A woman with long dark hair is sitting on a light-colored couch, holding a young child. She is smiling and looking towards the camera. The background is a large American flag with stars and stripes. The entire image has a light blue tint.

Indicators of Children's Well-Being

Special Features

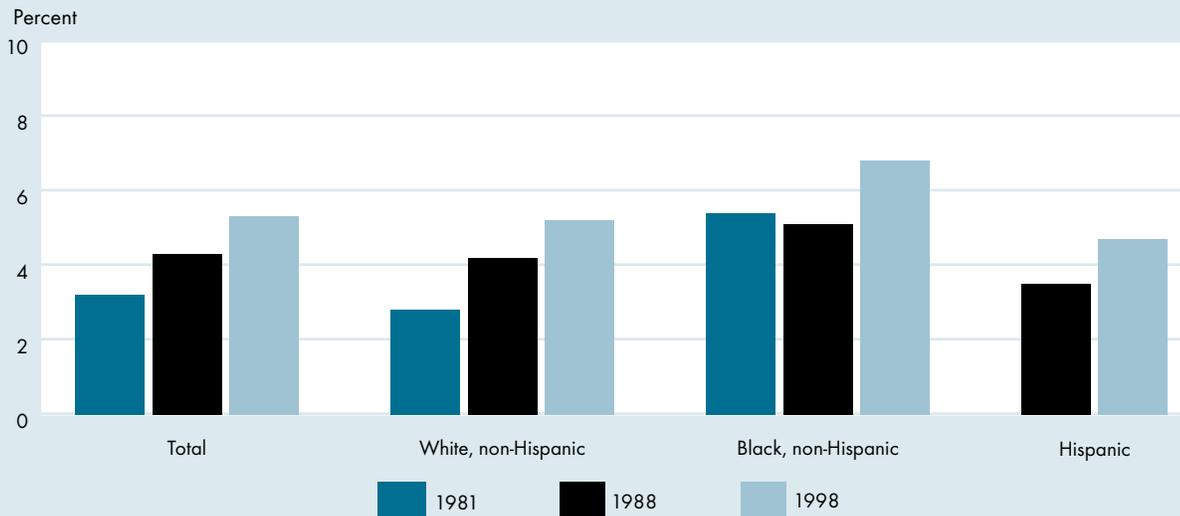
Following are two additional measures of child well-being that are not reported annually in *America's Children*.

Asthma

Asthma is the most common chronic childhood illness in the United States³⁶ and is a leading cause of childhood disability.^{72,73} Asthma causes limitations in childhood activities, missed school days, missed workdays for caretakers, and in some cases, premature death. Children with asthma use a disproportionate amount of health care services, including over two times as many emergency room visits and three and a half times as many hospitalizations as children without asthma.⁷⁴ The causes of asthma are not fully understood, but it may result from biological components and/or poor environmental conditions. Asthma has been increasing for the past several years, but reasons for the increase are unclear. Some possible explanations include changes in the diagnosis of asthma, variation in the outdoor environment and pollutants, changes in indoor air quality such as parental smoking or airtight homes, changes in access to preventive health care, changes in breastfeeding rates, or changes in socioeconomic status.⁷⁵

Indicator SPECIAL1

Percentage of children under age 18 who have asthma by race and Hispanic origin, selected years 1981-1998



NOTE: Data by Hispanic origin were not available in 1981; data for whites and blacks include Hispanics in 1981. For all 3 years, children were categorized as having asthma if the child ever had asthma (1981, 1988), or if they had ever been told by a health professional they had asthma (1998), and if the child had an asthma attack in the last year. Because of these slight differences, data for 1998 are not strictly comparable to previous years.

