POPOPULATION CHARACTERISTICS

The increasing diversity of the United States population is reflected in the sociodemographic characteristics of children and their families. The percentage of children who are Hispanic has more than doubled since 1980, while the percentage who are non-Hispanic White has declined. The percentage of children who are Black has remained relatively stable. This reflects the changes in the racial and ethnic make-up of the population as a whole.

At the national, state, and local levels, policymakers use population information to address health-related issues that affect mothers, children, and families. By carefully analyzing and comparing available data, public health professionals can often identify high-risk populations that could benefit from specific interventions.

This section presents data on selected population characteristics that can influence maternal and child health program development and evaluation. Included are data on the age and racial and ethnic distribution of the U.S. population, as well as data on children and their families, covering topics such as poverty, child care arrangements, education, and geographic location.

This section also presents the latest estimate of the proportion of U.S. children with special health care needs. Children are considered to have a special health care need if, in addition to a chronic medical, behavioral, or developmental condition that has lasted or is expected to last 12 months or longer, they experience either service-related or functional consequences, including the need for or use of prescription medications and/or specialized therapies.
**POPULATION OF CHILDREN**

In 2013, there were nearly 74 million children under 18 years of age in the United States, representing 23.3 percent of the population. Adults aged 18–64 years comprised 62.6 percent of the population, while 14.1 percent of Americans were aged 65 years or older. Approximately 6 million Americans were 85 and older.

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 28.1 percent in 1980 to 23.3 percent in 2013. The representation of adolescents and young adults (aged 15–19 and 20–24 years) has also fallen, from 9.3 and 9.4 percent to 6.7 and 7.2 percent, respectively (figure 1). During this period, the percentage of the population aged 25–64 years increased from 47.3 to 52.6 percent, and the percentage aged 65 years or older increased from 11.3 to 14.1 percent. The median age in the United States has increased from 30.0 years in 1980 to 37.6 years in 2013.

The distribution of males and females within the U.S. population varies with age. In 2013, there were slightly more males than females under age 18 in the United States: 37.6 million and 36.0 million, respectively. The trend is reversed among individuals aged 65 years and older, however. In 2013, there were 19.6 million males aged 65 years and older, comprising 12.6 percent of the overall male population, compared to 25.1 million females of the same age, who comprised 15.6 percent of the overall female population. This distribution has remained relatively stable over the past several decades.

The shifting racial and ethnic makeup of the child population (under age 18) reflects the increasing diversity of the population as a whole. Hispanic children represented fewer than 9 percent of children in 1980, compared to more than 24 percent in 2013 (figure 2). The percentage of children who are non-Hispanic Black has remained relatively steady over the same period, around 15 percent. However, the percentage of children who are non-Hispanic White has fallen significantly, from 74.2 percent in 1980 to 52.4 percent in 2013. After 2000, changes in the way that racial and ethnic data were collected limit comparison over time for some groups, including Asians and individuals of more than one race.

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**Figure 1. U.S. Population, by Age Group, 1980 and 2013**

**Figure 2. Population of Children Under Age 18, by Race/Ethnicity,* 1980 and 2013**

*Separate estimates for all race groups not available in 1980. Estimates may not sum to 100 due to rounding.  
*Data for 1980 include Hispanics. *Data for 1980 include Hispanics and Native Hawaiian/Other Pacific Islanders. 
**Indicates that data were not collected for this category in 1980 and are not available for 2013.
Data Sources


Suggested Citation

CHILDREN IN POVERTY

In 2013, more than 16.5 million U.S. children under 18 years of age lived in households with incomes below the U.S. Census Bureau's poverty threshold ($23,834 for a family of four in 2013). This represents 22.3 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. In addition, significant racial and ethnic disparities exist. In 2013, nearly 50 percent of non-Hispanic American Indian/Alaska Native children, 38.8 percent of non-Hispanic Black children, and 34.3 percent of Hispanic children lived in households with incomes below 100 percent of poverty, compared to 12.8 percent of non-Hispanic White children (figure 1).

