



FOUNDATION *for*  
CHILD DEVELOPMENT



## **2007 Report**

# **The Foundation for Child Development Child and Youth Well-Being Index (CWI), 1975-2005, with Projections for 2006**

A composite index of trends in the well-being of America's children and youth.

**Embargoed Until April 17, 2007**

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## **The Foundation for Child Development (FCD)**

The Foundation for Child Development (FCD) is a national, private philanthropy dedicated to the principle that all families should have the social and material resources to raise their children to be healthy, educated, and productive members of their communities.

The Foundation seeks to understand children, particularly the disadvantaged, and to promote their well-being. We believe that families, schools, nonprofit organizations, businesses, and government at all levels share complementary responsibilities in the critical task of raising new generations.

## **Kenneth C. Land, Project Coordinator**

Kenneth C. Land, Ph.D., is the John Franklin Crowell Professor of Sociology at Duke University. He has conducted extensive research on contemporary social trends and quality-of-life measurement, social problems, demography, criminology, organizations, and mathematical and statistical models and methods for the study of social and demographic processes. He is the co-author of five books, more than 100 research articles, and numerous book chapters. Dr. Land has been elected a Fellow of the American Statistical Association, the Sociological Research Association, the American Association for the Advancement of Science, the International Society for Quality-of-Life Studies, and the American Society of Criminology.

## Introduction

### I. Overview

The **Foundation for Child Development Child and Youth Well-Being Index (CWI) Project at Duke University** issues an annual comprehensive measure of how children are faring in the United States. The CWI is based on a composite of 28 *Key Indicators* of well-being that are grouped into seven *Quality-of-Life Domains*, including economic well-being, health, safety, educational attainment, and participation in schooling, economic and political institutions. This year's CWI is an updated measure of trends over the 31-year period between 1975 to 2005, with projections for 2006.

### II. Child and Youth Well-Being Index: Major Trends

The major trends that can be drawn from the 2007 CWI include:

**Progress in American children's quality of life has stalled.** Ending an eight-year-long upward trend, which lasted from 1994 through 2002, improvements in the well-being of America's children and youth have stalled. Overall well-being – as measured by the composite *Child and Youth Well-Being Index (CWI)* – peaked in 2002, after 9/11 at 102.19. Since then, the CWI has dipped or risen only by fractional amounts, resulting in an overall stalling effect. Statistical models project that the CWI is virtually unchanged in 2006.

**Children's health continues to decline.** The most dramatic decline in the CWI was in the area of health, which sank to its lowest point since 1975, the CWI's base year. The *Health Domain* of the CWI continues its downward trajectory, driven largely by a slowdown in the improvement of child mortality rates and an even more alarmingly dramatic rise in the number of children who are obese.

**Children are safer and engage in less risky behavior than ever.** One positive trend in this year's CWI was the continuing decline in rates of teen pregnancy, violent crime, and drug and alcohol use among youth, which contributed to improvement in the *Safety/Behavioral Concerns* domain.

**Progress in narrowing racial and ethnic disparities has stalled.** The CWI continues to document significant and persistent ethnic and income disparities among white, African American, and Hispanic children. Although trends in quality of life for white, African American, and Hispanic children have generally followed the same trajectory – going up or down together – the gap between the well-being of whites and children of color did narrow in the late 90s. Now, however, this narrowing stalled – along with the overall improvement in children's quality of life – since 2002.

**Improvements in children's quality of life in 2002 are now seen as a temporary reaction to 9/11.** This year's analysis shows that, rather than signaling an upward trend, the up-tick across

indicators in 2002 was more likely a collective – and anomalous – reaction to 9/11. As America united behind a common purpose, communities and families came together as well. This was reflected in the surge in the *Social Relationships* and *Emotional and Spiritual Well-Being* indicators. Those indicators have since declined, contributing to the overall stall in children’s well-being.

**The economic recession and slow growth of 2001-2002 negatively impacted several indicators in the *Family Economic Well-Being* component of the CWI**, such as the poverty rate for families with children ages 0 to 17, the rate of such families with at least one parent with secure employment, and median family income. This resulted in corresponding declines in the *Family Economic Well-Being* domain that continued into 2003. This was followed by slight increases in 2004 and 2005, and that trend is projected to have continued in 2006.

### **III. Conclusion**

The CWI’s three decade snapshot of children’s quality of life and the troubling stall across the well-being domains over the past five years indicate that, even in relatively prosperous times for America, we cannot assume children’s quality of life will automatically rise as a result of our economic progress. The CWI suggests that, to keep children happy and healthy, we must, as a nation, take proactive steps at the policy and community levels to improve their lives.

**Note:** Later in 2007, the Project will release two additional reports. One will compare Child and Youth Well-Being in the United States with five industrialized, English-speaking nations: Australia, Canada, New Zealand, and the United Kingdom. The second report will take an in-depth look at disparities among white, African American, and Hispanic children.

## **The Child and Youth Well-Being Index (CWI) 1975 – 2005, with Projections for 2006**

### **I. Child and Youth Well-Being Index: A Brief Overview**

The *Child and Youth Well-Being Index (CWI)* is an evidence-based composite measure of trends over time in the quality of life of America's children from birth to age 17. The CWI is comprised of 28 indicators organized into seven domains. These seven quality of life domains have been found in numerous social science studies to be related to an overall sense of subjective well-being or satisfaction with life. The CWI tracks the well-being of children annually, and has been doing so since 1975. Appendix A briefly describes the Methods of Index Construction and identifies both the seven domains of the CWI as well as the 28 Key Indicators that comprise them. Briefly, the seven domains are:

1. *Family Economic Well-Being,*
2. *Health,*
3. *Safety/Behavioral Concerns,*
4. *Educational Attainment,*
5. *Community Connectedness,*
6. *Social Relationships, and*
7. *Emotional/Spiritual Well-Being.*

Sources for time series data on the Key Indicators are presented in Appendix B. The composite Index, an equally-weighted average of the seven domains, gives a sense of the overall direction of change in well-being, as compared to a base year of the indicators, 1975.

