

## **2005 Report**

# **The Foundation for Child Development Index of Child Well-Being (CWI), 1975- 2003 with Projections for 2004**

A composite index of trends in the well-being of our Nation's children.

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## Introduction

The Foundation for Child Development Index of Child Well-Being Project at Duke University has updated its measures of trends in the well-being, or quality of life, of children and youth in the United States over the 28-year period, 1975 to 2003, with projections for 2004. A number of findings and conclusions can be drawn from the updated measures. Among major trends, the Project finds:

- Children are faring better in recent years – child and youth well-being has continued to recover from losses in the 1980s. The Project’s overall measure of well-being – a composite Child Well-Being Index (CWI) – shows only a fractional increase of 0.08 from 104.48 in 2002 to 104.56 in 2003, with a further increase of 0.63 projected for 2004. The CWI is, however, at the highest level since the base year of 1975 and has improved every year since 1995.
- Recent stagnation and slow growth in the economy resulted in declines in the Family Economic Well-Being component of the CWI since 2000 and projections for 2004 suggest this component remained essentially unchanged.
- The Safety/Behavioral Concerns Well-Being component of the CWI has shown steady improvement since 1994, due primarily to continued declines in violent criminal offending and victimization among children and youth.
- Despite increased national focus on the obesity epidemic, rates of overweight children and youth continue to increase, resulting in a decline in the Health Domain component of the CWI that is projected to persist through 2004.
- Since the mid-1980s, data used in the construction of the CWI have had sufficient race/ethnic identifiers to allow computation of the Index for children and youth from three major race/ethnic groups in American society, whites, African-Americans, and Hispanics. The Project’s studies of trends in the CWI for these three groups show that, while there are unique features in the trends for each group, major changes up or down in the CWI impact on all three groups. In particular, the general improvements in child and youth well-being signaled by the CWI over the past decade have not been confined to any particular group. Disparities among the groups have remained, however, especially in the Family Economic Well-Being Area.

The following sections provide details about the CWI for all children. We then discuss in detail the improvements in the Safety and Behavioral Domain and highlight a number of social changes and public policies that may account for these improvements.

## The Child Well-Being Index (CWI) 1975 – 2003, with Projections for 2004

The **Child Well-Being Index (CWI)** is an evidence-based composite measure of trends over time in the quality of life or well-being of America’s children and young people. It comprises several interrelated summary domains of annual time series of numerous social indicators of well-being. These seven domains have been found in numerous social science studies to be related to an overall sense of subjective well-being or satisfaction with life. Appendix A briefly describes the Methods of Index Construction and has a table that identifies both the seven domains of the CWI as well as the 28 Key Indicators that comprise them. Briefly, the seven domains include: Family Economic Well-Being, Health, Safety/Behavioral Concerns, Educational Attainments, Community Connectedness, Social Relationships, and 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 computed and updated annually and is based on observed data from the Key Indicators through the year 2002. Updates on a small number of Key Indicators currently are available for the years 2003 and 2004. 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 quite accurate.

The CWI for 1975 through 2003, including its projected value for 2004, can be seen in Figure 1. Actual numerical Index values are located in Appendix C.

