7.3 percent and 10.9 percent, respectively. Although the gap in the dropout rate between Blacks and Whites narrowed between the 1970's and 1980's, the gap has remained constant since 1990.

According to the National Center for Education Statistics, students who drop out of high school are more likely to be unemployed and earn less when employed, compared to students who complete high school.

¹ This term refers to status dropouts, which represents 16- to 24-year-olds who are not enrolled in school and have not earned a high school credential (diploma or equivalent).

Status School Dropout Rates for Ages 16-24 by Race/Ethnicity: 1991-2001

Source (I.5): U.S. Department of Education, National Center for Education Statistics



* Non-Hispanic

** Because of changes in data collection procedures beginning in 1992, data may not be comparable with figures for earlier years.

WORKING MOTHERS AND CHILD CARE

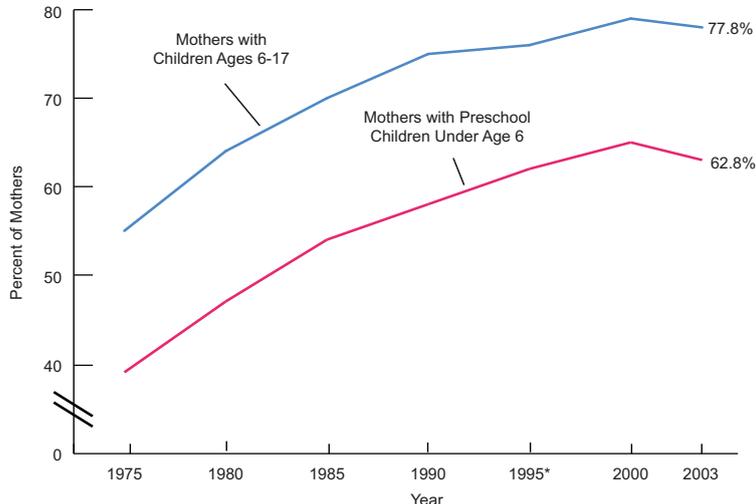
In 2003, 63 percent of mothers with preschool-aged children (younger than 6 years) were in the labor force (either employed or

looking for work), and 58 percent were actually employed. Of those mothers, 70 percent worked full-time and 30 percent worked part-time. Of women with children ages 6-17, 78 percent were in the labor force in 2003 and

nearly all of those were actually employed. Among these employed mothers, 77 percent worked full-time and 23 percent worked part-time.

Percent of Mothers in the Work Force: 1975-2003

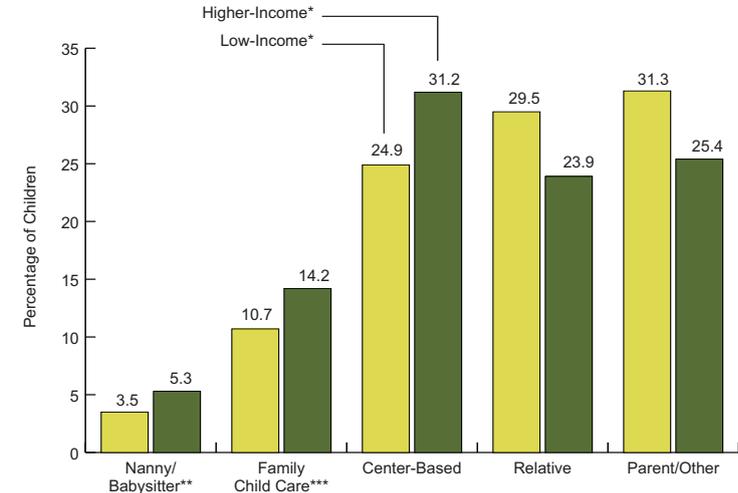
Source (I.6): U.S. Department of Labor



* Data for 1995 and later are not strictly comparable with data for earlier years due to changes in the survey and estimation process.

Child Care Arrangements for Children Under Age 5 with Employed Mothers, by Family Income: 2002

Source (I.7): Urban Institute, National Survey of America's Families



* Low income is defined as below 200 percent of the federal poverty level; higher-income is 200 percent and above.

** Care by a non-relative in the child's home.

*** Care by a non-relative in the provider's home.



EXPENDITURES FOR CSHCN

Out-of-Pocket Expenditures

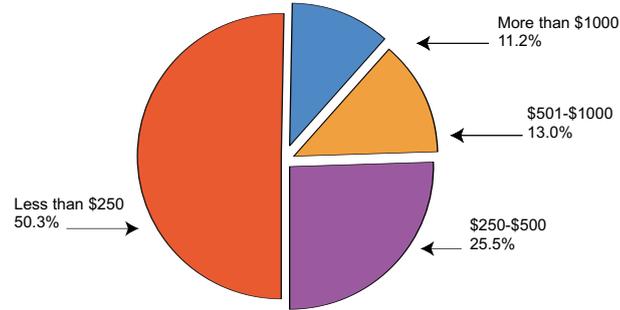
Payment for services not covered by a health plan — such as therapies, home health care, prescription drugs, and dental services — may be a particular burden for families of children with special health care needs, who may need a wide variety of services and who may use more services than other children. Families of nearly half of CSHCN report spending \$250 or more a year for the care of their child with special health care needs. Thirteen percent reported spending between \$501 and \$1,000, and 11 percent spent more than \$1,000 a year.