The CWI is designed to address questions such as the following:

- Overall, on average, how did child and youth well-being in the U.S. change in the last quarter of the 20<sup>th</sup> century and beyond?
- Did it improve or deteriorate?
- By approximately how much?
- In which domains of social life?
- For specific age groups?
- For particular race/ethnic groups?
- Did race/ethnic group and gender disparities increase or decrease?

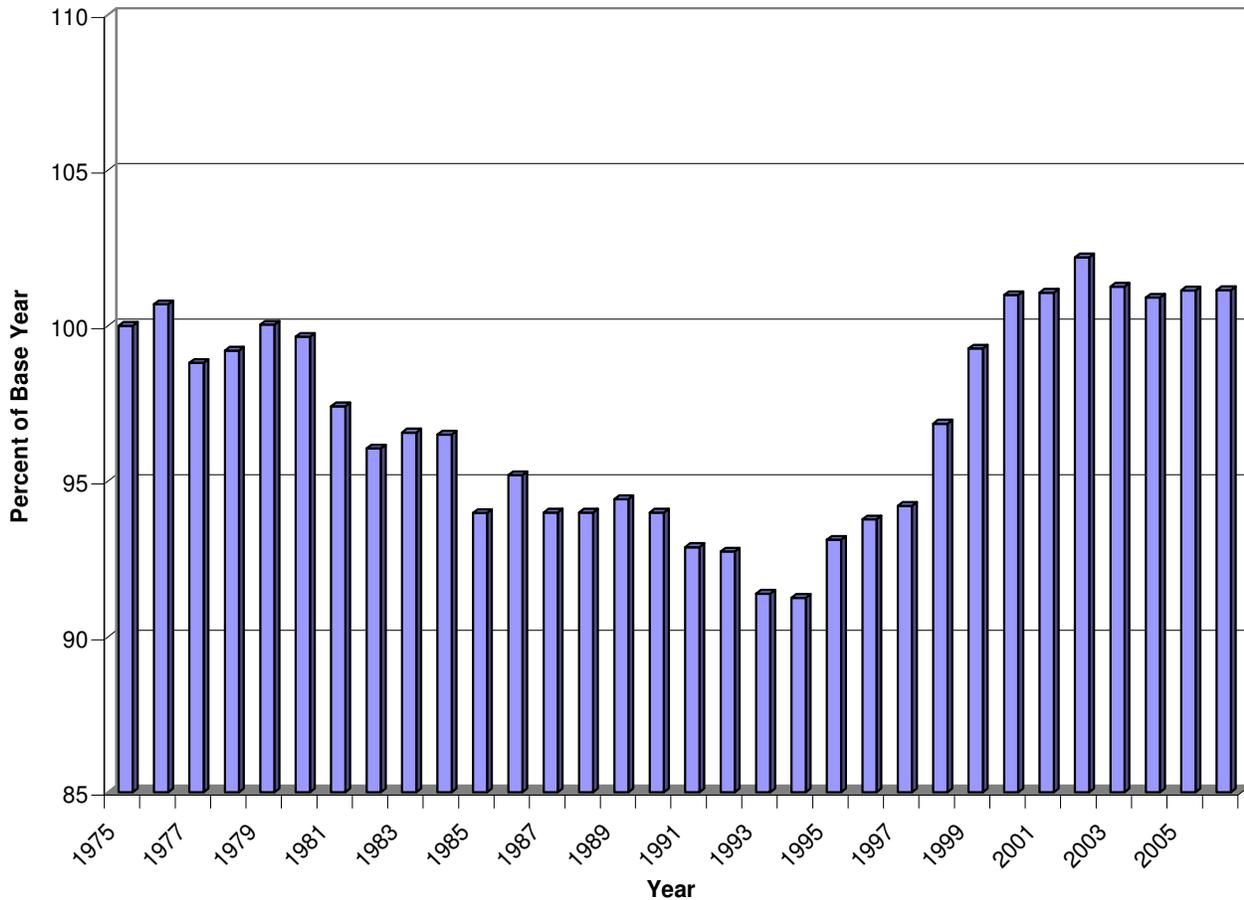
The CWI is computed and updated annually, and is based on data from the Key Indicators through the year 2003. Updates on most of Key Indicators currently are available for the years 2004 and 2005, and two are available for 2006. The remaining indicators are projected by use of statistical time series models. Due to the substantial inertia in many of the indicators' time series, the one-year-ahead projected values have been found to be sufficiently accurate.

## II. The CWI: The Long View

Figure 1 below charts the CWI from 1975 through 2005, including its projected value for 2006. Actual numerical CWI values are presented in Appendix C. In a snapshot, the major trends that can be drawn from this year's CWI are:

- One the whole and on average, children and youth in the United States are doing only slightly better today than they did in 1975;
- Children's quality of life, as measured by the CWI, reached its lowest level in 1993-1994. From 1995-2002, children's quality of life improved substantially;
- Gains in child and youth well-being stalled in the early years of the 21<sup>st</sup> century, dragged down, in part, by a precipitous decline in children's health as obesity rates continued to escalate; and
- The up-tick in children's quality of life in 2002 appears to have been a temporary surge, likely in response to the 9/11 attacks. With the exception of the spike in 2002, the overall quality of life of America's children has been virtually unchanged since 2000.