**Figure 1. Child Well-Being Index, 1975 - 2003, Projected for 2004.**

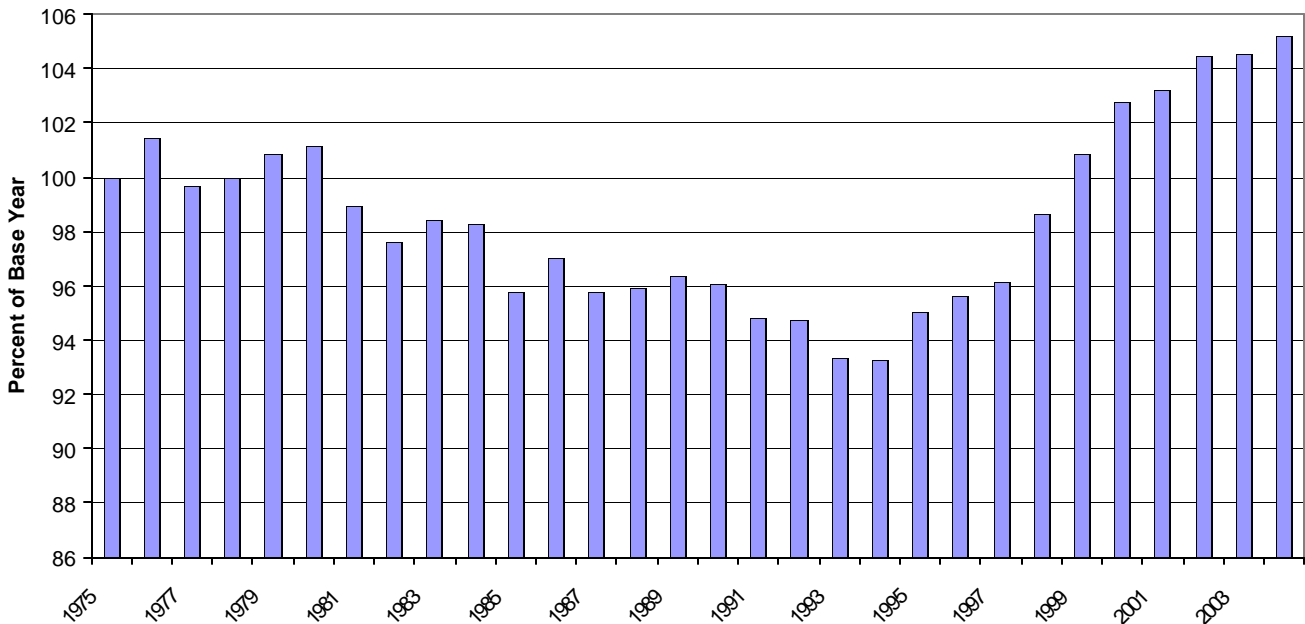
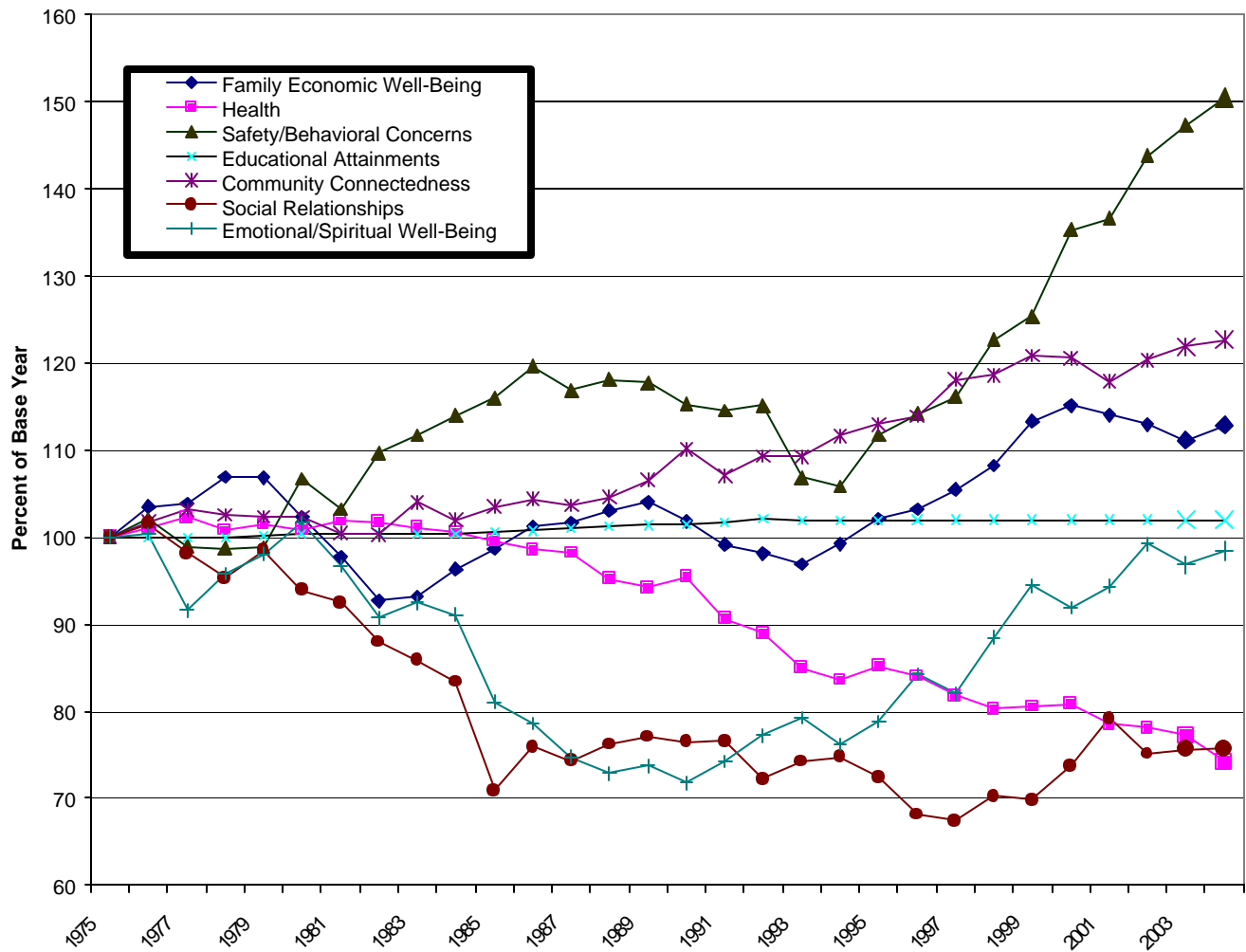


Figure 2 shows the seven domain-specific summary indices for 1975 through 2004. Again, some of the indicators are projected for 2003 and all are projected for 2004.

