

# High-Risk Kids in America During the 1990s

## Executive Summary

This KIDS COUNT Working Paper uses the Family Risk Index featured in the *1999 KIDS COUNT Data Book* to examine yearly changes in the percent of high-risk kids in each state during the 1990s. The Family Risk Index measures how many children face a multitude of problems, which put them at an elevated risk for a variety of negative outcomes. This report presents state-level data on high-risk children for the years 1990 through 1999.

The KIDS COUNT Family Risk Index defines a high-risk child as one living in a family with four or more of the following risk factors:

1. Child is not living with two parents
2. Household head is high school dropout
3. Family income is below the poverty line
4. Child is living with parent(s) who is underemployed
5. Family is receiving welfare benefits
6. Child does not have health insurance

### Key Findings:

- In 2000 there were 7.1 million high-risk children in the United States.
- The share of children in the high-risk category fell by 23 percent nationwide during the 1990s (from 13 percent in 1990 to 10 percent in 2000). The share of children at high risk fell by one-third from the decade high of 15 percent seen during the period 1992 to 1995.
- Thirty-three states experienced a reduction in the percentage of kids in the high-risk category between 1990 and 1999. Seven states improved by more than 40 percent.
- The state that showed the biggest improvement between 1990 and 1999 was Tennessee, followed by Indiana, Mississippi, Colorado, and South Dakota.
- The state that showed the biggest deterioration between 1990 and 1999 was Rhode Island, followed by Hawaii and Oregon.
- South Dakota and Wisconsin had the lowest percentage of children at high risk in 1999.
- Louisiana had the highest percentage of children at high risk in 1999 followed by New York, Rhode Island, and Georgia.

## Conditions That Create High Risk

To provide a clearer picture of the challenges faced by children and families with multiple and compounding disadvantages, the *1999 KIDS COUNT Data Book* featured information based on our Family Risk Index. Recognizing that any one family risk factor increases the likelihood of negative outcomes for children, the Family Risk Index was developed to identify children who are most vulnerable because their families face multiple problems.

This report presents updated and expanded national and state-level data on children with a high-risk profile. A profile of high-risk kids based on the most recent data is accompanied by analysis of changes in the number and percent of children at high risk throughout the last decade.

The Family Risk Index reflects six separate measures of vulnerability:

- Child is not living with two parents;
- Household head is high school dropout;
- Family income is below the poverty line;
- Child is living with parent(s) who is underemployed;
- Family is receiving welfare benefits; and
- Child does not have health insurance.

While each of these factors is a clear disadvantage, children growing up with four or more risk factors face far greater odds of failure than the average American child. For this analysis, children with four or more of these risk factors are labeled “high-risk children.”

Clearly the idea of the compounding effect of multiple disadvantages is not new.<sup>1</sup> As author Lisbeth Schorr has noted there is a persuasive body of knowledge on this topic. “The research,” she writes, “shows that the more risk factors are present, the greater the damaging impact of each. But the impact is not just additive – risk factors multiply each other’s destructive effects.”<sup>2</sup>

Cumulative risk has been demonstrated to have a negative effect on children’s intelligence scores and to be associated with developmental delays and behavioral problems. Developmental research has also established that both poor and non-poor children are far more likely to experience these negative outcomes with the presence of multiple family risks.<sup>3</sup> While poor children generally have more risk factors, non-poor children have outcomes similar to their poor counterparts when many risks are present.<sup>4</sup> In fact, one of the most often cited studies of multiple risks concluded, “the pattern of risk was less important than the total amount of risk in the child’s context.”<sup>5</sup>

The evidence also indicates that problems start early for kids with multiple risks. For example, when compared to 4-year-olds from families with no risk factors, a 4-year-old from a family with several risk factors similar to the ones contained in our index was twice as likely to have difficulty concentrating, three times as likely to have difficulty communicating, and nearly five times as likely to be in less than very good health.<sup>6</sup>

Similarly, data from the Canadian government’s National Longitudinal Study of Children and Youth demonstrated that children ages 6 to 10 years old exposed to four or more risk factors have a rate of behavioral problems that is five times that of children who do not have multiple risks.<sup>7</sup>