Figure 1: Child Well-Being Index, 1975-2005, with Projections for 2006



The stall in children’s overall well-being is a reflection of the largely negligible fluctuations in the CWI’s domains since 2002. In the year 2004, for example, the composite CWI (27 Key Indicators based on observed data, 1 Indicator projected [obesity rates]) shows a decrease of .35 percent from 2003. The 2005 Index (21 Indicators based on observed data, 7 Indicators projected) shows a slight improvement of .23 percent over 2004. Further, the (almost completely) projected year, 2006, predicts virtually no increase over the 2005 value.

These results suggest that the long-term trend of improving child and youth well-being since 1993 and 1994 (the two years with the lowest CWI values) reached a high point in 2002, a sizeable increase over 2001. This increase was primarily due to larger than usual increases in several safety/behavioral, community connectedness, and emotional/spiritual indicators – indicators that are indicative of public policies, such as support for after-school programs, combined with increased parental involvement in, and monitoring of, their children’s lives, presumably in the immediate aftermath of the events of 9/11/2001.

With the benefit of additional years of data, it now appears that the large increase in the composite CWI in 2002 was an anomalous response to the terrorist attacks and has not been sustained. After 2002, the CWI gradually returned to its 2000 level. The CWI declined slightly in 2003 and 2004, due at least in part to the aftermath of the economic recession/slowdown of 2001-2002. This was followed by a small increase in 2005 and a projected slight increase for 2006.

Just as the CWI allowed us to be the first to signal that the steady increases in numerous Key Indicators in the period 1994-2002 were indicative not just of isolated trends, but rather of an overall improvement in well-being, the CWI is now telling us that this trend of overall improvement has stalled.

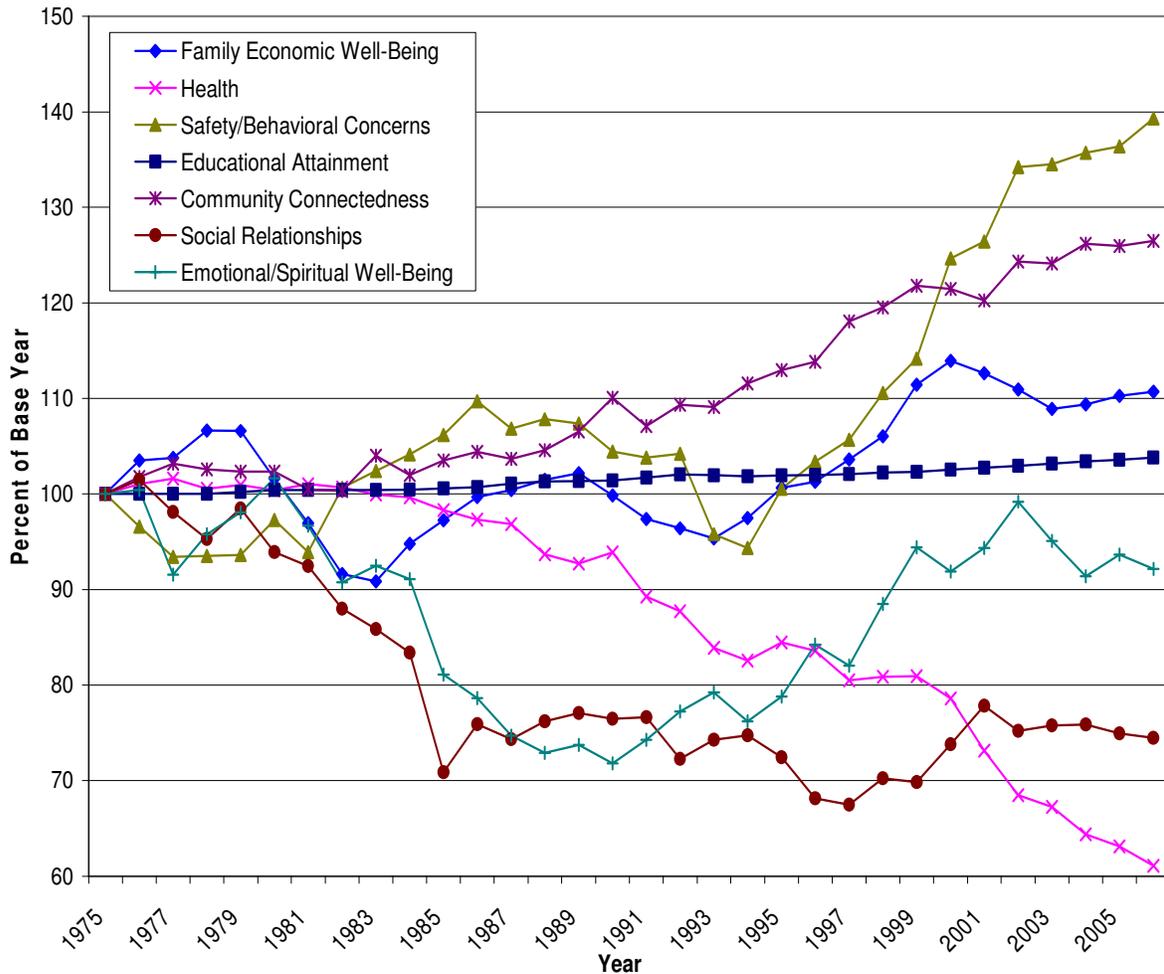
### **III. The CWI: A Closer Look at Individual Well-Being Domains and Indicators**

The composite *CWI* can be broken down into the seven domains previously mentioned to judge where children and youth are experiencing the most improvement. Over the past three decades children and youth have experienced substantial improvements in two domains: *Safety/Behavioral Concerns* and *Community Connectedness*, as shown in Figure 2 below.