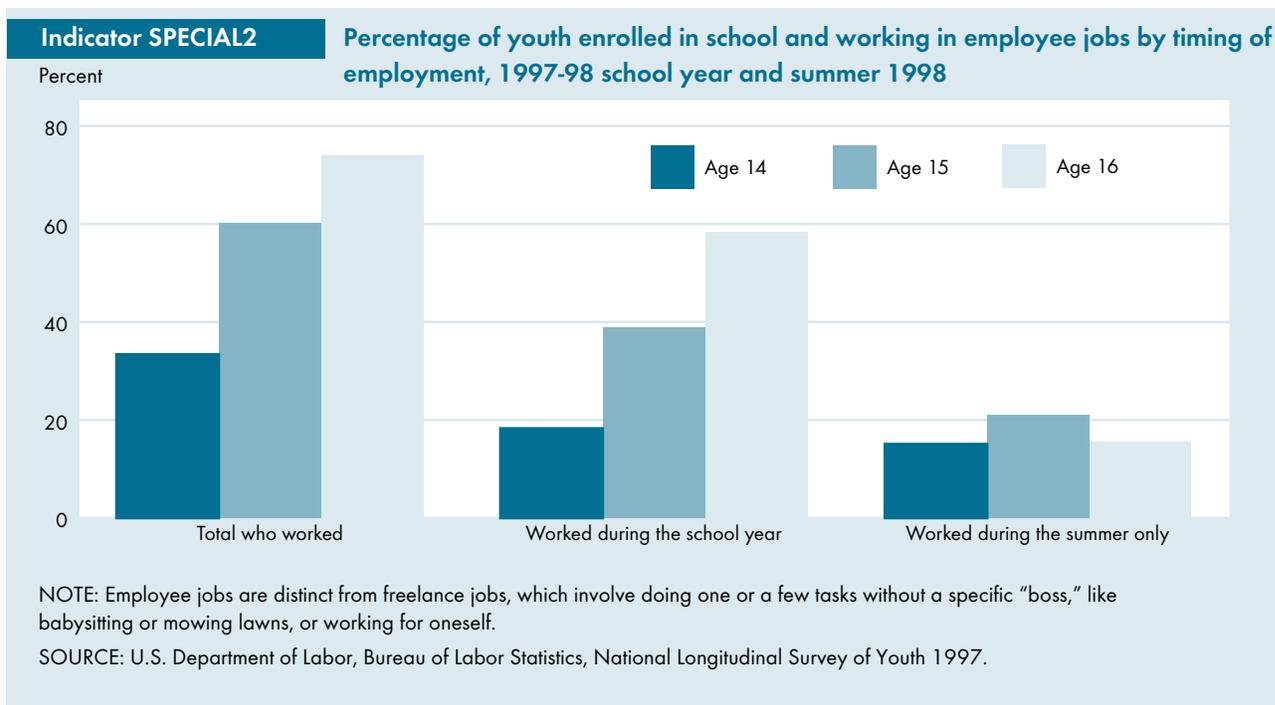
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

- In 1998, about 5 percent of children ages 0 to 17 had asthma. This was up from 3 percent in 1981 and 4 percent in 1988.
- Black, non-Hispanic children had higher rates of asthma than other racial or ethnic groups in 1998, at 7 percent. About 5 percent of both white, non-Hispanic and Hispanic children had asthma. Asthma rates have increased for children in each of these groups over time
- As children age, their rates of asthma increase. About 5 percent of children under 5 had asthma, compared with 6 percent of children ages 11 to 17 in 1998.
- Children living below the poverty line are more likely to have asthma than higher-income children. About 7 percent of children below the poverty line had asthma in 1998, compared with 5 percent of children at or above poverty.

Bullets contain references to data that can be found in Table SPECIAL1 on page 112. Endnotes begin on page 58.

Youth Employment While In School

Whether young people should work during the school term has received considerable attention in recent years. Work experience can potentially provide positive benefits to young people. For example, it may enable them to learn about the world of work and about balancing different responsibilities. This knowledge can assist in their transition from school to work and into adulthood. A goal of the 1994 School-to-Work Opportunities Act is to strengthen the relationship between schooling and work. However, the employment of youth may, in fact, reduce their study time, increase school-absenteeism, and thus adversely affect their academic achievement.⁷⁶ As young people age, they are increasingly likely to work during the school year in an employee job, that is, a job in which they have an ongoing relationship with a particular employer, such as a restaurant or supermarket.



- Working while in school is prevalent among older high school students. Nearly 60 percent of students who were 16 years old when the 1997-98 school year began worked for an employer at some point during the academic year.
- Working during the academic year is common even among younger students. Eighteen percent of those who were age 14 at the beginning of the 1997-98 school year worked in an employee job at some point during the school year. For those who were age 15 at the beginning of the school year, 39 percent worked at an employee job.
- Even at these relatively young ages, youth enrolled in school begin forming strong, year-round attachments to the formal labor market. Forty-five percent of working youth age 14 worked both during the school year and the following summer, as did 58 percent of working youth age 15, and 70 percent of working youth age 16.
- Among youth age 14, males were much more likely than females to work at an employee job at some point during the school year. By age 16, however,

this gender differential disappeared. In addition, working males and females at this age were equally likely to work over 90 percent of school weeks.