**Figure 2. Domain-Specific Indices of Child and Youth Well-Being 1975-2003, with Projections for 2004.**



In the year 2002, the last year for which all indicators are available, the CWI showed an improvement of 1.26 percent over 2001 and 4.48 percent over the base-year of 1975. The partly observed/partly projected 2003 Index value shows an improvement of 4.56 percent over baseline. Further, the fully projected year, 2004, predicts a slight increase over 2003 and remains above the 1975 value. These results suggest that the long-term trend of increasing well-being since 1993 and 1994, the two years with the lowest CWI values, will continue.

The overall CWI can be broken down into the seven domains previously mentioned in order to judge where children are experiencing the most improvement. Over the past three decades children and youth have experienced substantial improvements in three domains: Safety/Behavioral Concerns, Community Connectedness, and Family Economic Well-Being. One domain, Educational Attainments, has remained relatively steady at a level slightly above the 1975 base-year level, despite repeated national efforts to improve education beginning in 1983. In 2003, three domains remain below baseline levels: Emotional/Spiritual Well-Being, Health, and Social Relationships.

A few key trends in individual domains and indicators should be noted:

- The Safety/Behavioral Concerns Domain (which included indicators of trends in teenage childbearing, violent crime involvement, and cigarette, alcohol, and drug use) has shown the most improvement since 1975 and in 2003 was 44 percent higher than its baseline level. This large gain is due to improvements in several domain indicators: teen birth rates, violent victimization rates, violent criminal activity rates, smoking, drinking, and drug use. These gains, especially those related to criminal activity, as well as relevant policy implications, will be further explored in a subsequent section of this report.
- While 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) improved during the 1990s, since 2000 the financial status of American families with children has declined. 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 1998 (17.2 percent versus 16.8 percent). But, in terms of trends over the past decade, the family poverty rate remains below levels of the mid-1990s.
- Not surprisingly, the Health Domain (which includes indicators of trends in infant, child, and teenage mortality, health, activity limitations, and obesity) continues to decline and will likely do so in 2004. Though significant improvements have been made with respect to preventing mortality in infants, children, and youth since 1975, levels of obesity have steadily grown at a pace that has negated those accomplishments. Today, the Health Domain is some 20 percent below baseline levels.
- 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 preschool. Our projections suggest that this domain will continue to show improvement through 2004.

- 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 break 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 Index is due to increases in the percent of children who live in single-parent families. While the largest increases in this Key Indicator occurred in the early-1980s, there was a slight increase from 2002 to 2003, and it is projected to increase again in 2004.
- 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) has improved fairly consistently since reaching its lowest levels in 1988-1991. From 2002 to 2003, there was a further decrease in the suicide rate, but the percent of high school seniors who report religion as an important part of their lives declined, resulting in a slight decrease in the Emotional/Spiritual Domain Index from 2002 to 2003. However, this domain is projected to have a slight increase from 2003 to 2004.