Also, *Family Economic Well-Being* improved over the 1975 baseline from the mid- to late-1990s, and shows slight improvements since 2003. One domain, *Educational Attainment*, has remained relatively flat-lined, slightly above the 1975 base-year level, despite repeated national efforts to improve education dating back to 1983. In 2005, three domains remained below 1975 base year levels: *Health*, *Social Relationships*, and *Emotional/Spiritual Well-Being*.

Figure 2 shows the seven domain-specific summary indices for 1975 through 2006. Some of the indicators are projected for 2005, and all except two are projected for 2006.

Figure 2. Domain-Specific Summary Indices, 1975-2005, with Projections for 2006.



Key findings for each of the seven domains and their individual indicators include:

1. The *Safety/Behavioral Concerns Domain* (which includes indicators of trends in teenage childbearing, violent crime involvement, and cigarette, alcohol, and drug use) has shown the most improvement since 1975. In 2005, it was 36.4 percent higher than its base-year level. This large gain is due to improvements in all of the domain indicators.

2. The *Family Economic Well-Being Domain Index* (which includes indicators of trends in the income of families with children, the family poverty rate, stable parental employment, and health insurance coverage) improved during the 1990s. However, after 2000, the financial status of American families with children declined through 2003, and then rose slightly in 2004 and 2005. For instance, the 2003 poverty rate for families with children under the age of 18 rose to above 1975 baseline levels for the first time since 1999 (17.2 percent in 2003 versus 16.8 percent in 1975), and it remained above baseline in 2004 and 2005 (17.3 and 17.1 percent, respectively).

When viewed over the past decade, the CWI reveals that the family poverty rate remains below the levels of the mid-1990s. The number of children living in families with any form of health insurance has varied between 88 percent and 89 percent since 2000. Since 2000, however, the proportion of children covered by private health insurance has declined while the proportion of children in families with some form of publicly-funded health insurance increased.

3. The *Health Domain* (which includes indicators of trends in infant, child, and teenage mortality, overall health, activity limitations, and obesity) continues to decline and is projected to decline again in 2006. While America has made significant improvements with respect to preventing mortality in infants, children, and youth since 1975, the rate of improvement in mortality rates has slowed in recent years. The increase in obesity has grown at a pace that has negated improvements in other *Health Domain* indicators. In 2005, the *Health Domain* was 36.9 percent below baseline levels.
4. The *Community Connectedness Domain* (which includes indicators of trends in the participation of children and youth in educational, economic, and political institutions) has improved since 2001, due to increases in the percentage of young adults aged 25 to 29 who receive college degrees as well as the percentage of 3- to 4-year-olds who attend Pre-kindergarten. Our projections suggest that this domain will continue to improve through 2006.
5. The *Educational Attainment Domain* (which is based on national mathematics and reading tests) has shown slight improvements in math scores since 1980, improvements that have accelerated since 1999 at age 9 in both mathematics and reading scores, and at age 13 in mathematics scores. At age 17, however, there is only a slight improvement in mathematics scores, and a slight decline in reading scores since 1980.
6. The *Social Relationships Domain* (which includes indicators of trends in the prevalence of children in single-parent families and those subjected to residential mobility, both of which disrupt social relationships and affect children's social capital) has been below the 1975 base year level for every subsequent year. The deterioration in this domain is due to increases in the percentage of children who live in single-parent families. Much of the increase in single-parenthood occurred, however, in the first 15 years of the CWI, from 1976 to 1990. Since 1990, there has been a slight increase in single-parenthood, but at a slower pace than previously.

7. The *Emotional/Spiritual Well-Being Domain* (which includes indicators of trends in the adolescent/teenage suicide rate, the importance of religion, and attendance at religious services). Due to declines in the suicide rate and increases in the spiritual indicators, this domain has improved fairly consistently since reaching its lowest levels in 1988-1991. Since 2002, however, progress in this domain has stalled due to slight increases in suicide rates and decreases in attendance at religious ceremonies.

## **Trends in Child and Youth Well-Being by Race and Ethnicity**

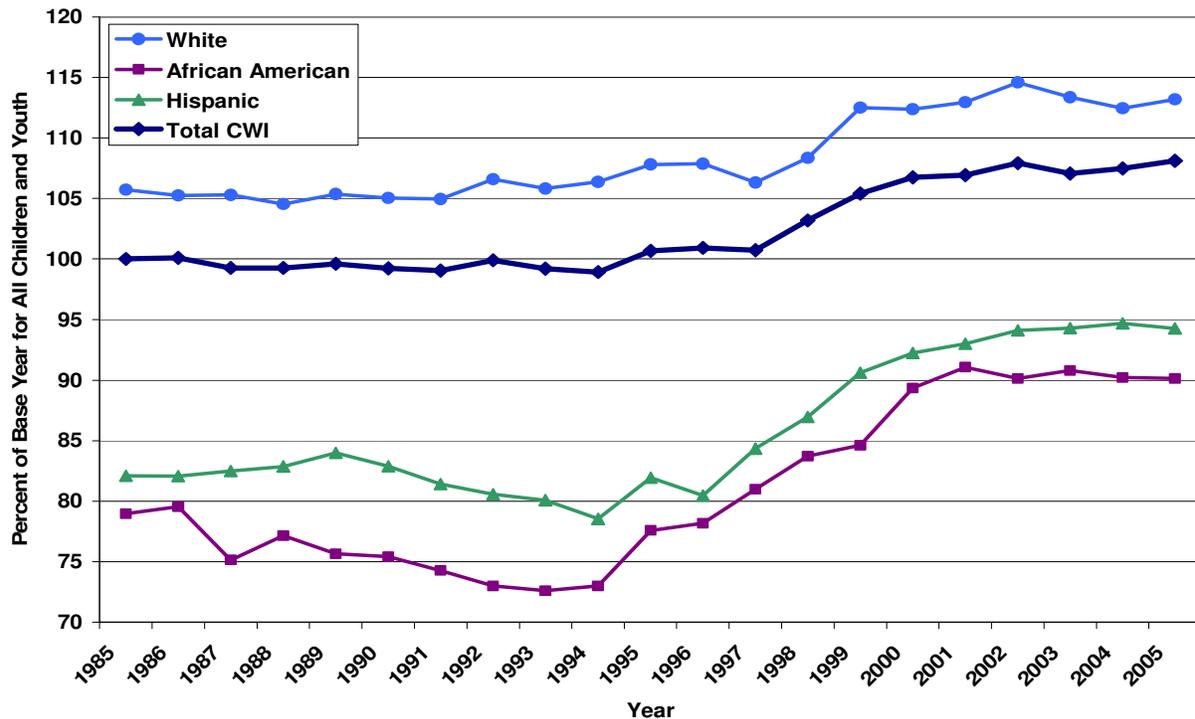
### **I. Racial and Ethnic Disparities**