Single-parent families are particularly vulnerable to poverty. In 2013, 44.7 percent of children living in a mother-headed household experienced poverty, as did 21.3 percent of children living in a father-headed household. Only 13.2 percent of children living in two-parent families lived in households with incomes below 100 percent of poverty. The proportion of children in single- and two-parent families living in poverty also varies by age. In 2013, 52.3 percent of children less than 5 years of age and 42.1 percent of children aged 5–17 years living in mother-only households were living in poverty (figure 2).

A number of federal programs work to protect the health and well-being of children living in low-income families (see page on Federal Programs to Promote Child Health). 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 household poverty level. In 2013, the average daily participation in low-cost or free lunches was about 30 million children.¹

Figure 1. Children Under Age 18 Living in Households with Incomes Below 100 Percent of Poverty,* by Race/Ethnicity, 2013

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of Children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>12.8</td>
</tr>
<tr>
<td>Non-Hispanic Black</td>
<td>38.8</td>
</tr>
<tr>
<td>Hispanic</td>
<td>34.3</td>
</tr>
<tr>
<td>Non-Hispanic American Indian</td>
<td>49.2</td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>13.5</td>
</tr>
<tr>
<td>Non-Hispanic Native Hawaiian</td>
<td>25.3</td>
</tr>
<tr>
<td>Other Pacific Islander</td>
<td>21.6</td>
</tr>
</tbody>
</table>

*The average U.S. Census Bureau poverty threshold for a family of four was $23,834 in 2013.

Figure 2. Children Under Age 18 Living in Households with Incomes Below 100 Percent of Poverty,* by Family Type and Age, 2013

<table>
<thead>
<tr>
<th>Family Type</th>
<th>Total&lt;5 years</th>
<th>5–17 years</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>22.3</td>
<td>25.7</td>
<td>21.0</td>
</tr>
<tr>
<td>Two parents</td>
<td>13.2</td>
<td>16.5</td>
<td>11.9</td>
</tr>
<tr>
<td>Mother only</td>
<td>44.7</td>
<td>42.1</td>
<td></td>
</tr>
<tr>
<td>Father only</td>
<td>21.3</td>
<td>23.4</td>
<td>20.9</td>
</tr>
</tbody>
</table>

*The average U.S. Census Bureau poverty threshold for a family of four was $23,834 in 2013.

Data Sources

Endnotes

Suggested Citation
CHILDREN OF IMMIGRANT PARENTS

The immigrant population in the United States has increased substantially since the 1970s, largely due to immigration from Asia and Latin America. In 2013, 25.8 percent of children in the United States had at least one immigrant parent. Of all children, 22.5 percent were born in the United States with an immigrant parent or parents, and 3.3 percent were themselves immigrants, with or without an immigrant parent. Most children (74.2 percent) were native born with native-born parents (figure 1).

Children’s poverty status varies with nativity. In 2013, immigrant children with immigrant parents and native children with immigrant parents were most likely to live in poverty, with 30.8 and 28.4 percent respectively, living in households with incomes below 100 percent of poverty ($23,834 for a family of four in 2013; figure 2). More than a quarter of immigrant children with immigrant parents and native children with native parents lived in households with family incomes of 100–199 percent of poverty. Native-born children with native parents were the least likely to experience poverty, with 20.1 percent living in households with incomes below 100 percent of poverty and another 20.1 percent living in households with incomes of 100–199 percent of poverty.

A number of other factors vary by the nativity of children and their parents. For example, immigrant and native children with immigrant parents were more likely to live in two-parent households (77.9 and 73.3 percent, respectively) compared to children with native parents (66.6 percent). Immigrant and native children with immigrant parents were also more likely to live in metropolitan areas (93.7 and 94.9 percent, respectively) than children with native parents (82.1 percent).