Not surprisingly as children grow older, these disadvantages persist. A Census Bureau report focused on adolescents found that among 16- and 17-year-olds, those with three or more disadvantages of the type measured in the Family Risk Index were much more likely to be idle (not in school and not working) or be a teenage mother.<sup>8</sup>

Despite compounding challenges many children with multiple risks do overcome the odds. And just as research has helped define the problem so it also demonstrates that there are effective interventions available to alter the effects of cumulative risks. A study of exceptionally vulnerable children, 36-months-old toddlers who were born premature and with low-birthweight into families with multiple social and economic risks, is one example. Participation in an early intervention providing pediatric care and educational and family support services resulted in significantly higher IQ scores for both poor and non-poor children who received the treatment.<sup>9</sup>

Family-focused programs are key to addressing the problems of high-risk children. As our risk index suggests, to change the prospects for vulnerable children ultimately means changing the circumstances of their families. And the most vulnerable children face multiple, not singular, problems.

### **The Family Risk Index**

The Census Bureau's March Current Population Survey (CPS) includes data for all six separate indicators of risk to a child's well-being used in construction of the Family Risk Index. Table 1 shows what percent of children had each of these six risk factors in 2000. The CPS is a nationally representative sample of about 50,000 households which has been conducted by the Census Bureau for more than 50 years.

The Family Risk Index is constructed by noting whether each of the risk factors is present in a child's life, then cumulating the total number of these factors for that child. The more such factors children have in their lives, the higher the odds that they will suffer one or more negative outcomes before reaching adulthood (such as dropping out of high school, getting arrested, or having a baby). Children living in families with four or more risk factors are categorized as "high risk." All children under age 18 are included in the analysis. For more information on the construction of the Family Risk Index please refer to the *1999 KIDS COUNT Data Book*.

The risks are defined as follows:

**1. Child is not living with two parents.** In 2000, 31 percent of children were not living with two parents in 2000 (see Table 1). This factor includes children living in single-parent families as well as those living with neither parent. Such living arrangements often reflect some disruption in the child's life such as divorce, separation, or even foster care placement. In the case of single-parent families, there is often less time and fewer resources for the care and monitoring of children as well as the absence of a second adult to back up and reinforce the struggling single parent.

**2. Household head is high school dropout.** The knowledge, experiences, and education that a parent brings to a family have important implications for a child's socialization. Parents without a good education are less likely to provide the child with an environment that is educationally stimulating. There is a well-documented correlation between a mother's level of education and a child's learning pace, especially in the early years.<sup>10</sup> Unfortunately, 18 percent of American children in 2000 were growing up in homes where the head of the household was a high school dropout (see Table 1).

We used the educational attainment of the head of the household (referred to as the householder by the Census Bureau) because this measure is closely related to the general educational level in a household. Also, it could be applied to all children, regardless of their living arrangements.

**3. Family income is below the poverty line.** Despite the fact that the national child poverty rate in 1999 (the March 2000 CPS measures poverty in the previous year) stood at its lowest point in 20 years, 17 percent of children under 18 were still growing up in a family with an income below the official poverty line (see Table 1).<sup>11</sup> These children face an array of problems that have been closely linked to growing up in poverty such as delinquency, school failure, and teen parenting.<sup>12</sup>

The poverty line, which is defined by the U.S. Office of Management and Budget, represents a series of thresholds that are based on the size and composition of the family. For a family of two adults and two children, the poverty threshold was \$16,895 in 1999. For one adult and two children the threshold was \$13,423.<sup>13</sup>

**4. Child is living with parent(s) who is underemployed.** In 2000, nearly 19 million American children, or 25 percent, were growing up in households where no parent had a full-time, year-round job (see Table 1).<sup>14</sup> Children who do not live with a parent who has a steady full-time job are more likely to be poor. In addition, children in these circumstances are subject to the increased psychological stress and family disruption that often accompany unemployment and underemployment. Full-time, year-round work is defined as one parent or more who worked at least 35 hours per week for 50 or more weeks in the previous year.