Since the mid-1980s, data used in the construction of the CWI have had sufficient race/ethnic identifiers to allow computation of the CWI for children and youth from three major race/ethnic groups in American society -- whites, African Americans, and Hispanics. We use 1985 as the base year for the race/ethnic group trends in child and youth well-being, and we use 27 of the 28 Key Indicators from the CWI. Data on violent crime offenders are not included because the government data set used does not provide information on the race of the offender.

Our findings show that fluctuations in overall improvement and decline in the Child-Well-Being Index have historically applied across all three ethnic groups. In other words, when overall child and youth well-being improves, the improvements benefit white, African American, and Hispanic children, and, when overall child well-being declines, the declines affect all three groups. The same holds true for the current stall across domains.

Yet substantial disparities persist among the groups. For each race/ethnic group, Figure 3 shows the percentage difference in the composite CWI compared with the total US child and youth well-being at baseline. In recent years, the CWI for white children and youth is about 5 percentage points higher than the CWI for all children combined. By comparison, the CWI for African American children is about 18 percent lower, and that for Hispanic children is about 14 percent lower. The latter percentages have decreased, however, as compared to their values from 1975 until about 1995, which is indicative of decreasing disparities since the mid-1990s.

**Figure 3. Total and Race/Ethnic-Group Summary CWIs as a Percent of Total CWI for all Children and Youth at Base Year, 1985-2005**



Areas where African American children experience the most significant disadvantages compared to their white peers are in *Social Relationships* (which includes single-parent families), *Family Economic Well-Being* (which includes poverty and median family incomes), *Health* (which includes obesity and infant, child, and teen mortality rates), and *Community Connectedness* (which includes attendance or graduation from educational institutions).

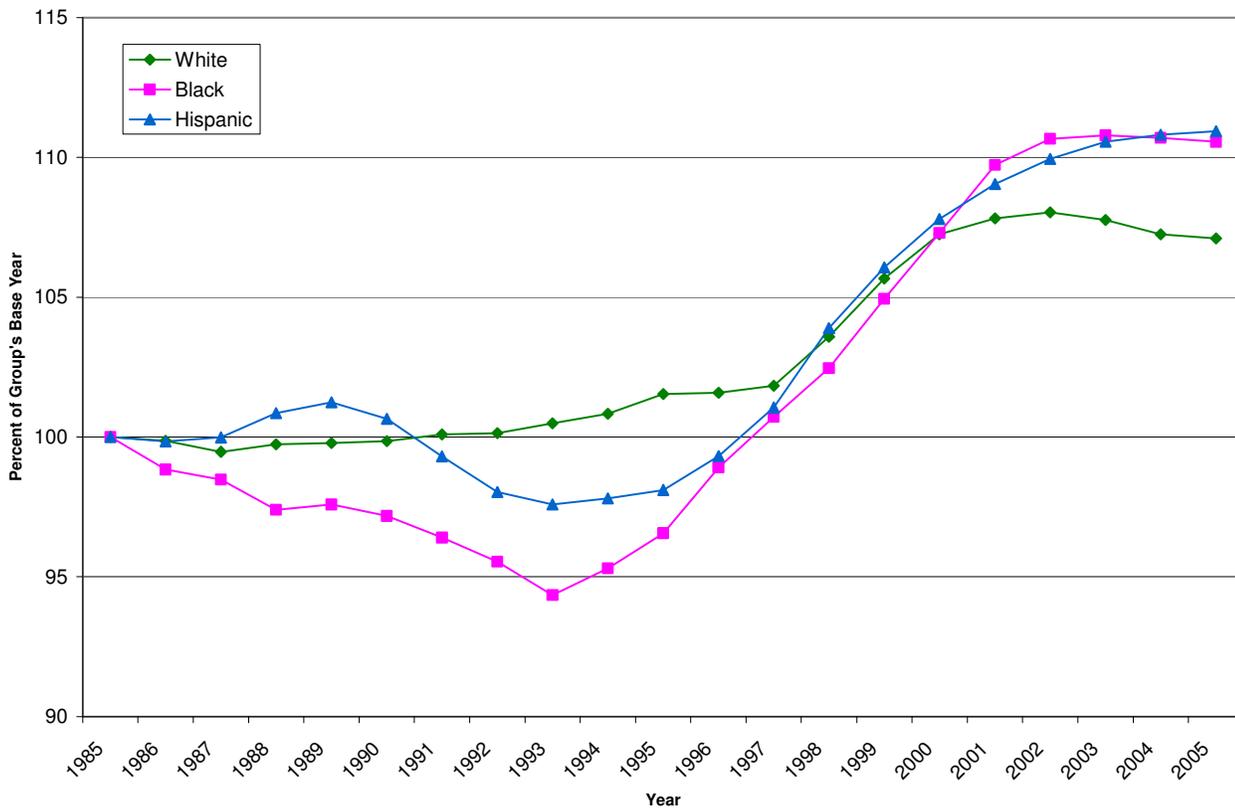
Areas where Hispanic children and youth experience the greatest disparities with their white peers is *Family Economic Well-Being*, *Community Connectedness*, *Social Relationships*, *Safety/Behavioral Concerns* (which includes use of illicit substances and teen birth rates), and *Educational Attainment* (which is composed of mathematics and reading test scores).