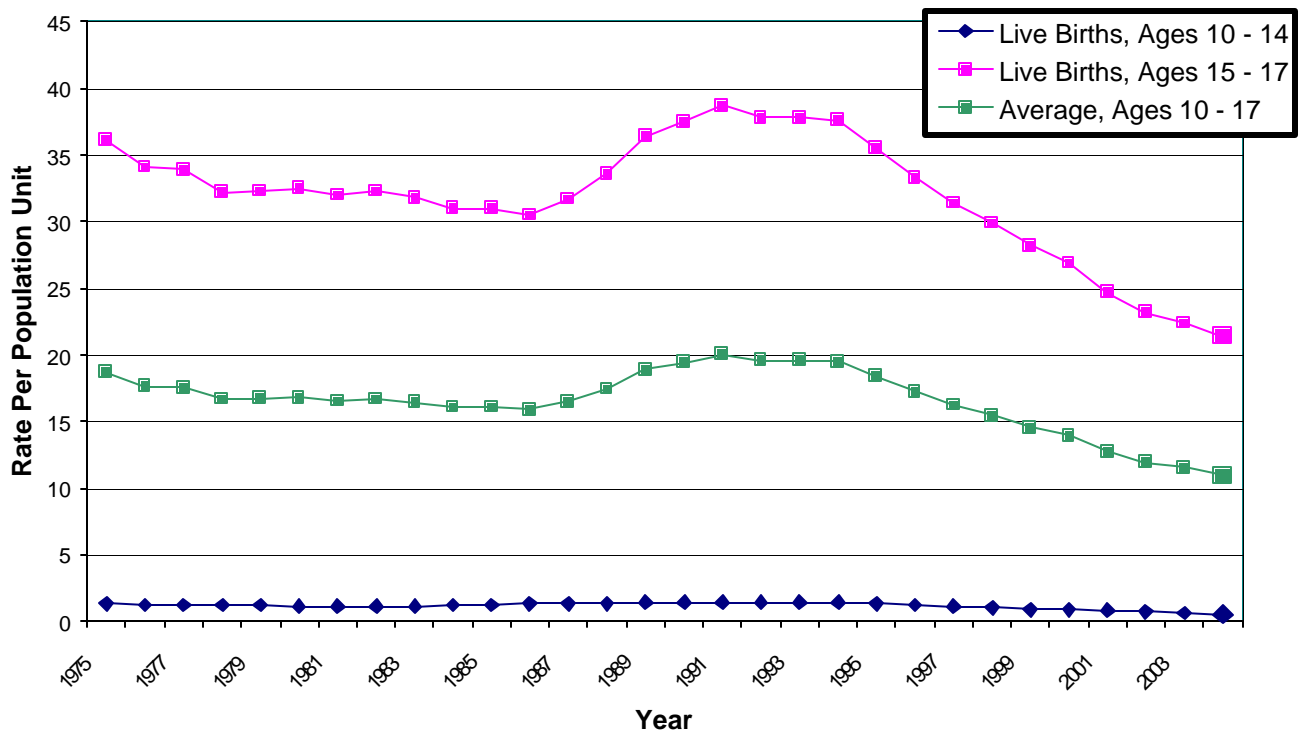
Overall, children and youth are doing better today than in 1975 based on the 28 Key Indicators utilized in the CWI, and improvements likely will continue into the future. Despite deterioration since 1980 in some indicators, such as the percent of children living in single-parent families and the percent of overweight children and youth, substantial and dramatic improvements in the Safety/Behavioral Domain have compensated for deteriorations related to other indicators.

## Focus on the Safety/Behavioral Concerns Domain: Significant, Steady Improvement in Youth Behavior

The Safety/Behavioral Concerns Domain consists of six indicators: the teenage birth rate of females aged 10 to 17, the rate of violent crime victimization of youths aged 12 to 17, the rate of violent criminal offenders for youths aged 12 to 17, the rate of smoking cigarettes among 12<sup>th</sup> graders, the rate of binge alcohol drinking among 12<sup>th</sup> graders, and the rate of illicit drug use among 12<sup>th</sup> graders. With the exception of binge drinking (defined as consumption of five or more consecutive drinks, in one setting, within the past two weeks), each individual indicator in this well-being domain showed improvement from 2003 to 2004.

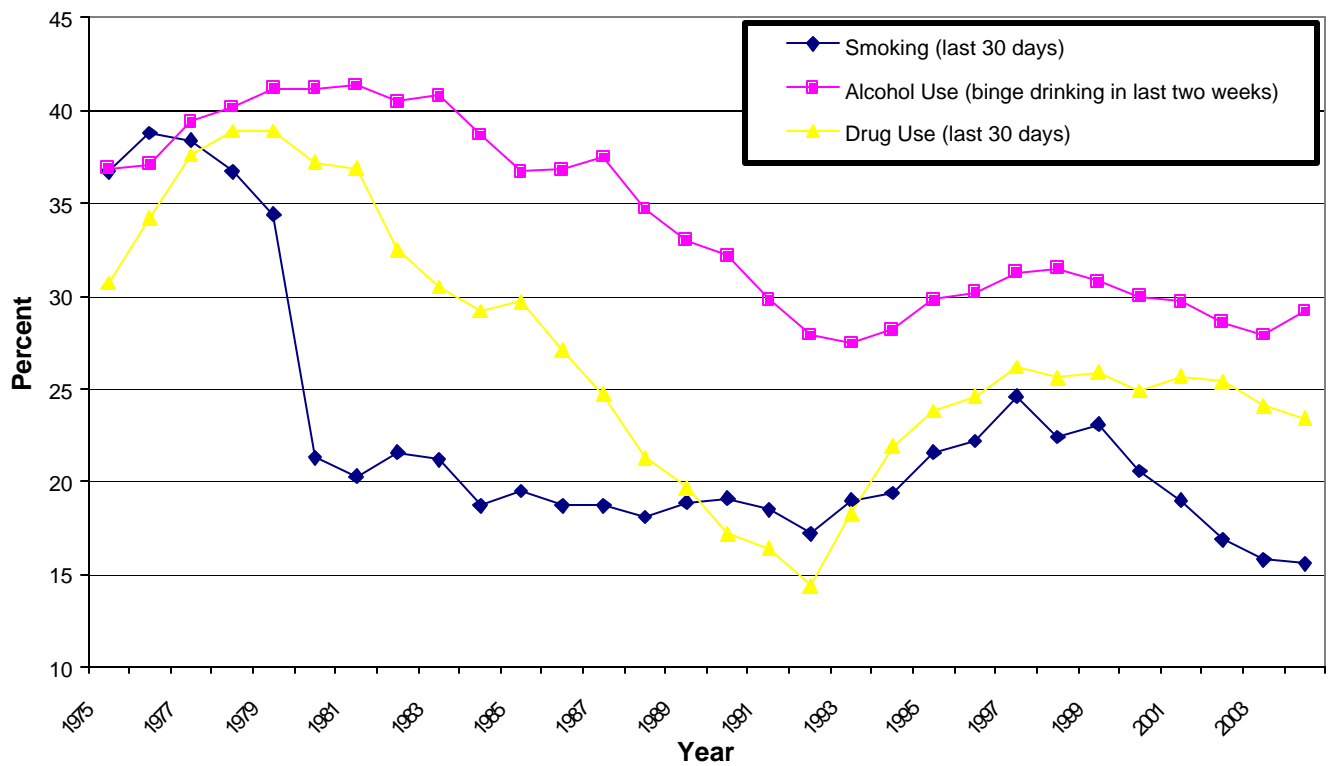
As shown in Figure 3, the rate of births to adolescent and teenage mothers (ages 10-17) has decreased since the early 1990s – slowly in the early-1990s and at a more rapid pace in the last 10 years. The age-specific graphs in Figure 3 show that the largest part of the overall decrease has occurred among teenagers (ages 15-17). The CWI Project’s projections for 2004 indicate that the overall adolescent/teenage birth rate will be approximately 59 percent of the value observed in the peak year 1991 – 20 births per 1,000 females in the age group in 1991 versus a projected value of 10.9 in 2004.

