## Indicators of <br> Children's Well-Being

$P$art II: Indicators of Children's Well-Being contains data on key indicators that measure the health, security, and safety of the environment in which children play, learn, and grow. Unlike the data presented in Part I of the report, which describe the changing context in which children live, the data in Part II offer insight into the condition of American children by providing information in four key areas of child well-being: economic security, health, behavior and social environment, and education.

## Economic Security Indicators

The well-being of children depends greatly on the material well-being of their family. The Economic Security indicators presented in this section attempt to measure a family's ability to access basic material needs. The first two indicators measure the economic well-being of children through the family's access to income and the resident parent or parents' employment status. The final three indicators measure the accessibility of three economic necessities housing, food, and health care. Additional important indicators of children's economic wellbeing for which data are not available include measures of family income and poverty over longer period of times, as well as homelessness.

## Child Poverty and Family Income

childhood poverty has both immediate and lasting negative effects. Children in low-income families fare less well than children in more affluent families for many of the indicators presented in this report, including indicators in the areas of economic security, health, and education. Compared with children living in families above the poverty line, children living below the poverty line are more likely to have difficulty in school, ${ }^{18}$ to become teen parents, ${ }^{19}$ and, as adults, to earn less and be unemployed more frequently. ${ }^{18}$ The child poverty rate provides important information about the percentage of U.S. children whose current circumstances make life difficult and jeopardize their future economic well-being.

Indicator ECON1.A Percentage of related children under age 18 in poverty by family structure, Percent 1980-99


NOTE: Estimates refer to children who are related to the householder and who are under age 18. In 1999, the average poverty threshold for a family of four was \$17,029 in annual income.
SOURCE: U.S. Census Bureau, March Current Population Survey.

The proportion of children living in families with incomes below the poverty threshold continued to decline from 18 percent in 1998 to 16 percent in 1999. The poverty rate for children has fluctuated since the early 1980s: it reached a high of 22 percent in 1993 and has since decreased to 16 percent, the lowest rate since 1979.

- This decrease in the poverty rate is also apparent for children living in female-householder families. In 1980, 51 percent of children living in femalehouseholder families were living in poverty; by 1999 this rate had decreased to 42 percent. This change is even more pronounced for black children: the percent of black children living in femalehouseholder families in poverty wavered around 66 percent until 1993 and has since declined to 52 percent in 1999.
- Children under age 6 are more likely to be living in families with incomes below the poverty line than children ages 6 to 17. In 1999, 18 percent of children under age 6 lived in poverty, compared with 16 percent of older children.
- Children in married-couple families are much less likely to be living in poverty than children living only with their mothers. In 1999, 8 percent of children in
married-couple families were living in poverty, compared to 42 percent in female-householder families.
This contrast by family structure is especially pronounced among certain racial and ethnic groups. For example, in 1999, 11 percent of black children in married-couple families lived in poverty, compared with 52 percent of black children in femalehouseholder families. Twenty-two percent of Hispanic children in married-couple families lived in poverty, compared with 52 percent in female-householder families.
The poverty rate of black or Hispanic children is much higher than the poverty rate of white, nonHispanic children. In 1999, 9 percent of white, nonHispanic children lived in poverty, compared with 33 percent of black children and 30 percent of Hispanic children.
- In 1999, 6 percent of all children lived in families with incomes less than half the poverty level, or $\$ 8,515$ a year on average for a family of four, while 28 percent of children lived in families with incomes less than 150 percent of the poverty level, or $\$ 25,544$ a year on average for a family of four.

The full distribution of the income of children's families is important, not just the percentage in poverty. The rise in the number of children living in affluent families tells us that a growing proportion of America's children enjoy economic well-being. The growing gap between rich and poor children suggests that poor children may experience more relative deprivation even if the percentage of poor children is declining.


- In 1999, more children lived in families with medium income ( 33 percent) than in other income groups. Smaller percentages of children lived in families with low income and with high income, 22 and 29 percent, respectively.
- The percentage of children living in families with medium income has fallen from 41 percent in 1980 to 33 percent in 1999, while the percentage of children living in families with high income has risen, from 17 to 29 percent.
- The percentage of children living in families experiencing extreme poverty was 7 percent in

1980. This percentage rose to 10 percent in 1993 and has since decreased to 6 percent in 1999. Concurrently, three times as many children live in families with very high income in 1999 compared with 1980 (12 and 4 percent, respectively).