Despite these troubling gaps, it is not the case that white children and youth are advantaged in all of the seven domains that comprise the CWI. In fact, African American and Hispanic youth have higher rates of *Emotional/Spiritual Well-Being*, as indicated by their lower suicide rates and higher rates of religious participation. In addition, since 1997, African American youth have become more advantaged in *Safety/Behavioral Concerns*, due to their decreased use of illicit substances such as cigarettes, drugs, and alcohol, and a decrease in teen birth rates.

## II. Race/Ethnic Trends over Time: 1985 - 2005

Figure 4 shows trends in improvements in child and youth well-being for each race/ethnic group relative to their respective 1985 baseline levels. The trends in the CWI for these three groups show that, while there are some unique features in the trends for each group, major changes up or down in the CWI similarly impact all three groups. The CWI for African American and Hispanic children was over 10 percent higher in 2005 compared to their respective base year levels. The improvement for white children and youth by 2005 was 7 percent above 1985 levels. Again, the trends documented in Figure 4 are indicative of slight decreases in race/ethnic disparities over the past decade.

**Figure 4. Race/Ethnic Group-Specific Summary Indices of Child and Youth Well Being, 1985-2005**



## **Conclusion**

After eight years of steady improvement from 1994 through 2002, the quality of life of America's children and youth appears to be at a standstill. The stall is reflected in reduced rates of improvement, flat-lines, or actual declines across the majority of domains that comprise the Child and Youth Well-Being Index.

One of the key benefits of the CWI's long-view lens is that it allows us to track trends over time, including the impact of specific public policies. The overall stall in children's quality of life -- underscored by the dramatic decline in children's health as well as persistent ethnic and racial disparities in the areas of education and poverty -- sends a strong signal that America should be doing more to improve children's lives. The auspicious decline in teen pregnancy, drug and alcohol use, and violent crime, on the other hand, suggests that change is possible, given the combination of supportive public policies and shifting cultural values.

## **Acknowledgements and Contact Information**

The **Foundation for Child Development Child and Youth Well-Being Index Project** at Duke University is coordinated by Kenneth C. Land, Ph.D., John Franklin Crowell Professor, Department of Sociology and Center for Demographic Studies, P.O. Box 90088, Duke University, Durham, NC 27708-0088 (e-mail: [kland@soc.duke.edu](mailto:kland@soc.duke.edu)). Other researchers involved in the project include Vicki L. Lamb, Ph.D. (North Carolina Central University and Duke University), Sarah O. Meadows, Ph.D. (Princeton University), and Hui Zheng, M.A. (Duke University). The Project is supported by grants from the Foundation for Child Development (<http://www.fcd-us.org/>). We especially acknowledge the support and encouragement of Ruby Takanishi, President, and Fasaha Traylor, Senior Program Officer, Foundation for Child Development. We also thank Kristin A. Moore, Ph.D. and Brett Brown, Ph.D. of Child Trends, Inc. (<http://www.childtrends.org>) and Donald Hernandez, Ph.D. of the State University of New York at Albany for invaluable advice and assistance in this project.

**On the Web:** More information about the CWI, its construction, and the scientific papers and publications on which it is based can be found on the World Wide Web:

<http://www.soc.duke.edu/~cwi/>

## **Appendix A**

### **Methods of Construction and Indicator List for the CWI**

#### **Methods of Construction**

Annual time series data (from vital statistics and sample surveys) have been assembled on some 28 national-level Key Indicators in seven Quality-of-Life Domains: Family Economic Well-Being, Health, Safety/Behavioral Concerns, Educational Attainment, Community Connectedness, Social Relationships, and Emotional/Spiritual Well-Being. These seven quality of life domains have been well-established as recurring over two decades of empirical research in numerous subjective well-being studies. They have been found, in one form or another, in studies of the well-being of children and youths as well. The 28 Key Indicators used in the construction of the CWI are identified below in Table A-1.

To calculate the CWI, each of the 28 time series of the Key Indicators is indexed by a base year (1975, or 1985 for gender or race/ethnic trends). The base year value of the indicator is assigned a value of 100 and subsequent values of the indicator are taken as percentage changes in the CWI. The directions of the indicators are oriented so that a value greater (lesser) than 100 in subsequent years means the social condition measured has improved (deteriorated).

The 28 indexed Key Indicator time series are grouped into the seven domains of well-being by equal weighting to compute the domain-specific Index values for each year. The seven domain-specific Indices then are grouped into an equally-weighted Child and Youth Well-Being Index value for each year.<sup>1</sup> Since it builds on the subjective well-being empirical research base in its identification of domains of well-being to be measured and the assignment of Key Indicators to the domains, the CWI can be viewed as *well-being-evidence-based measure of trends in averages of the social conditions encountered by children and youth in the United States across recent decades*.

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<sup>1</sup> The CWI Project uses an equal-weighting strategy for constructing its composite indices for two reasons. First, it is the simplest and most transparent strategy and can easily be replicated by others. Second, statistical research done in conjunction with the CWI Project has demonstrated that, in the absence of a clear ordering of the indicators of a composite index by their relative importance to the composite and on which there is a high degree of consensus in the population, an equal weighting strategy is privileged in the sense that it will achieve the greatest level of agreement among the members of the population.