**Figure 3. Adolescent/Teenage Birth Rate, 1975 - 2003, with Projections for 2004.**



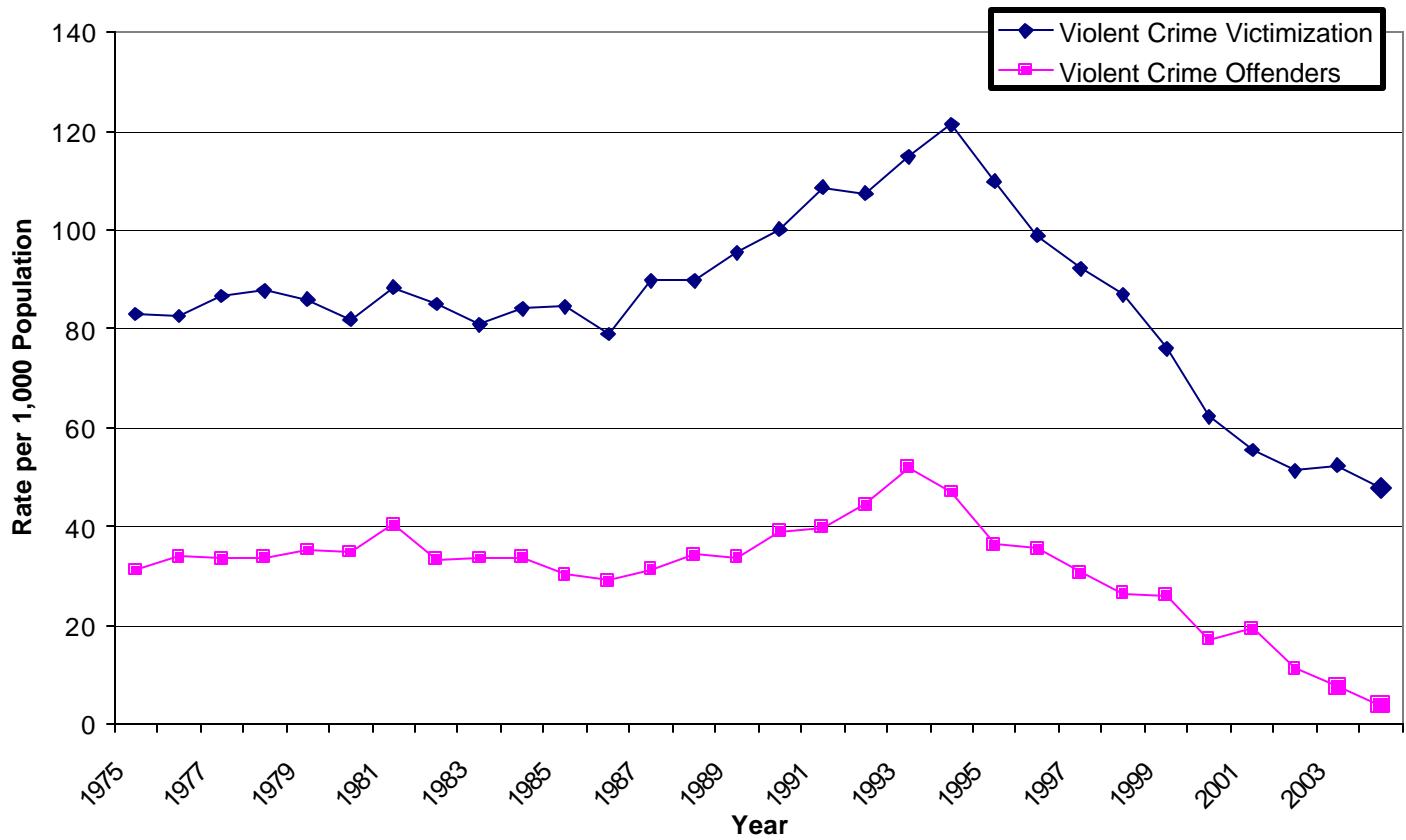
Three behavioral concerns that pertain especially to adolescents and teenagers – cigarette smoking, alcohol use, and illicit drug consumption – showed increasing trends in the mid-to-late-1990s, followed by decreases since the late-1990s. Figure 4 shows these trends for high school seniors from the University of Michigan Monitoring the Future study. For the most recent period, from 2003 to 2004, the prevalence of smoking during the past 30 days decreased from 15.8 percent to 15.6 percent and prevalence of drug use during the past 30 days dropped from 24.1 percent to 23.4 percent. However, alcohol use, specifically binge drinking, increased from 27.9 percent in 2003 to 29.2 percent in 2004. Despite this increase, long-term trends indicate that risky health behavior among teens has seen improvement, especially since the late 1990s.