- Among students age 14, 22 percent of white, non-Hispanics worked while school was in session, compared with 9 percent of black, non-Hispanics, and 13 percent of Hispanics. Among students age 16, 65 percent of white, non-Hispanics worked during the academic year compared with 45 percent of black, non-Hispanics, and 43 percent of Hispanics.
- As students age from 15 to 16, they are both more likely to work during the school year and to work a higher percentage of school weeks.

Bullets contain references to data that can be found in Tables SPECIAL 2.A and SPECIAL 2.B on pages 113-114. Endnotes begin on page 58.

Notes to Indicators

¹ Adult respondents were asked if the children in the household spoke a language other than English at home and how well they could speak English. Categories used for reporting were “Very well,” “Well,” “Not well,” and “Not at all.” All those who were reported to speak English less than “Very well” were considered to have difficulty speaking English based on an evaluation of the English-speaking ability of sample children in the 1980s.

² The majority of children who live with neither of their parents are living with grandparents or other relatives. Some live with foster parents or other nonrelatives.

³ National Center for Health Statistics. (1995). *Report to Congress on out-of-wedlock childbearing*. Hyattsville, MD: National Center for Health Statistics.

⁴ McLanahan, S. (1995). The consequences of nonmarital childbearing for women, children, and society. In National Center for Health Statistics, *Report to Congress on out-of-wedlock childbearing*. Hyattsville, MD: National Center for Health Statistics.

⁵ Ventura, S.J., Martin, J.A., Curtin, S.C., Mathews, T.J., and Park, M.M. (2000). Births: Final data for 1998. *National Vital Statistics Reports*, 48 (3). Hyattsville, MD: National Center for Health Statistics.

⁶ Ventura, S.J. (1995). Births to unmarried mothers: United States, 1980-92. *Vital and Health Statistics*, 53 (Series 21). Hyattsville, MD: National Center for Health Statistics.

⁷ Ventura, S.J. and Bachrach, C.A. (2000). Nonmarital childbearing in the United States, 1940-99. *National Vital Statistics Reports*, 48 (16). Hyattsville, MD: National Center for Health Statistics.

⁸ Bumpass, L.L. and Lu, H.H. (2000). Trends in cohabitation and implications for children's family contexts in the United States. *Population Studies*, 54, 29-41.

⁹ Bachu, A. (1999). Trends in premarital childbearing: 1930 to 1994. *Current Population Reports*, P-23-197. Washington, DC: U.S. Census Bureau.

¹⁰ The *birth rate for unmarried women* is the number of births per 1,000 unmarried women in a given age group, for example, 20 to 24 years. The *percentage of all births that are to unmarried women* is the number of births occurring to unmarried women, divided by the total number of births. The percentage of all births that are to unmarried women is affected by the birth rate for married women, the birth rate for unmarried women (who account for one-third of all births), and the proportion of women of childbearing age who are unmarried. The percentage has increased in recent years, despite small declines in the birth rate for unmarried women, because the birth rate for married women has dropped and the proportion of women who are unmarried has increased.

¹¹ U.S. Bureau of the Census. (various years). Marital status and living arrangements (annual reports). *Current Population Reports* (Series P-20). (Beginning in 1995, reports are available on the Census Bureau website: <http://www.census.gov/population/www/socdemo/ms-la.html>.)

¹² Ventura, S.J., Martin, J.A., Curtin, S.C., Menacker, F., and Hamilton, B.E. (2001). Births: Final data for 1999. *National Vital Statistics Reports*, 49 (1). Hyattsville, MD: National Center for Health Statistics.

¹³ U.S. Environmental Protection Agency. (1994). *Supplement to the Second Addendum (1986) to Air Quality Criteria for Particulate Matter and Sulfur Oxides (1982): Assessment of new findings on sulfur dioxide acute exposure health effects in asthmatic individuals* (EPA/600/FP-93/002). Research Triangle Park, NC: U.S. Environmental Protection Agency.