Financial Burden

Both the out-of-pocket expenses associated with their children's care and the need of some parents to cut down their work hours to care for their children can create financial burdens for families of CSHCN. The parents of just over 20 percent of CSHCN report financial problems due to their children's conditions. Financial burdens are twice as common in low-income families of CSHCN as in higher-income families.

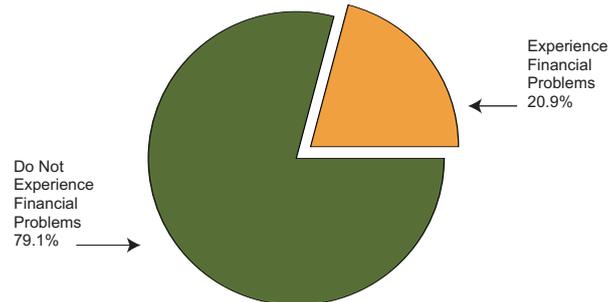
Annual Out-of-Pocket Expenditures for Care of CSHCN*

Source (I.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of CSHCN



Percent of CSHCN* Whose Families Experience Financial Problems Due to Child's Condition

Source (I.3): Centers for Disease Control and Prevention, National Center for Health Statistics, National Survey of CSHCN



* CSHCN are defined as those who have 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.

MATERNAL AGE

The general fertility rate declined to 64.8 births per 1,000 women in 2002. The birth rates among older mothers ages 35-44 continued to increase, while rates for women in their twenties and early thirties declined or remained stable. Birth rates for teenagers have fallen steadily in the past decade and reached a record low in 2002.

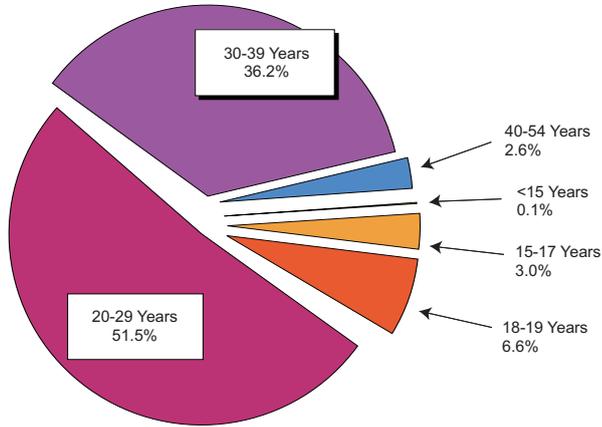
Among 2002 births, almost 11 percent were to women under 20, over half to women in their twenties, one third to women in their thirties, and about 2.5 percent to women in their forties and early fifties. The average age of women having their first birth in 2002 was 25.1 years, the highest yet recorded. The average age at first birth has risen from 21.4 years in 1970.

Among both Black and White women, over half of births in 2002 were to women in their twenties. The proportion of births that were to women under 20 years of age were higher among Black (18.0 percent) than White (9.7 percent) women. White births were more likely to be to women in their thirties, forties and early fifties.

Percent Distribution of Births by Maternal Age and Race: 2002

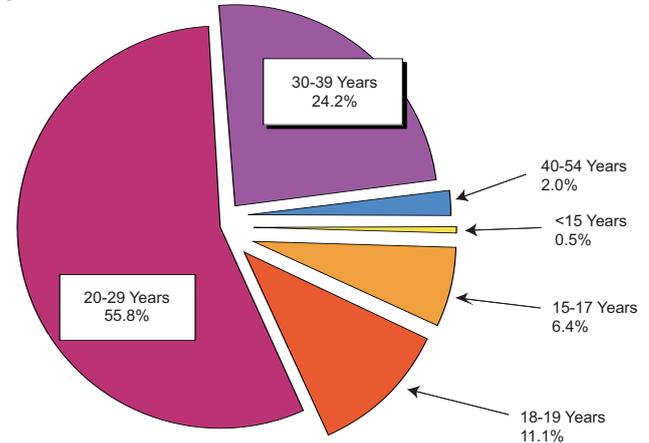
Source (I.8): Centers for Disease Control and Prevention, National Center for Health Statistics, National Vital Statistics System

White*



* Includes Hispanic

Black*



* Includes Hispanic