**Figure 4. Smoking, Drug Use, and Alcohol Use among High School Seniors, 1975-2004.**



However the most significant improvements have been in the crime victimization and offending indicators shown in Figure 5. Both rates peaked in the early 1990s, victimization in 1994 and criminal activity in 1993. Dramatic declines since then have resulted in criminal offending and criminal victimization rates that are well below base-year (1975) levels. Projections for 2003 and 2004 indicate that these trends are likely to continue.

**Figure 5. Violent Crime Victimization and Offender Rates Ages 12 - 17, 1975-2002, with Projections for 2003 (Offending) and 2004 (Offending and Victimization).**



Comparing Figure 5 to Figure 2, it can be seen that the overall Safety/Behavioral Concerns Domain component of the CWI began to show significant improvement at about the same time that declines in the criminal indicators occurred. In fact, the overall CWI trend in Figure 1 mirrors the trend in the Safety/Behavioral Domain (see Figure 2), with drastic increases in well-being since the early to mid-1990s. Clearly, the impact of the violent victimization and offending indicators on the well-being of children and youth should not be underestimated. Changes in the Safety/Behavioral Domain led the overall improvements in the CWI since 1994.

## **Underlying Causes and Policies**

What accounts for these long-term improvements in the indicators that comprise the Safety/Behavioral Concerns component of the CWI? Social scientists have identified a number of social changes and public policies that help to account for the improvements that began in the 1990s. Explanations for the continuing declines in the new millennium are less well established.

Three factors have been established by criminologists as making major contributions to the declines in violent crime offending and victimization rates in the years 1993-1999 shown in Figure 4. One of these is the decline of the crack cocaine epidemic. This epidemic was associated with turf wars over distribution of the crack, drive-by killings, and related violence in cities during the late-1980s and early-1990s. As the devastation of personal lives created both by the drug itself and by the associated violence became clear in the mid-1990s, many local communities became more effective in controlling the impacts of crack on the lives of their citizens. Although most individuals who used or otherwise were involved with crack cocaine were adults, adolescents and teenagers often were employed as “runners” for the drug – which led to an increase in gun carrying and associated violent crime offending and/or victimization. Thus, the general declines in violence associated with the crack cocaine during the mid-1990s also reduced youthful crime victimization and offending.

A second factor was the generally strong economic expansion during the mid-to-late-1990s that created expanding labor markets and increased job opportunities for young men and women. This affected the costs and benefits calculations of crime versus legitimate work behavior of adolescents and teenagers and also appears to have contributed to declines in youthful crime and other teenage behavioral concerns such as sexual activity and pregnancies.

Third, based on “broken windows” theories of the interdependence of community decline and increases in crime rates, many police departments across the country adopted community-oriented policing and problem solving (COPPS) strategies that have been associated with better control of crime at the local community and neighborhood levels. President Clinton’s 1992 campaign pledge to put 100,000 additional police on the beat never was fully realized. But federal funding during the 1990s did add about 70,000 additional police officers at local levels. This additional staffing was associated with an increased presence of police officers in neighborhoods and schools, locations that may have helped to reduce youthful crime offending and victimization rates.