¹⁴ U.S. Environmental Protection Agency. (1995). *Review of the National Ambient Air Quality Standards for Nitrogen Oxides: Assessment of scientific and technical information* (EPA-452/R-95-005). Research Triangle Park, NC: U.S. Environmental Protection Agency.

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- ¹⁵ U.S. Environmental Protection Agency. (1996). *Air quality criteria for ozone and related photochemical oxidants* (EPA/600/P-93/004aF). Research Triangle Park, NC: U.S. Environmental Protection Agency.
- ¹⁶ U.S. Environmental Protection Agency. (1996). *Air quality criteria for particulate matter* (EPA/600/P-95/001aF). Research Triangle Park, NC: U.S. Environmental Protection Agency.
- ¹⁷ U.S. Environmental Protection Agency. (1986). *Air quality criteria for lead: Volume III* (EPA-600/8-83/028cF). Research Triangle Park, NC: U.S. Environmental Protection Agency.
- ¹⁸ Duncan, G. and Brooks-Gunn, J. (Eds.). (1997). *Consequences of growing up poor*. New York, NY: Russell Sage Press.
- ¹⁹ An, C., Haveman, R., and Wolfe, B. (1993). Teen out-of-wedlock births and welfare receipt: The role of childhood events and economic circumstances. *Review of Economics and Statistics*, 75 (2), 195-208.
- ²⁰ These income categories are similar to those used in the Economic report of the President (1998). A similar approach is found in Hernandez, D.J. (1993). *America's children: Resources from family, government, and the economy*. New York: Russell Sage Foundation for the National Committee for Research on the 190 Census, except that Hernandez uses the relationship to median income to define his categories. For either method, the medium and high income categories are at similar levels of median family income.
- ²¹ Mayer, S.E. (1997). Income, employment and the support of children. In: Hauser, R.M., Brown, B.V., and Prosser, W. (Eds), *Indicators of children's well-being*. New York, NY: Russell Sage Press.
- ²² Smith, J.R., Brooks-Gunn, J., and Jackson, A.P. (1997). Parental employment and children. In: Hauser, R.M., Brown, B.V., and Prosser, W. (Eds.), *Indicators of children's well-being*. New York, NY: Russell Sage Press.
- ²³ Kaufman, T. (1996). *Housing America's future: Children at risk*. Washington, DC: National Low Income Housing Coalition.
- ²⁴ The definition includes households lacking complete plumbing for exclusive use, having unvented room heaters as the primary heating equipment, and multiple upkeep problems such as water leakage, open cracks or holes, broken plaster, or signs of rats.
- ²⁵ Paying 30 percent or more of income for housing may leave insufficient resources for other basic needs. National Academy of Sciences. (1995). *Measuring poverty: A new approach*. Washington, DC: National Academy Press.
- ²⁶ Income-eligible families who report either severe housing cost burdens or severe physical problems with their housing and do not receive rental assistance are considered by the U.S. Department of Housing and Urban Development to have "priority" housing problems. Because of questionnaire changes, 1997 and 1999 data on assisted families, priority problems, and severe physical problems are not comparable to earlier data.
- ²⁷ "Very-low-income renters" are renter households with incomes at or below half the median family income, adjusted for household size, in their geographic area.
- ²⁸ Life Sciences Research Office and American Institute of Nutrition. (1990). *Core indicators of nutritional state for difficult to sample populations*. Bethesda, MD: Life Sciences Research Office and American Institute of Nutrition.
- ²⁹ Hamilton, W.L., Cook, J.C., Thompson, W.W., Buron, L.F., Frongillo, E.F., Jr., Olson, C.M., and Wehler, C.A. (1997). *Household food security in the United States in 1995: Summary report of the Food Security Measurement Project*. Report prepared for the U.S. Department of Agriculture, Food and Nutrition Service (formerly Food and Consumer Services), Alexandria, VA.
- ³⁰ For additional results and more details on the Healthy Eating Index and how it is computed, see Bowman, S.A., Lino, M., Gerrior, S.A., and Basiotis, P.P. (1998). *The Healthy Eating Index: 1994-96* (CNPP-5). U.S. Department of

Agriculture, Center for Nutrition Policy and Promotion. Available at <http://www.usda.gov/cnpp>.

³¹ The percentages of children covered by government and private insurance in 1999 do not add up to 86 percent (the percentage of all children covered by health insurance), because some children have both government and private insurance.