**5. Family is receiving welfare benefits.** This measure reflects children living in families that receive any cash public assistance such as Aid to Families with Dependent Children/Temporary Assistance for Needy Families (AFDC/TANF), General Assistance (GA), or Supplemental Security Income (SSI). These are the major public assistance programs that provide cash to needy or low-income families. It is important to recognize that most means-tested assistance programs, such as Medicaid, Food Stamps, or the School Lunch Program, provide non-cash benefits. According to administrative data, 2.2 million families were participating in the TANF program as of June 2000, down 56 percent from the caseload in 1993.<sup>15</sup> Nine percent of all children were living in households receiving welfare assistance in 2000 (see Table 1).

**6. Child does not have health insurance.** Finally, access to decent health care has long been seen as a basic determinant of a family's capacity to promote the physical welfare of children. But 14 percent, or more than 10 million children nationwide, do not have health insurance (see Table 1).<sup>16</sup> These children are at higher risk for health problems and the related problem of time lost from school and other activities. Children who lack health insurance coverage are less likely to have a regular source of care and are more likely to be exposed to health risks such as lack of immunization. This measure reflects children under age 18 who were not covered by any kind of public or private health insurance during the previous calendar year. Insurance coverage includes that provided through private sector insurance (typically through an employer) or public sector insurance such as Medicaid.

The validity of the Family Risk Index is illustrated by looking at the relationship between high risk, as measured by the Index, and a couple of key outcomes. Analysis

of data from the March 2000 CPS indicates that 27 percent of the 16-to-19-year-olds in the high-risk category were high school dropouts (not a high school graduate and not currently in school). For teens not in the high-risk category the dropout rate was 7 percent.

Because of the way the data are gathered, measuring teenage motherhood from the CPS is not as clear or straightforward as measuring dropout status. Nonetheless, the data are compelling. In 2000, 19 percent of 15-to-19-year-old females in the high-risk category were teen moms, compared to only 3 percent of those not in the high-risk category.

This empirical evidence suggests what most people know intuitively – as the number of barriers and disadvantages increase, the severity of problems tend to be compounded. In the remainder of this Working Paper, the CPS files are used to provide figures on high-risk kids, nationally and state-by-state, throughout the 1990s.

### **Counting Vulnerable Kids – National Data**

Applying the Family Risk Index to data in the Current Population Survey reveals that nationwide there were 7.1 million children growing up with four or more risk factors in 2000. These 7.1 million children represent 10 percent of all children (see Table 2).

Data presented in Table 3 indicate that the disadvantages associated with being in the high-risk category are not spread evenly among groups or across different types of locations. Black kids were more than five times as likely to be in the high-risk category as Non-Hispanic white children (23 percent of black children were in the high-risk category compared to 4 percent of Non-Hispanic white kids). Hispanic children

were also more likely to be in the high-risk category. Almost one in five (19 percent) of Hispanic children were in the high-risk category in 2000.

Children living in large cities and rural areas are more likely than those living in suburbs to be in the high-risk category (see Table 4). The most recent data show that 17 percent of central-city children were in the high-risk category compared to 9 percent in rural areas and only 6 percent in suburbs. In other words, children living in central cities were almost three times as likely as those in the suburbs to be in the high-risk category.

The nation as a whole saw a significant reduction in the share of children in the high-risk category during the 1990s. In 2000, 10 percent of all children had four or more risk factors, down from 13 percent in 1990. However the greatest change actually occurred after 1994, which is the year that the number and percent of kids in the high-risk category reached its peak nationally. Between 1994 and 2000, the share of children with four or more risk factors fell by one-third at the national level (from 15 percent to 10 percent). (For state changes between 1994 and 1999 see Table A1 in Appendix A.)

### **State Data**

While the CPS produces very reliable national estimates each year, the sample is not large enough to produce reliable state estimates for all states every year.

Therefore the state-level figures are produced using three-year rolling averages of CPS data from 1989 through 2000. The three-year averages were used to increase the

accuracy and reliability of the state estimates. We use the middle year of each three-year average to identify the data.

Based on the three-year average of 1998, 1999, and 2000 (denoted as 1999) the state with the largest number of high-risk children was California with 1.3 million. Wyoming had the smallest number at about 8,000. (Table A-2 in the Appendix shows the raw numbers of children in the high-risk category state-by-state in the 1990s). Consistent with recent practice in our *KIDS COUNT Data Book*, we have included the data for the District of Columbia in the tables, but we do not rank DC in comparison with states.