**Table A-1. Twenty-Eight Key National Indicators of Child and Youth Well-Being in the United States.**

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*Family Economic Well-Being Domain*

1. Poverty Rate (All Families with Children)
2. Secure Parental Employment Rate
3. Median Annual Income (All Families with Children)
4. Rate of Children with Health Insurance

*Health Domain*

1. Infant Mortality Rate
2. Low Birth Weight Rate
3. Mortality Rate (Ages 1-19)
4. Rate of Children with Very Good or Excellent Health (as reported by parents)
5. Rate of Children with Activity Limitations (as reported by parents)
6. Rate of Overweight Children and Adolescents (Ages 6-19)

*Safety/Behavioral Domain*

1. Teenage Birth Rate (Ages 10-17)
2. Rate of Violent Crime Victimization (Ages 12-19)
3. Rate of Violent Crime Offenders (Ages 12-17)
4. Rate of Cigarette Smoking (Grade 12)
5. Rate of Alcohol Drinking (Grade 12)
6. Rate of Illicit Drug Use (Grade 12)

*Educational Attainment Domain*

1. Reading Test Scores (Ages 9, 13, and 17)
2. Mathematics Test Scores (Ages 9, 13, and 17)

*Community Connectedness*

1. Rate of Persons who have Received a High School Diploma (Ages 18-24)
2. Rate of Youths Not Working and Not in School (Ages 16-19)
3. Rate of Pre-Kindergarten Enrollment (Ages 3-4)
4. Rate of Persons who have Received a Bachelor's Degree (Ages 25-29)
5. Rate of Voting in Presidential Elections (Ages 18-20)

*Social Relationships Domain*

1. Rate of Children in Families Headed by a Single Parent
2. Rate of Children who have Moved within the Last Year (Ages 1-18)

*Emotional/Spiritual Well-Being Domain:*

1. Suicide Rate (Ages 10-19)
2. Rate of Weekly Religious Attendance (Grade 12)
3. Percent who report Religion as Being Very Important (Grade 12)

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Note: Unless otherwise noted, indicators refer to children ages 0-17.

## Appendix B

### Sources of Data for the CWI

Child Poverty	US Bureau of the Census March Population Survey, Current Population Reports, Consumer Income, Series P-60, Washington, D.C.: US Bureau of the Census. <a href="http://www.census.gov/hhes/www/poverty/histpov/hstpov3.html">http://www.census.gov/hhes/www/poverty/histpov/hstpov3.html</a> 1975-present
Secure Parental Employment	US Bureau of the Census, March Current Population Survey, Washington, D.C.: US Bureau of the Census. Available from Forum on Child and Family Statistics, <a href="http://childstats.ed.gov/americaschildren/tables/econ2.asp">http://childstats.ed.gov/americaschildren/tables/econ2.asp</a> 1980-present. Special tabulation from CPS CD 1975-1979.
Median Annual Income	US Bureau of the Census, March Current Population Survey, Historical Income Tables – Families, Washington, D.C.: US Bureau of the Census. <a href="http://www.census.gov/hhes/www/income/histinc/f10ar.html">http://www.census.gov/hhes/www/income/histinc/f10ar.html</a> 1975-present.
Health Insurance	US Bureau of the Census, Housing and Household Economic Statistics Division, unpublished tabulations from the March Current Populations Surveys, Washington, DC: US Bureau of the Census. Special tabulation by Federal Intra-agency Forum <a href="http://www.census.gov/hhes/www/hlthins/historic/hihist3.html">http://www.census.gov/hhes/www/hlthins/historic/hihist3.html</a> 1987–present.
Infant Mortality	CDC, National Center for Health Statistics, National Vital Statistics System, Monthly Vital Statistics Report (v25-v46), National Vital Statistics Report (v47-v49): Hyattsville, MD: NCHS <a href="http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_19.pdf">http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_19.pdf</a> 1975-present.
Low Birth Weight	CDC, National Center for Health Statistics, National Vital Statistics System, Report of Final Natality Statistics, Monthly Vital Statistics Reports (1975-1996), National Vital Statistics Reports (1997-present). Hyattsville, MD: NCHS. <a href="http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths04/prelimbirths04health.htm">http://www.cdc.gov/nchs/products/pubs/pubd/hestats/prelimbirths04/prelimbirths04health.htm</a>
Child and Adolescent Mortality	CDC, National Center for Health Statistics, National Vital Statistics System, Leading Causes of Death. <a href="http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_19.pdf">http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_19.pdf</a> 1975–present.
Subjective Health and Activity Limitations	CDC, National Center for Health Statistics, National Health Interview Survey, Hyattsville, MD: National Center for Health Statistics. <a href="http://www.cdc.gov/nchs">www.cdc.gov/nchs</a> Available from Forum on Child and Family Statistics, <a href="http://www.childstats.gov/">http://www.childstats.gov/</a> 1984–present.
Obesity	CDC, National Center for Health Statistics, Health United States, 2003 and National Health and Nutrition Examination Survey (NHANES), Hyattsville, MD. <a href="http://www.cdc.gov/nchs/data/hus/tables/2003/03hus069.pdf">www.cdc.gov/nchs/data/hus/tables/2003/03hus069.pdf</a> 1975-present. Data for 1999-2000, 2001-2002, and 2003-2004 from C.L.Ogden et al., (2006) JAMA, 295(13): 1549-1555.
Teen Births	CDC, National Center for Health Statistics, National Vital Statistics System. Monthly Vital Statistics Reports (1975-1996), National Vital Statistics Reports (1997-present). Hyattsville, MD: National Center for Health Statistics. <a href="http://www.cdc.gov/nchs/births.htm">www.cdc.gov/nchs/births.htm</a>
Crime Victimization	US Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey and FBI Supplementary Homicide Reports, <a href="http://www.ojp.usdoj.gov/bjs/glance/tables/vagetab.htm">www.ojp.usdoj.gov/bjs/glance/tables/vagetab.htm</a> 1975-present.
Violent Crime Offenders	US Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey. <a href="http://www.ojp.usdoj.gov/bjs/">http://www.ojp.usdoj.gov/bjs/</a> 1975-present.
Smoking, Drinking, and Drugs	The Monitoring the Future Study, Institute for Social Research, University of Michigan: Ann Arbor, MI. <a href="http://www.monitoringthefuture.org/data/data.html">www.monitoringthefuture.org/data/data.html</a> , 1975-present.
Reading and Mathematics Scores	US Department of Education Statistics, National Assessment of Education Progress (NAEP). <a href="http://nces.ed.gov/nationsreportcard">http://nces.ed.gov/nationsreportcard</a> 1975-present.
High School Completion	US Bureau of the Census, October Current Population Surveys, Washington, D.C.: US Bureau of the Census. <a href="http://www.census.gov/population/socdemo/school/TableA-5a.xls">http://www.census.gov/population/socdemo/school/TableA-5a.xls</a> 1975-present.
Not Working and Not in School	US Bureau of Labor Statistics, Current Population Surveys, Washington, D.C.: US Bureau of the Census. Available from Forum on Child and Family Statistics, <a href="http://www.childstats.gov/">http://www.childstats.gov/</a>