³² Green, M. (Ed.). (1994). *Bright futures: Guidelines for health supervision of infants, children, and adolescents*. Arlington, VA: National Center for Education in Maternal and Child Health.

³³ Simpson, G., Bloom, B., Cohen, R.A., and Parsons, P.E. (1997). Access to health care. Part 1: Children. *Vital and Health Statistics, 10* (Series 196). Hyattsville, MD: National Center for Health Statistics.

³⁴ Bartman, B.A., Moy, E., and D'Angelo, L.J. (1997). Access to ambulatory care for adolescents: The role of a usual source of care. *Journal of Health Care for the Poor and Underserved, 8*, 214-226.

³⁵ Folton, G.L. (1995). Critical issues in urban emergency medical services for children. *Pediatrics, 96* (2), 174-179.

³⁶ Newacheck, P.W. and Starfield, B. (1988). Morbidity and use of ambulatory care services among poor and nonpoor children. *American Journal of Public Health, 78* (8), 927-933.

³⁷ Newacheck, P.W., Halfon, N., and Budetti, P.P. (1986). Prevalence of activity-limiting chronic conditions among children based on household interviews. *Journal of Chronic Diseases, 39* (2), 63-71.

³⁸ Kiely, J.L., Brett, K.M., Yu, S., and Rowley, D.L. (1994). Low birthweight and intrauterine growth retardation. In Wilcox, L.S. and Marks, J.S. (Eds.). *From data to action: CDC's public health surveillance for women, infants, and children* (pp. 185-202). Atlanta, GA: Centers for Disease Control and Prevention.

³⁹ Mathews, T.J., Curtin, S.C., and MacDorman, M.F. (2000). Infant mortality statistics from the 1998 period linked birth/infant death data set. *National Vital Statistics Reports, 48* (12). Hyattsville, MD: National Center for Health Statistics.

⁴⁰ Martin, J.A. and Park, M.M. (1999). Trends in twin and triplet births: 1980-97. *National Vital Statistics Reports, 47* (24). Hyattsville, MD: National Center for Health Statistics.

⁴¹ Martin, J.A. and Taffel, S.M. (1995). Current and future impact of rising multiple birth ratios on low birthweight. *Statistical Bulletin, 76* (2). New York, NY: Metropolitan Life Insurance Company.

⁴² Kleinman, J.C. and Kiely, J.L. (1991). Infant mortality. *Healthy People 2000 Statistical Notes, 1* (2). Hyattsville, MD: National Center for Health Statistics.

⁴³ Centers for Disease Control and Prevention. (1995). Poverty and infant mortality, United States, 1988. *Morbidity and Mortality Weekly Report, 44* (49), 922-927.

⁴⁴ Infant mortality rates for subgroups within an ethnic population are calculated from a separate data set, the National Linked Files of Live Births and Infant Deaths. No linked file was produced for data years 1992 through 1994, as a transition was made from cohort data to period data. For period linked files, the numerator consists of all infant deaths occurring in the period that have been linked to their corresponding birth certificates, whether the birth occurred in that year or the previous year. National Center for Health Statistics. (1997). Public use data file documentation: Linked birth/infant death data set-1995 period data. Hyattsville, MD: National Center for Health Statistics. Prager, K. (1994). Infant mortality by birthweight and other characteristics: United States, 1985 birth cohort. *Vital and Health Statistics, 20* (24). Hyattsville, MD: National Center for Health Statistics. MacDorman, M.F. and Atkinson, J.O. (1998). Infant mortality statistics from the linked birth/infant death data set-1995 period data. *Monthly Vital Statistics Report, 46* (6, Supplement 2). Hyattsville, MD: National Center for Health Statistics.

⁴⁵ Estimates from the Fatality Analysis Reporting System, National Highway Traffic Safety Administration.

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- ⁴⁶ Fingerhut, L.A. and Warner, M. (1997). *Injury chartbook. Health, United States, 1996-97*. Hyattsville, MD: National Center for Health Statistics.
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- ⁵² Kessler, D.A., Witt, A.M., Barnett, P.S., et al. (1996). The Food and Drug Administration's regulation of tobacco products. *New England Journal of Medicine, 335* (13), 988-994.
- ⁵³ Centers for Disease Control and Prevention. (1996). Projected smoking-related deaths among youth—United States. *Morbidity and Mortality Weekly Report, 45* (44), 971-974.
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