Examination of the number of high-risk kids state by state shows striking differences among the states. Table 5 shows the states ranked by percent of children in the high-risk category. The state with the largest share of children with a high-risk profile was Louisiana at 19 percent, followed by New York at 17 percent, Rhode Island at 16 percent, and Georgia at 15 percent. At the other end of the spectrum, South Dakota and Wisconsin with only 5 percent of their children in the high-risk category had the smallest share. Several states were at 6 percent.

The improvement during the 1990s seen at the national level was widespread. While the national figures were available through 2000, the most recent data for states (based on our three-year average) was 1999, so the improvement seen nationally between 1999 and 2000 is not fully reflected in these state figures. Most of the states (33 out of 50) showed improvements during the 1990s (see Table 6). Ten states did not change. And 7 states (plus DC) experienced an increase in the share of children in the

high-risk category. Trends from 1994 to 1999, shown in Appendix Table A1, indicate 39 states improved over this period.

Geographically, the states that improved the most are relatively diverse. Tennessee, which experienced a 55 percent decline over the decade, showed the most improvement during the 1990s. In 1990, 20 percent of children in Tennessee were in the high-risk category, but that figure fell to 9 percent in 1999. Other states that showed dramatic improvements during the 1990s include Indiana (50 percent decrease), Mississippi (48 percent decrease), Colorado (45 percent decrease), South Dakota (44 percent decrease), Virginia (42 percent decrease), and Maine (42 percent decrease).

The states that worsened are also geographically diverse. Of the 7 states that deteriorated during the decade, Rhode Island had the largest increase in the share of children in the high-risk category (60 percent). Other states with large increases include Hawaii (33 percent increase), Oregon (22 percent increase) and Utah (20 percent increase).

## **Conclusion**

Despite a significant decrease in the share of children in the high-risk category during the decade, in 2000 there were still more than 7 million kids living in families with four or more of the risk factors used in our Family Risk Index. Minorities, central city dwellers, and those living in rural area were the most likely to be in the high-risk category.

There was significant variation among the states in terms of the percentage of kids in the high-risk category with the worst states having rates that were three to four times the rates seen in the best states. While most states improved during the 1990s, the rate of improvement varied across states and 7 states actually saw the share of kids in the high-risk category increase during the 1990s.

## ENDNOTES:

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- <sup>1</sup> Brooks-Gunn, Jeanne, Pamela Klabanov, Fong-ruey Liaw, and Greg Duncan, 1995, "Toward an Understanding of the Effects of Poverty upon Children". In *Children in Poverty: Research, Health, and Policy Issues*. Hiram E. Fitzgerald, Barry M. Lester and Barry Zuckerman (Eds.), Garland Publishing: New York; and Williams, S., Anderson J., McGee, R. and Silva P.A., 1990, "Risk Factors for Behavioral and Emotional Disorder in Preadolescent Children," *Journal of the American Academy of Child and Adolescent Psychiatry*, Vol. 19, pp. 413-419. Kominski, Robert, Amie Jamieson, and Gladys Martinez, 2001, At-Risk Conditions of U.S. School-Age Children, Census Bureau Working Paper Series: No. 52, U.S. Census Bureau, Population Division, Washington, DC.
  
- <sup>2</sup> Schorr, Lisbeth B., 1991, "Effective Programs for Children Growing up in Concentrated Poverty," In *Children in Poverty*. A.C. Huston (Ed.), University of Cambridge, New York, pp. 260-281.
  
- <sup>3</sup> Liaw, Fong-ruey and Jeanne Brookes-Gunn. 1994, "Cumulative Family Risks and Low-Birthweight Children's Cognitive and Behavioral Development." *Journal of Clinical Child Psychology*, Vol 23, No. 4, pp. 360-372.
  
- <sup>4</sup> Ibid, p. 368.
  
- <sup>5</sup> Sameroff, Arnold, Ronald Siefer, Alfred Baldwin and Clara Baldwin, 1993, "Stability of Intelligence from Preschool to Adolescence: The Influence of Social and Family Risk Factors," *Child Development*, Vol. 64, pp. 80-97.
  