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	1985-present. Special tabulation from CPS CD, 1975-1984.
Preschool Enrollment	US Department of Education, National Center for Education Statistics, Digest of Education Statistics and Bureau of the Census, Current Population Survey. <a href="http://www.nces.ed.gov/programs/digest/d05/tables/dt05_006.asp">http://www.nces.ed.gov/programs/digest/d05/tables/dt05_006.asp</a> , 1980-present, interpolated years 1976-1979.
Bachelor's Degree	US Department of Education, National Center for Education Statistics, Condition of Education. <a href="http://nces.ed.gov/programs/coe/2005/pdf/07_2005.pdf">http://nces.ed.gov/programs/coe/2005/pdf/07_2005.pdf</a> 1975-present.
Voting in Presidential Elections	US Bureau of the Census, Current Population Reports, Series P-20, Voting and Registration, Washington, D.C.: US Bureau of the Census <a href="http://www.census.gov/population/www/socdemo/voting/cps2004.html">http://www.census.gov/population/www/socdemo/voting/cps2004.html</a> 1975-present.
Single Parent Families	US Bureau of the Census, Current Population Reports, Marital Status and Living Arrangements, Annual Reports. <a href="http://www.census.gov/population/socdemo/hh-fam/ch1.pdf">http://www.census.gov/population/socdemo/hh-fam/ch1.pdf</a> 1975-present.
Residential Mobility	US Bureau of the Census, Series P-20, Geographic Mobility, Washington, D.C.: US Bureau of the Census. <a href="http://www.census.gov/population/www/socdemo/migrate.html">http://www.census.gov/population/www/socdemo/migrate.html</a> 1975-present.
Suicide	CDC, National Center for Health Statistics, National Vital Statistics System. <a href="http://www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm">www.cdc.gov/nchs/datawh/statab/unpubd/mortabs.htm</a> 1975-present.
Church Attendance and Importance	The Monitoring the Future Study, Institute for Social Research, University of Michigan: Ann Arbor, MI. <a href="http://www.monitoringthefuture.org/">http://www.monitoringthefuture.org/</a> 1975-present.

**Appendix C**  
**Child and Youth Well-Being Index Values, 1975-2005,**  
**with Projections for 2006.**

<b>Year</b>	<b>CWI</b>	<b>Change in CWI</b>
1975	100.00	0.00
1976	100.69	0.69
1977	98.81	-1.88
1978	99.20	0.39
1979	100.04	0.84
1980	99.65	-0.39
1981	97.41	-2.24
1982	96.05	-1.36
1983	96.57	0.52
1984	96.50	-0.07
1985	93.98	-2.52
1986	95.19	1.21
1987	93.99	-1.20
1988	93.99	0.00
1989	94.42	0.43
1990	93.99	-0.43
1991	92.88	-1.11
1992	92.74	-0.14
1993	91.38	-1.36
1994	91.26	-0.12
1995	93.12	1.86
1996	93.78	0.66
1997	94.35	0.58
1998	96.76	2.41
1999	99.27	2.51
2000	100.98	1.72
2001	101.06	0.07
2002	102.19	1.14
2003	101.26	-0.94
2004	100.90	-0.35
2005*	101.14	0.23
2006**	101.15	0.01

\*As of release date, 7 Key Indicators were projected for 2005.

\*\*All except 2 Key Indicators were projected for 2006.

### **A Note on the Accuracy of CWI Projections**

The values of several of the time series of the 28 Key Indicators (particularly in Health) in the CWI tend to be published with lags of two to three years behind the current calendar year. In order to provide updated values that can be used for calculating the CWI for the most recent two years, the Project accordingly has estimated statistical time series models for those time series that lag in publication. Since these time series tend to be relatively slowly moving, it has been found that the resulting projected values are fairly accurate and produce overall CWI values that also are relatively accurate. Some recent comparisons:

- In the 2005 CWI Report, we projected an increase of 0.63 in the Index from 2003 to 2004. This compares to an observed increase of -0.35.
- In the 2006 CWI Report, we projected an increase of 0.76 in the Index from 2004 to 2005. This compares to an observed increase of 0.23 (this initial estimate is subject to revision as the final values for all Key Indicators for 2005 are posted).

Because of lags in the availability of Key Indicators series (particularly in Health) and occasional revisions of previously published data points, it is not expected that our projected values will be completely accurate. However, the projections have been fairly close to the real data series.