**Data Sources**


**Suggested Citation**

RURAL AND URBAN CHILDREN

Urban and rural children differ in their demographic characteristics, which, in combination with geographic factors, can affect their health status and access to health care. For instance, children living in rural areas are more vulnerable to death from injuries, are more likely to use tobacco and other substances, and are more likely to be obese than their urban counterparts. Rural families may also not have the same access to health care because health services are not always located nearby. Understanding these potential risks can provide program planners and policymakers with information that can be used to design and target services.

In 2011–2012, 84.5 percent of children lived in urban areas, while about 15.5 percent lived in rural areas. 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 with populations of 50,000 and above.

The demographic distribution of the population of children in rural areas differs from that of urban children in terms of race, ethnicity, and nativity. Among urban children, 49.8 percent were non-Hispanic White, compared to 68.7 percent of children in rural areas (figure 1). Children living in urban areas were more likely to be non-Hispanic Black and Hispanic than those living in rural areas, with more than one-quarter (25.4 percent) of urban children being of Hispanic origin compared to 13.3 percent of those living in rural communities. In contrast, non-Hispanic American Indian/Alaska Native children accounted for a greater proportion of children in rural areas, where they represent 2.5 percent of the population, compared to less than 1 percent in urban areas. Children living in rural areas were slightly more likely to have been born in the United States (98.2 percent) compared to those living in urban areas (96.2 percent).

Children in rural areas were more likely than urban children to be living in low-income families. More than one-quarter (26.5 percent) of children in rural areas had household incomes below 100 percent of poverty, compared to 21.6 percent of urban children (figure 2). In contrast, nearly one-third (30.0 percent) of urban children had household incomes of 400 percent or more of poverty, compared to 15.9 percent of children in rural areas.

Figure 1. Children Residing in Rural and Urban Areas,* by Race/Ethnicity, 2011–2012

*Urban areas include metropolitan areas and surrounding towns from which commuters flow into an urban area, including suburban and less densely populated areas. Rural areas are composed of all other areas not classified as urban.
Figure 2. Children Residing in Rural and Urban Areas,* by Poverty Status,** 2011–2012

<table>
<thead>
<tr>
<th>Percent of Children</th>
<th>Rural</th>
<th>Urban</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-40% of Poverty</td>
<td>26.5</td>
<td>21.6</td>
</tr>
<tr>
<td>40-60% of Poverty</td>
<td>27.1</td>
<td>20.7</td>
</tr>
<tr>
<td>60-80% of Poverty</td>
<td>30.5</td>
<td>27.8</td>
</tr>
<tr>
<td>80-100% of Poverty</td>
<td>15.9</td>
<td>30.0</td>
</tr>
</tbody>
</table>

*Urban areas include metropolitan areas and surrounding towns from which commuters flow into an urban area, including suburban and less densely populated areas. Rural areas are composed of all other areas not classified as urban. **Based on the U.S. Department of Health and Human Services poverty guidelines, poverty was $23,050 for a family of four in 2012.

Data Sources
Figure 1 and 2. U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau and Centers for Disease Control and Prevention, National Center for Health Statistics. 2011–2012 National Survey of Children’s Health. Analyses conducted by the Maternal and Child Health Bureau.

Endnotes

Suggested Citation
**FAMILY STRUCTURE**

The number of parents in the household plays an important role in the growth and development of children. Previous studies found that two-parent households were generally associated with better health outcomes than single-parent households. For example, children in two-parent, married households were less likely than children in single-parent households to be in fair or poor health. Children in single-parent households were more likely to have a learning disability or attention deficit hyperactivity disorder (ADHD) and certain chronic health conditions than children in two-parent, biological households.¹

In 2013, more than two-thirds of all U.S. children less than 18 years of age lived in households with two parents (includes biological, adopted, or stepparents), nearly a quarter lived in a mother-only household, and 4.1 percent lived in a father-only household (figure 1). A small proportion of children (1.9 percent) lived with a grandparent.