- <sup>6</sup> U.S. Department of Education, *1995 National Household Survey*, National Center for Education Statistics, Washington D.C., p.vii.
  
- <sup>7</sup> Jenkins, Jenny and Daniel Keating, 1999, "Risk and Resilience in Six- and Ten-Year-Old Children", *Human Resources Development Canada Report W-98-23E*. Available on-line at [www.hrdc-drhc.gc.ca/arb/publications/research/1999docs/abw-98-23e.shtml](http://www.hrdc-drhc.gc.ca/arb/publications/research/1999docs/abw-98-23e.shtml) (Accessed May 16, 2001).
  
- <sup>8</sup> U.S. Census Bureau, 1997, America's Children at Risk, CENBR/97-2, U.S. Census Bureau, Washington, DC.
  
- <sup>9</sup> Liaw, Fong-ruey and Jeanne Brookes-Gunn, 1994, "Cumulative Family Risks and Low-Birthweight Children's Cognitive and Behavioral Development," *Journal of Clinical Child Psychology*, Vol 23, No. 4, pp. 360-372.
  
- <sup>10</sup> Duncan, Greg J. and Jeanne Brooks-Gunn (Eds), 1997, *Consequences of Growing Up Poor*, Russell Sage Foundation, New York, pp 166-167.

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<sup>11</sup> Dalaker, Joseph and Bernadette Proctor, 2000, "Poverty in the United States, 1999," *Current Population Reports, Series P60-210*, U.S. Government Printing Offices, Washington, DC, Table B-2.

<sup>12</sup> Mayer, Susan E., 1997, *What Money Can't Buy: Family Income and Children's Life Chances*, Harvard University Press, Cambridge, MA, Table 3.1; and Children's Defense Fund, 1997, *Poverty Matters: The Cost of Child Poverty in America*, Washington, DC.

<sup>13</sup> U.S Census Bureau, "Poverty Thresholds 2000" available on-line at [www.census.gov/hhes/poverty/threshld/thresh00.html](http://www.census.gov/hhes/poverty/threshld/thresh00.html) (accessed May 16, 2001).

<sup>14</sup> Annie E. Casey Foundation, 2001, *KIDS COUNT Data Book 2001*, Annie E. Casey Foundation, Baltimore, MD, pp. 19-20.

<sup>15</sup> U.S. Dept. of Health & Human Services Administration for Children and Families "Change in TANF Caseload", available on-line at [www.acf.dhhs.gov/news/stats/case-fam.htm](http://www.acf.dhhs.gov/news/stats/case-fam.htm) (accessed May 16, 2001).

<sup>16</sup> Annie E. Casey Foundation, 2001, *KIDS COUNT Data Book 2001*, Annie E. Casey Foundation, Baltimore, MD, p. 28.

High Risk Index

Table 1. Percent of children in the United States with each of the six risk factors in the Family Risk Index, 2000

Risk Factor	Percent of Children
Not living with two parents	31
Household head is high school dropout	18
Family income is below poverty line	17
Underemployed parents	25
Family is receiving welfare benefits	9
Child does not have health insurance	14

Source: Tabulations of the March 2000 Current Population Survey conducted by the U.S. Census Bureau

High Risk Index

Table 2. Number and Percent of Children in the High-Risk Category in the United States, 1990-2000

Year	High-Risk Children	
	Number	Percent
1990	8,671,000	13
1991	9,195,000	14
1992	9,983,000	15
1993	10,373,000	15
1994	10,739,000	15
1995	10,422,000	15
1996	10,081,000	14
1997	9,596,000	13
1998	9,211,000	13
1999	8,279,000	11
2000	7,090,000	10

Source: Tabulations of the March Current Population Survey conducted by the U.S. Census Bureau, 1990-2000

High Risk Index

Table 3. Number and Percent of Children in the High-Risk Category by Race and Hispanic Origin, 2000

	High-Risk Children	
	Number	Percent
All Children	7,090,000	10
Hispanic	2,199,000	19
Black, non-Hispanic	2,526,000	23
White, non-Hispanic	1,997,000	4
Other, non-Hispanic	367,000	9

Source: Tabulations of the March 2000 Current Population Survey conducted by the U.S. Census Bureau

High Risk Index

Table 4. Number and Percent of Children in the High-Risk Category by Geographic Residence\*, 2000

	High-Risk Children	
	Number	Percent
All Children	7,090,000	10
Central city	2,951,000	17
Suburbs	1,884,000	6
Rural	1,257,000	9

Source: Tabulation from the March 2000 Current Population Survey conducted by the U.S. Census Bureau

\*About 1 million children are not included in this table because their location is not revealed by the Census Bureau. Therefore details do not sum to the total.