Bullets contain references to data that can be found in Tables ECON1.A and ECON1.B on pages 77-78. Endnotes begin on page 58 .

## Secure Parental Employment

secure parental employment reduces the incidence of poverty and its attendant risks to children. Since most parents obtain health insurance for themselves and their children through their employers, a secure job can also be a key variable in determining whether children have access to health care. Secure parental employment may also enhance children's psychological well-being and improve family functioning by reducing stress and other negative effects that unemployment and underemployment can have on parents. ${ }^{21,22}$ One measure of secure parental employment is the percentage of children whose resident parent or parents were employed full time during a given year.


Since 1990, the trend in secure parental employment has paralleled the overall trend in employment. The percentage of children who had at least one parent working full time all year continued to increase in 1999 to 79 percent from 77 percent in 1998.
A disproportionate share of the increase in the percentage of children living with at least one parent employed full time all year was due to the increase in the percentage of children living with single mothers who are employed, which increased from 33 percent in 1993 to 47 percent in 1999.

- In 1999, 90 percent of children living in two-parent families had at least one parent who was a full-time, year-round worker. In contrast, 70 percent of children living with a single father and 47 percent of children living with a single mother had a parent who worked full time all year.
Black, non-Hispanic children and Hispanic children were less likely than white, non-Hispanic children to have a parent working full time all year. However, the proportions of black, non-Hispanic children and Hispanic children with a parent employed full time all year has increased much faster than for white, non-Hispanic children. Between 1993 and 1999, the percentage of black, non-Hispanic children that had
a parent working full time all year increased from 49 percent to 64 percent and from 57 percent to 71 percent for Hispanic children. In comparison, the percentage of white, non-Hispanic children that had a parent working full time all year increased from 79 percent to 84 percent during the same time period.
- In 1999, children living in poverty were much less likely to have a parent working full time all year than children living at or above the poverty line, 31 percent and 88 percent, respectively. For children living with both parents, 52 percent of poor children had at least one parent working full time all year compared with 93 percent of children living above poverty.
$\square$ Children living below the poverty line have become increasingly likely to have one or two parents working full-time, all year. In 1980, 21 percent of children below poverty had at least one parent working fulltime, all year. By 1999, this number was 31 percent.
- Between 1980 and 1999, the percentage of children living in two-parent families in which both the mother and father worked full time all year increased from 17 to 32 percent.
Bullets contain references to data that can be found in Table ECON2 on pages 79-80. Endnotes begin on page 58.


## Housing Problems

1
nadequate, crowded, or costly housing can pose serious problems to children's physical, psychological, or material well-being. ${ }^{23}$ The percentage of households with children that report that they are living in physically inadequate, ${ }^{24}$ crowded, and/or costly housing provides an estimate of the percentage of children whose well-being may be affected by their family's housing.


■ In 1999, 35 percent of U.S. households (both owners and renters) with children had one or more of three housing problems: physically inadequate housing, crowded housing, or housing that cost more than 30 percent of household income. ${ }^{25}$
■ The share of U.S. households with children that have any housing problems rose between 1978 and 1995 and has since stabilized.

- Inadequate housing, defined as housing with severe or moderate physical problems, has become slightly less common. In 1999, 7 percent of households with children had inadequate housing, compared with 9 percent in 1978.
- Crowded housing, defined as housing in which there is more than one person per room, has also declined slightly among households with children, from 9 percent in 1978 to 7 percent in 1999.
- Improvements in housing conditions, however, have been accompanied by rising housing costs. Between 1978 and 1999, the percentage of households with children with a cost burden-that is, paying more than 30 percent of their income for housing-rose from 15 percent to 28 percent. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6 to 11 percent.

■ Households that receive no rental assistance and have severe cost burdens or physical problems are defined as having severe housing problems. ${ }^{26}$ In 1999, 11 percent of households with children had severe housing problems. Although the 1997 and 1999 data are not directly comparable to estimates for earlier years, severe housing problems increased from 8 percent in 1978 to 12 percent in 1995 because of a rise in the percentage of families reporting severe cost burdens.
Severe housing problems are especially prevalent among very-low-income renters. ${ }^{27}$ In 1999, 29 percent of very-low-income renter households with children reported severe housing problems, with severe cost burden the major problem. Although the percentage of these families having severe housing problems has fallen since 1978, the number with such problems grew from 1.4 million in 1978 to 1.8 million in 1999, again because the number of households with severe cost burdens rose.