Between 2000 and 2013, the percentages of children under 18 years of age living in two-parent and single-parent households remained relatively stable.

Family structure differs with race and ethnicity. In 2013, less than half of non-Hispanic Black and non-Hispanic American Indian/Alaska Native children lived in two-parent households, compared to 77.4 percent of non-Hispanic White children (figure 2). The majority of non-Hispanic Asian (86.0 percent), non-Hispanic Native Hawaiian/other Pacific Islander (70.0 percent), non-Hispanic White (77.4 percent), and Hispanic (65.0 percent) children lived in two-parent households.

Household income as a percent of poverty is also related to family structure. In 2013, children in single-parent households were most likely to live in poverty, with 41.2 percent living in households with incomes below 100 percent of poverty ($23,834 for a family of four in 2013), compared to 13.2 percent of two-parent households.

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**Figure 1. Family Structure* of Children Under Age 18, 2000–2013**

![Figure 1. Family Structure* of Children Under Age 18, 2000–2013](image1)

*Percent of Children

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**Figure 2. Family Structure of Children Under Age 18 Residing with at Least One Parent, by Race/Ethnicity, 2013**

![Figure 2. Family Structure of Children Under Age 18 Residing with at Least One Parent, by Race/Ethnicity, 2013](image2)
Data Sources

Endnotes

Suggested Citation
PARENTAL EMPLOYMENT AND CHILD CARE

In 2013, 69.9 percent of women with children under 18 years of age were in the labor force (either employed or looking for work), and 64.8 percent of all women were employed. Among men with children, 92.8 percent were in the labor force and 88.2 percent were employed. Labor force participation and employment among women with children varied by the age of their youngest child (figure 1). Of mothers with children from birth through age 5, 63.9 percent were in the labor force and 58.2 percent were employed. In comparison, 74.7 percent of women whose youngest child was aged 6–17 years were in the labor force and 70.1 percent were employed. Mothers of infants less than 1 year of age were least likely to be employed (51.9 percent); this rate increased to 55.0 percent at 1 year and 59.9 percent at 3 years. Employed mothers with children aged 0–5 years were more likely to be employed part-time than mothers with older children (27.8 versus 23.6 percent, respectively).

The proportion of mothers with children under the age of 18 who were employed was similar regardless of marital status: 64.5 percent of married women with a spouse present versus 65.3 percent of those who were never married, separated, widowed, or divorced.

Unemployment — calculated as the proportion of adults in the labor force who are not employed — among mothers who were married with a spouse present was lower than among mothers of other marital statuses (4.8 versus 12.0 percent, respectively). This is partly due to the significantly higher proportion of mothers of other marital statuses in the labor force. Among mothers, unemployment rates were highest among those who were never married, separated, widowed, or divorced and with children under 3 years of age: Nearly one-fifth (19.0 percent) of these mothers who had a child under the age of 1 year were unemployed, while the same was true of 17.5 percent of those with a 1-year-old child and 14.5 percent of those with a 2-year-old child (data not shown).

In 2011, 12.5 million or 61.3 percent of pre-school aged children (less than 5 years of age) were in some form of child care for at least 1 day each week on a regular basis (figure 2). The most common source of care was a parent or relative. More than 40 percent of children (42.1 percent) were cared for by their mother, father, grandparent, or other relative, with grandparents providing care to nearly one-quarter of children (23.7 percent). Approximately one-third of children in this age group (32.9 percent) received care from a nonrelative, including 23.5 percent who received care in a center-based setting (e.g., day-
care center, nursery school) and 11.2 percent who were cared for by a nonrelative in a home-based setting (e.g., family daycare provider, nanny). Nearly 40 percent of preschool aged children had no regular child care arrangement.