High Risk Index

Table 5. Percent of Children in the High-Risk Category in the 50 States and the District of Columbia, 1999\*

Rank	States	Percent
1	South Dakota	5
1	Wisconsin	5
3	Kansas	6
3	Wyoming	6
3	Utah	6
3	Connecticut	6
3	Nebraska	6
3	Colorado	6
3	Indiana	6
3	New Hampshire	6
11	Vermont	7
11	Virginia	7
11	Alaska	7
11	Iowa	7
11	Maine	7
11	North Dakota	7
17	Idaho	8
17	Nevada	8
17	Minnesota	8
17	New Jersey	8
21	Maryland	9
21	Tennessee	9
21	Oklahoma	9
21	Washington	9
21	Montana	9
21	Delaware	9
27	Missouri	10
27	Pennsylvania	10
27	Michigan	10
30	Oregon	11
30	South Carolina	11
32	North Carolina	12
32	Illinois	12
32	Ohio	12
32	New Mexico	12
32	Kentucky	12
32	Florida	12
32	Hawaii	12
32	Mississippi	12
32	Texas	12
41	Arkansas	13
41	Massachusetts	13
43	West Virginia	14
43	Arizona	14
43	California	14
43	Alabama	14
47	Georgia	15
48	Rhode Island	16
49	New York	17
50	Louisiana	19
n.r.**	District of Columbia	32

SOURCE: Tabulation of the March Current Population Survey 1998-2000 conducted by the U.S. Census Bureau

\*Year is the middle year in a 3-year average of March CPS files.

\*\*n.r.= Not ranked

High Risk Index

Table 6. Percent of Children in the High-Risk Category in the 50 States and the District of Columbia, 1990 - 1999\*, ranked by percent change between 1990 and 1999