Bullets contain references to data that can be found in Table ECON3 on page 81. Endnotes begin on page 58.

## Food Security and Diet Quality

Children's good health and development depend on a diet sufficient in nutrients and calories. Food security has been defined as access at all times to enough nourishment for an active, healthy life. At a minimum, food security includes the ready availability of sufficient, nutritionally adequate, and safe food and the assurance that families can obtain adequate food without relying on emergency feeding programs or resorting to scavenging, stealing, or other desperate efforts to secure food. ${ }^{28}$ A family's ability to provide for children's nutritional needs is linked to income or other resources and secure access to adequate, nutritious food. Members of food-insecure households are at risk of hunger. The following indicator measures food insecurity on a scale that indicates increasing levels of severity of food insecurity and, at the more severe levels, hunger. Food-insecure households without hunger report having difficulty obtaining enough food, reduced quality of diets, anxiety about their food supply, and increasingly resorting to emergency food sources and other coping behaviors, but do not report hunger to a significant degree. Food-insecure households with hunger report multiple indicators of hunger among adults and, at more severe levels, among children.


NOTE: See Table ECON4.A for details on the food security scale. Data for 1996 and 1997 are not shown because they are not strictly comparable with data for 1995, 1998, and 1999 due to methodology differences.

SOURCE: U.S. Census Bureau, Food Security Supplement to the Current Population Survey. U.S. Department of Agriculture, Economic Research Service and Food and Nutrition Service, Office of Analysis and Evaluation.

■ In 1999, 3.8 percent of children lived in households experiencing food insecurity with hunger, primarily among adults (children's hunger becomes prevalent only at more severe levels of adult hunger).

- Children living in households below poverty are much more likely than other children to live in households experiencing food insecurity with hunger. In 1999, 11.8 percent of children in households with incomes below the Federal poverty level experienced food insecurity with hunger, compared with 1.9 percent of children in households with income above the poverty level.
- Most food-insecure households do not report actual hunger for household members. In 1999, 13.1 percent of all children and 32.2 percent of poor children lived in households experiencing food insecurity without hunger.
- The number of children who actually experience hunger themselves, even though they may live in a food-insecure household where one or more family members experience hunger, is believed to be significantly smaller than the total number of children living in such households. This is because in most such households the adults go without food, if necessary, so that the children will have food. ${ }^{29}$

The diet quality of children and adolescents is of concern because poor eating patterns established in childhood usually transfer to adulthood. Such patterns are major factors in the increasing rate of child obesity over the past decades and are contributing factors to certain diseases. The Healthy Eating Index (HEI) is a summary measure of diet quality. The HEI consists of 10 components, each representing different aspects of a healthful diet. Components 1 to 5 measure the degree to which a person's diet conforms to the U.S. Department of Agriculture's Food Guide Pyramid serving recommendations for the five major food groups: grains, vegetables, fruits, milk, and meat/meat alternatives. Components 6 and 7 measure fat and saturated fat consumption. Components 8 and 9 measure cholesterol intake and sodium intake, and component 10 measures the degree of variety in a person's diet. Scores for each component are given equal weight and added to calculate an overall HEI score. This overall HEI score is then used to determine diet quality based on a scale established by nutrition experts. ${ }^{30}$


- In 1996, most children and adolescents had a diet that was poor or needed improvement, as indicated by their HEI score.
- As children get older, their diet quality declines. In 1996, among children ages 2 to 5, 24 percent had a good diet and 8 percent had a poor diet. For those ages 13 to 18,6 percent had a good diet and 20 percent had a poor diet.
- The lower-quality diets of older children are linked to declines in their fruit and milk consumption.
- Children in families below poverty are less likely than higher-income children to have a diet rated as good. For children ages 2 to 5, 19 percent of those
in poverty had a good diet in 1994-96, compared with 28 percent of those living above the poverty line.
- The diet quality of children and adolescents was similar in 1994, 1995, and 1996-most children in each of these years had a diet that was poor or needed improvement.

Bullets contain references to data that can be found in Tables ECON4.A - ECON4.D on pages 82-84. Endnotes begin on page 58.