There are, however, two characteristics of the safety/behavioral trends shown in Figures 3, 4 and 5 that go well beyond the downturn in youthful crime in the 1990s. First, the improvements have continued in time – extending into the early-2000s, a period well beyond the big decline in the crack cocaine epidemic of the 1990s and during which the economy and labor markets have been soft. Second, as shown in Figures 3 and 4, the improvements in youthful behavior also have extended beyond crime rates to substantial declines in teenage birth rates and, in the most recent years, to substantial declines in cigarette smoking and alcohol consumption and at least a slight decline in the use of illicit drugs.

While a complete accounting of the causes of these continuing declines in the early years of the 21<sup>st</sup> century is not yet available, several factors may be at work.

First, baby boomer parents have become more active in recent years in controlling their youthful children's behaviors and in building attachments to mainstream institutions and values. Boomer parents of adolescents and teenagers in the early-2000s are more likely to be late-boomers (born 1956-1964) than early-boomers (born 1946-1955). During their adolescent, teen, and young adult years, late-boomers experienced the uptrend in marijuana use in the 1970s, the powdered cocaine fad of the early-1980s, and the crack cocaine epidemic of the late-1980s. They, accordingly, may be more sensitive as parents to the imperative of controlling their children's exposures to the risk of crime, teen pregnancy, and smoking-drinking-drug use than were the early-boomers. Trends towards increased scheduling of children's after school activities and the substitution of in-door video game and computer entertainment for outdoor activities, for example, may have led to less exposure to the risks of crime and delinquent behavior associated with outdoor activities. Some researchers also have noted that the children of the boomers, who sometimes are termed echo-boomers, generation Y, or millennials, have values and goals that are more oriented towards team play and participation in mainstream institutions such as schools and the economy than were their predecessors, the generation Xers. This may have contributed to a decrease in delinquent offending.

Have public policies also had an effect on the most recent declines in delinquent behavior? Generally, since the upsurge in youthful pregnancies, crime, and use of illicit drugs in the late-1980s and early-to-mid-1990s, there have been numerous changes in public policies--the general aim of which is to discourage and/or raise the cost of these problem behaviors. First, since the early-1990s, some states have adopted parental notification laws for adolescent abortions, and there are numerous organizations, public and private, local as well as national, which engage in activities to prevent or reduce teenage pregnancies and childbearing.

Second, during the 1990s, many states also toughened their laws for the criminal justice treatment of adolescent and teenager violent offending, e.g., by allowing adolescents who commit violent crimes to be treated as adults by the criminal justice system.

Third, the 1998 tobacco settlement and associated agreements aimed at reductions in cigarette advertising targeted at children and greater legal controls on sales of cigarettes and alcohol to minors may have had impacts on the recent declines shown in Figure 4. In addition, there have been crackdowns on binge drinking by parents of adolescents/teenagers and by such institutions as colleges and universities that are fearful of lawsuits.

Fourth, community-oriented policing also remains a strategy utilized by local police departments that appears to continue to assist neighborhoods and schools in controlling youthful crime and delinquent behavior. But, due to competing efforts to direct resources to homeland security, federal funding of community policing has declined since 2002. The question of whether this puts the society at risk of a new round of increases in youthful crime offending and victimization in the near future needs careful consideration and debate.

## Acknowledgements and Contact Information

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**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/~smeadows/cwi/cwi\\_webpage/](http://www.soc.duke.edu/~smeadows/cwi/cwi_webpage/)

# 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, productive activity (educational attainments), community connectedness (participation in school or work institutions)<sup>1</sup>, social relationships (with family and peers), and emotional/spiritual well-being. These seven domains of quality of life have been well-established as recurring time after time in over two decades of empirical research in numerous subjective well-being studies. They also have been found, in one form or another, in studies of the well-being of children and youths. The 28 Key Indicators used in the construction of the CWI are identified below in Table 1.

To calculate the CWI, each of the 28 time series of the Key Indicators is indexed by a base year (1975 or 1985). 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 Index. 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 Well-Being Index value for each year.<sup>2</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 Community Connectedness Domain also is termed the Place in Community Domain. As noted, the indicators for this domain measure participation in/connections to school or work institutions.