Child care arrangements for pre-school aged children living with their mother varied primarily by maternal employment status. Only 12.3 percent of children of employed mothers did not have a regular child care arrangement compared to 71.8 percent of those whose mother was unemployed. Children of employed mothers were more likely to have multiple arrangements, however, compared to unemployed mothers (26.7 versus 8.0 percent, respectively.) One-third of children of employed mothers received care in an organized facility such as a daycare center. The same was true for 12.4 percent of children of unemployed mothers. Grandparents were a key source of care for employed mothers, as well, providing regular care for nearly one-third of preschoolers. Among children of unemployed mothers, grandparents provided care for 13.3 percent of children.

![Figure 2. Child Care Arrangements* for Children Aged 0–4 Years, 2011](image)

*The arrangement used for care at least 1 day a week on a regular basis; no regular arrangement indicates that the reference parent provides care. Estimates for specific types of care may not equal totals as children may have more than one type of regular care. **Only asked for the time during which the reference parent was working or in school. †Includes daycare centers, nurseries, and preschools. ‡Includes care provided by a nonrelative in a home-based setting, such as a family daycare provider or nanny.

**Data Sources**


**Suggested Citation**

CHILDREN WITH SPECIAL HEALTH CARE NEEDS

Children are considered to have a special health care need if, in addition to a chronic medical, behavioral, or developmental condition that has lasted or is expected to last 12 months or longer, they experience either service-related or functional consequences, including the need for or use of prescription medications and/or specialized therapies.1 In 2011–2012, 19.8 percent of U.S. children under the age of 18 had a special health care need, representing 14.6 million children.2 Previous research indicates that among households with children under the age of 18 years, nearly one-quarter (23.0 percent) include at least one child with special health care needs.3

The prevalence of special health care needs in 2011–2012 varied by sociodemographic characteristics. Significantly more males than females were reported to have such needs (22.5 versus 17.0 percent, respectively), as were school-aged children compared to children aged 0–5 years: Approximately one-quarter of children aged 6–11 and 12–17 years were reported to have a special health care need (22.7 and 25.1 percent, respectively) compared to 11.4 percent of those aged 0–5 years (figure 1).

The proportion of children with reported special health care needs also varied by race and ethnicity, and primary language spoken in the home. Non-Hispanic Black children had the highest rate (24.2 percent), followed by non-Hispanic White children (21.6 percent), while Hispanic children had the lowest rate of special health care needs (14.7 percent). The prevalence of special health care needs was higher among children living in households where the primary language spoken was English (21.9 percent) compared to households where the primary language spoken was something else (8.7 percent).

Although the presence of special health care needs did not vary by economic status, children living in households where at least one adult had a high school diploma or higher were more likely to have such needs reported (approximately 20.5 percent) than those that lived in a household where no adult had completed high school (15.9 percent). The proportion of children with special health care needs was also lower for those living in a household with two biological or adoptive parents (16.4 percent) compared to children in other types of family arrangements (approximately 26 percent).

The complexity and severity of health impacts among children with special health care needs can vary greatly.4 Among children with such a need in 2011–2012, more than one-third (34.7 percent) had a condition that was managed with prescription medication only, while 16.6 percent had conditions that resulted in above-routine use of medical, mental health, or other services (figure 2). Approximately one-quarter of this population needed or used both prescription medication(s) and greater levels of health services. Another 24.0 percent were the most severely affected children that had conditions resulting in functional limitations.

Figure 1. Children Under Age 18 with Special Health Care Needs, by Age and Sex, 2011–2012

Figure 2. Children Under Age 18 With Special Health Care Needs, by Type of Impact, 2011–2012*

*Estimates do not sum to 100 percent due to rounding.
Data Sources
Figure 1 and 2. U.S. Department of Health and Human Services, 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. Unpublished data. Analyzed by the Maternal and Child Health Bureau.

Endnotes
2. Note: Published estimates of the prevalence of special health care needs may vary depending by data source. The 2009–2010 National Survey of Children With Special Health Care Needs found the prevalence of such needs to be 15.1 percent among U.S. children.