Rank	State	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	Percent Change 1990-1999
1	Tennessee	20	20	21	19	17	15	14	13	11	9	-55%
2	Indiana	12	15	15	14	11	10	8	8	7	6	-50%
3	Mississippi	23	22	22	22	24	25	23	20	15	12	-48%
4	Colorado	11	10	10	9	9	8	9	8	8	6	-45%
5	South Dakota	9	8	8	8	8	8	7	7	6	5	-44%
6	Virginia	12	11	10	10	9	8	8	9	8	7	-42%
6	Maine	12	13	13	12	10	9	8	7	7	7	-42%
8	Maryland	14	14	14	13	12	13	13	13	11	9	-36%
9	Kansas	9	10	9	10	10	9	8	6	5	6	-33%
9	Michigan	15	17	17	17	16	15	13	12	11	10	-33%
9	Minnesota	12	13	14	12	9	8	8	10	10	8	-33%
9	Alabama	21	19	17	16	14	16	18	18	17	14	-33%
13	Louisiana	28	26	24	25	25	24	22	19	19	19	-32%
14	New Jersey	11	12	12	13	13	12	10	9	9	8	-27%
14	South Carolina	15	17	18	21	20	21	19	18	13	11	-27%
16	Illinois	16	17	17	16	16	16	15	15	13	12	-25%
16	Oklahoma	12	12	13	14	14	14	13	13	11	9	-25%
18	Florida	15	16	17	19	18	18	16	15	14	12	-20%
18	Nevada	10	10	11	10	9	9	9	8	8	8	-20%
20	Arkansas	16	15	15	17	16	15	14	16	15	13	-19%
21	Georgia	18	18	18	15	15	14	15	16	17	15	-17%
21	Wisconsin	6	6	9	11	12	10	9	7	7	5	-17%
23	Wyoming	7	7	7	7	7	6	6	7	6	6	-14%
23	Ohio	14	14	14	15	16	16	14	13	13	12	-14%
23	Kentucky	14	15	18	19	19	18	17	16	15	12	-14%
23	Nebraska	7	6	6	7	7	6	7	8	7	6	-14%
23	Texas	14	14	14	15	16	16	15	14	13	12	-14%
28	Vermont	8	10	11	12	9	9	8	7	7	7	-13%
28	West Virginia	16	16	16	17	18	17	16	16	16	14	-13%
28	Alaska	8	8	9	9	8	8	6	6	6	7	-13%
28	California	16	17	18	18	19	18	17	17	16	14	-13%
32	Missouri	11	11	12	12	13	11	10	9	10	10	-9%
32	Pennsylvania	11	11	12	12	13	13	12	11	10	10	-9%
34	North Carolina	12	13	15	15	15	14	13	12	12	12	0%
34	New Mexico	12	14	16	17	17	19	20	19	14	12	0%
34	Massachusetts	13	14	14	14	13	12	11	13	12	13	0%
34	New York	17	17	18	20	20	20	20	20	18	17	0%
34	Idaho	8	8	8	7	8	8	8	8	7	8	0%
34	Arizona	14	12	12	13	15	15	17	16	17	14	0%
34	Montana	9	10	12	10	9	8	11	11	11	9	0%
34	Connecticut	6	8	13	15	16	16	17	14	10	6	0%
34	Iowa	7	7	6	7	8	8	7	6	7	7	0%
34	New Hampshire	6	7	8	9	9	7	5	5	7	6	0%
44	Delaware	8	9	9	11	9	10	10	10	10	9	13%
44	Washington	8	9	7	9	9	10	11	11	10	9	13%
46	North Dakota	6	6	8	9	8	8	6	7	7	7	17%
47	Utah	5	6	6	6	6	5	4	5	6	6	20%
48	Oregon	9	11	11	11	9	11	13	13	11	11	22%
49	Hawaii	9	8	9	9	10	10	11	13	13	12	33%
50	Rhode Island	10	10	13	15	15	13	11	14	16	16	60%
n.r.**	District of Columbia	26	29	32	39	40	41	38	37	36	32	23%

SOURCE: Tabulations of the March Current Population Survey 1989-2000 conducted by the U.S. Census Bureau

\*Year is the middle year in a 3-year average of March CPS files.

\*\*n.r. = Not ranked

High Risk Index

Table A-1. Percent of Children in the High-Risk Category in the 50 States and the District of Columbia ranked by Percent Change between 1994 peak and 1999

Rank	States	1994*	1999*	% Change
1	Connecticut	16	6	-63%
2	Wisconsin	12	5	-58%
3	Mississippi	24	12	-50%
4	Tennessee	17	9	-47%
5	Indiana	11	6	-45%
6	South Carolina	20	11	-45%
7	Kansas	10	6	-40%
8	New Jersey	13	8	-38%
9	Michigan	16	10	-38%
9	South Dakota	8	5	-38%
11	Kentucky	19	12	-37%
12	Oklahoma	14	9	-36%
13	Florida	18	12	-33%
13	New Hampshire	9	6	-33%
13	Colorado	9	6	-33%
16	Maine	10	7	-30%
17	New Mexico	17	12	-29%
18	California	19	14	-26%
19	Maryland	12	9	-25%
19	Illinois	16	12	-25%
19	Ohio	16	12	-25%
19	Texas	16	12	-25%
23	Louisiana	25	19	-24%
24	Missouri	13	10	-23%
24	Pennsylvania	13	10	-23%
26	Vermont	9	7	-22%
26	West Virginia	18	14	-22%
26	Virginia	9	7	-22%
29	North Carolina	15	12	-20%
30	Arkansas	16	13	-19%
31	New York	20	17	-15%
32	Nebraska	7	6	-14%
32	Wyoming	7	6	-14%
34	Alaska	8	7	-13%
34	Iowa	8	7	-13%
34	North Dakota	8	7	-13%
37	Nevada	9	8	-11%
37	Minnesota	9	8	-11%
39	Arizona	15	14	-7%
40	Delaware	9	9	0%
40	Alabama	14	14	0%
40	Idaho	8	8	0%
40	Massachusetts	13	13	0%
40	Utah	6	6	0%
40	Washington	9	9	0%
40	Georgia	15	15	0%
40	Montana	9	9	0%
48	Rhode Island	15	16	7%
49	Hawaii	10	12	20%
50	Oregon	9	11	22%
n.r.	District of Columbia	40	32	-20%

SOURCE: Tabulations of the March Current Population Survey 1990-1999 conducted by the U.S. Census Bureau

\*Year is the middle year in a 3-year average of March CPS files.