## Access to Health Care

hildren with access to health care have reasonable assurance of obtaining the medical attention needed to maintain their physical well-being. Access involves both the availability of a regular source of care and the ability of the child's family, or someone else, to pay for it. Children with health insurance (government or private) are much more likely than children without insurance to have a regular and accessible source of health care. The percentage of children who have health insurance coverage for at least part of the year is one measure of the extent to which families can obtain preventive care or health care for a sick or injured child.

| Indicator ECON5.A | Percentage of children under age 18 covered by health insurance by type of <br> health insurance, 1987-99 |
| :--- | :--- |
| Percent | Any health insurance |
| 100 | Private health insurance |

NOTE: Government health insurance for children consists primarily of Medicaid, but also includes Medicare, SCHIP (the State Children's Health Insurance Programs), and CHAMPUS/Tricare, the health benefit program for members of the armed forces and their dependents.
SOURCE: U.S. Census Bureau, Current Population Survey.

In 1999, 86 percent of children had health insurance coverage. Between 85 and 87 percent of children have had health insurance since 1987.

- The number of children who had no health insurance at any time during 1999 was 10 million ( 14 percent of all children). The proportion of uninsured children declined in 1999, and was the lowest since 1995. The number and the percentage of uninsured children was significantly lower than the 1998 figures of 11.1 million and 15 percent.
The proportion of children covered by private health insurance decreased from 74 percent in 1987 to 66 percent in 1994 and then increased to 69 percent in 1999. During the same time period, the proportion of children covered by government health insurance grew from 19 percent in 1987 to a high of 27 percent in 1993; it has since decreased to 23 percent in 1999. ${ }^{31}$
- Hispanic children are less likely to have health insurance than either white, non-Hispanic or black children. In 1999, 73 percent of Hispanic children were covered by health insurance, compared with 91 percent of white, non-Hispanic children and 82 percent of black children.
Overall rates of coverage do not differ by child's age. However, the type of insurance does vary by the age of the child: government-provided insurance decreases, but private health insurance increases with age.

The health of children depends at least partially on their access to health services. Health care for children includes physical examinations, preventive care, health education, observations, screening, immunizations, and sick care. ${ }^{32}$ Having a usual source of care - a particular person or place a child goes for sick and preventive care-facilitates the timely and appropriate use of pediatric services. ${ }^{33,34}$ Emergency rooms are excluded here as a usual source of care because their focus on emergency care generally excludes the other elements of health care. ${ }^{35}$

## Indicator ECON5.B Percentage of children under age 18 with no usual source of health care by type of health insurance, 1993-98



NOTE: Emergency rooms are excluded as a usual source of care. In 1997, the National Health Interview Survey was redesigned. Data for 1997-98 are not strictly comparable with earlier data.
SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey.

■ In 1998, 7 percent of children had no usual source of health care. Between 1993 and 1998, this overall percentage remained relatively stable.

- There are large differences by health insurance coverage in the percentage of children having no usual source of care. In 1998, children with public insurance, such as Medicaid, were more likely to have no usual source of care than were children with private insurance.
- Uninsured children are much more likely to have no usual source of care than are children who have health insurance. Children who were uninsured were over nine times as likely as those with private insurance to have no usual source of care in 1998.
- In 1998, 12 percent of children in families below the poverty line had no usual source of care, compared with 5 percent of children in higherincome families.
$\square$ Older children are slightly more likely than younger children to lack a usual source of health care. In 1998, 7 percent of children ages 5 to 17 had no usual source of care, compared with 4 percent of children ages 0 to 4 .

Bullets contain references to data that can be found in Tables ECON5.A and ECON5.B on pages 85-86. Endnotes begin on page 58.

## Indicators Needed

## Economic Security

Economic security is multifaceted, and several measures are needed to adequately represent its various aspects. While this year's report provides some information on economic and food security, additional indicators are needed on:

- Economic security. Changes in children's economic well-being over time need to be anchored in an average standard of living context. Multiple measures of family income or consumption, some of which might incorporate estimates of various family assets, could produce more reliable estimates of changes in children's economic well-being over time.
Long-term poverty for families with children. Although good Federal data are available on child poverty and alternative measures are being developed (see Indicator ECON1, Child Poverty and Family Income, and the discussion of alternative poverty rates on page 78), the surveys that collect these data
do not capture information on long-term poverty. Long-term poverty among children can be estimated from existing longitudinal surveys, but changes to current surveys would be needed to provide estimates on a regular basis. Since longterm poverty can have serious negative consequences for children's well-being, regularly collected and reported data are needed to produce regular estimates.
Homelessness. At present, there are no regularly collected data on the number of homeless children in the United States, although there have been occasional studies that have sought to estimate this number.