<sup>2</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 1. Twenty-eight Key National Indicators of Child 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 6-17)

Safety/Behavioral Domain

1. Teenage Birth Rate (Ages 10-17)
2. Rate of Violent Crime Victimization (Ages 12-17)
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 Attainments Domain:

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

Community Connectedness Domain:

1. Rate of Preschool Enrollment (Ages 3-4)
2. Rate of Persons who have Received a High School Diploma (Ages 18-24)
3. Rate of Youths Not Working and Not in School (Ages 16-19)
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

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/income/histpov/hstpov4.lst">www.census.gov/income/histpov/hstpov4.lst</a> , 1975-present
Secure Parental Employment	US Bureau of the Census, March Current Population Survey, Washington, D.C.: US Bureau of the Census, 1980-present. Special tabulation from CPS CD 1975-1979.
Single Parent	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/tabCH-1.pdf">www.census.gov/population/socdemo/hh-fam/tabCH-1.pdf</a> , 1975–present.
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/income/histinc/f07.html">www.census.gov/hhes/income/histinc/f07.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/hlthins/historic/hihist2.html">www.census.gov/hhes/hlthins/historic/hihist2.html</a> , 1987–present.
Subjective Health	CDC, National Center for Health Statistics, National Health Interview Survey, Hyattsville, MD: National Center for Health Statistics. 1984–present. <a href="http://www.cdc.gov/nchs">www.cdc.gov/nchs</a>
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">www.cdc.gov/nchs</a>
Infant Mortality	CDC, National Center for Health Statistics, National Vital Statistics System, Monthly Vital Statistics Report (v25-v46), National Vital Statistics Report (v47-v49). Health, United States, 1999-2003. Hyattsville, MD: NCHS. <a href="http://www.cdc.gov/nchs/hus.html">www.cdc.gov/nchs/hus.html</a>
Child and Adolescent Mortality	CDC, National Center for Health Statistics, National Vital Statistics System, Leading Causes of Death 2000, 2001, special tabulation from Demography Center, Duke University, 1975–present. <a href="http://www.cdc.gov/nchs/about/major/dvs/mortdata.htm">www.cdc.gov/nchs/about/major/dvs/mortdata.htm</a>
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>
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.
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	US Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey and FBI Supplementary Homicide Reports, 1975-present.
Mathematics Achievement	US Department of Education Statistics, National Assessment of Education Progress (NAEP), Digest of Education Statistics, Trends in Academic Progress. <a href="http://www.nces.ed.gov/nationsreportcard/mathematics/trends.asp">www.nces.ed.gov/nationsreportcard/mathematics/trends.asp</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/tabA-5.pdf">www.census.gov/population/socdemo/school/tabA-5.pdf</a> , 1975-present.
Not Working or in School	US Bureau of Labor Statistics, Current Population Surveys, Washington, D.C.: US Bureau of the Census. 1985-present. Special tabulation from CPS CD, 1975-1979.
Bachelor's Degree	US Bureau of the Census, March Current Population Surveys, US Department of Education, National Center for Education Statistics, Condition of Education. <a href="http://www.nces.ed.gov/pubs2002/2002025.pdf">www.nces.ed.gov/pubs2002/2002025.pdf</a> , 1975-present.
Obesity	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.
Church Attendance and Importance	The Monitoring the Future Study, Institute for Social Research, University of Michigan: Ann Arbor, MI. <a href="http://www.icpsr.umich.edu/cgi-bin/SDA12/hsda?samhda+mtf1201">www.icpsr.umich.edu/cgi-bin/SDA12/hsda?samhda+mtf1201</a> , 1975-present.
Suicide	CDC, National Center for Health Statistics, National Vital Statistics System. 1975-present. <a href="http://www.cdc.gov/nchs//datawh/statab/unpubd/mortabs.htm">www.cdc.gov/nchs//datawh/statab/unpubd/mortabs.htm</a>
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">www.census.gov/population/www/socdemo/migrate.html</a> , 1975-present.
Voting	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/socdemo/voting/tabA-1.pdf">www.census.gov/population/socdemo/voting/tabA-1.pdf</a> , 1975-present.

**Appendix C**  
**Child Well-Being Index Values, 1975-2003,**  
**with Projections for 2004**

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Year	CWI	Change in CWI from Previous Year
1975	100.00	0.00
1976	101.48	1.48
1977	99.69	-1.79
1978	100.01	0.32
1979	100.89	0.88
1980	101.18	0.29
1981	98.97	-2.21
1982	97.65	-1.32
1983	98.39	0.74
1984	98.25	-0.14
1985	95.77	-2.48
1986	97.02	1.25
1987	95.77	-1.25
1988	95.90	0.13
1989	96.38	0.48
1990	96.04	-0.34
1991	94.85	-1.19
1992	94.74	-0.11
1993	93.34	-1.40
1994	93.30	-0.04
1995	95.03	1.73
1996	95.66	0.63
1997	96.14	0.48
1998	98.63	2.49
1999	100.90	2.27
2000	102.79	1.89
2001	103.23	0.44
2002	104.48	1.26
<b>2003*</b>	104.56	0.08
<b>2004**</b>	105.19	0.63

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\*As of mid-March 2005, 16 values of the CWI component key indicators are projected for 2003, and 12 are based on observed data.

\*\*All but three of the values for the CWI component key indicators are projected for 2004.