\*\*n.r.= Not ranked

Table A-2. Number of Children in the High-Risk Category in the 50 States and the District of Columbia, 1990 - 1999\*  
 [Numbers in thousands]

	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
Alabama	225	217	198	178	161	189	206	199	176	152
Alaska	11	12	14	14	14	14	12	13	14	14
Arizona	130	113	115	131	167	174	221	218	236	194
Arkansas	110	107	108	115	101	99	98	118	107	89
California	1,234	1,376	1,514	1,620	1,690	1,663	1,582	1,527	1,440	1,335
Colorado	102	94	91	76	81	75	91	81	76	68
Connecticut	40	66	107	124	128	130	143	120	88	51
Delaware	14	16	16	20	16	17	17	19	20	19
District of Columbia	34	39	43	51	56	58	51	46	41	35
Florida	442	498	541	630	628	652	564	500	441	399
Georgia	290	290	295	260	270	261	293	330	350	322
Hawaii	24	24	27	27	27	27	32	39	40	38
Idaho	24	25	25	24	26	27	27	27	25	29
Illinois	491	513	539	519	522	505	494	477	443	399
Indiana	158	208	218	213	179	158	123	116	106	99
Iowa	49	51	48	56	60	61	55	50	54	53
Kansas	57	69	69	74	68	61	55	46	39	38
Kentucky	119	136	161	177	186	178	176	160	148	113
Louisiana	315	289	286	310	321	302	265	222	213	214
Maine	38	40	41	40	31	29	22	19	19	22
Maryland	152	158	160	145	150	160	171	163	138	108
Massachusetts	178	179	181	185	174	173	170	183	176	189
Michigan	372	414	407	425	402	396	346	315	304	282
Minnesota	142	150	160	134	105	101	109	140	141	115
Mississippi	184	175	186	184	181	182	177	155	119	94
Missouri	160	155	164	161	169	136	124	115	136	134
Montana	21	25	29	25	20	18	26	28	27	23
Nebraska	30	28	30	34	34	30	34	35	35	29
Nevada	28	29	35	34	35	34	37	34	38	43
New Hampshire	15	18	21	25	27	20	15	15	22	22
New Jersey	197	214	227	248	261	238	194	182	185	167
New Mexico	55	61	76	80	82	100	116	115	85	66
New York	746	790	843	892	909	927	946	941	883	790
North Carolina	183	205	238	241	246	217	213	206	215	214
North Dakota	11	12	14	15	14	14	11	12	12	12
Ohio	401	401	413	458	483	485	436	386	383	348
Oklahoma	100	101	113	132	127	122	118	116	102	77
Oregon	69	84	81	84	74	94	107	107	94	91
Pennsylvania	316	322	344	358	386	403	362	331	291	283
Rhode Island	21	20	25	32	33	30	24	31	34	36
South Carolina	129	154	176	209	199	208	188	181	132	111
South Dakota	18	15	16	15	17	17	14	13	11	9
Tennessee	254	243	249	233	228	212	210	195	169	131
Texas	682	654	689	779	866	866	841	787	739	709
Utah	33	37	40	42	38	36	30	35	38	40
Vermont	11	14	16	18	14	15	12	12	11	10
Virginia	197	175	168	156	144	135	127	138	122	114
Washington	102	107	94	119	115	142	152	162	156	135
West Virginia	76	72	72	73	74	68	61	56	55	48
Wisconsin	68	77	118	158	161	145	128	105	92	75
Wyoming	10	9	9	10	10	9	8	9	9	8

SOURCE: March Current Population Survey 1989-2000 conducted by the U.S. Census Bureau

\*Year is the middle year in a 3-year average of March CPS files.