DATA SOURCES FOR RESEARCH ON RURAL ADOLESCENT PREGNANCY: AN EVALUABILITY ASSESSMENT

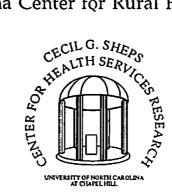
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North Carolina Center for Rural Health Research



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Introduction

In recent years, there has been a growing interest in adolescent health research, particularly in the area of adolescent pregnancy and childbearing. Despite increased interest, no study identified through this project examined the relationship between rural residence and teen pregnancy antecedents and consequences. Little is known about the predictive risk factors or pregnancy outcomes of rural teens, or the prevalence of adolescent pregnancy and childbearing in rural areas, or the extent to which adolescent pregnancy is perceived as a problem by residents of rural areas. Much of the existing data related to adolescent pregnancy and childbearing has been collected from urban populations.

To explore these issues, the Rural Adolescent Pregnancy Prevention (RAPP) project examined the availability of primary data sources related to rural teen pregnancy at the national, regional, state, and local levels. The project team reviewed existing databases to determine the extent to which they are useful in defining the prevalence of adolescent pregnancy and childbearing, determining the risk factors and outcomes, and describing adolescent pregnancy prevention projects in rural areas. Furthermore, the project team identified gaps in information sources needed to study rural adolescent pregnancy and described feasible strategies for acquiring the information.

Methods

Identification and review of relevant databases for rural adolescent pregnancy and pregnancy prevention was a multi-step process. First, the project team conducted an extensive bibliographic search to identify primary and secondary sources referenced in the literature. We examined over ten different on-line bibliographic databases, including Popline, Medline, ERIC, HealthLine, Sociological Abstracts, Dissertation Abstracts, National Family Resources, and Rural Information Center Health Service. All primary data were reviewed for relevance and catalogued in an inventory table (see Appendix). Secondary data references to seminal articles and reports were perused for primary data sources which were indexed in the table.

In addition to the searches of on-line databases and references cited in the literature, the project team used the following sources to search for relevant materials:

(1) foundation reports and publications from groups such as the Packard Foundation, the March of Dimes, the Center for Population Options, the Annie E. Casey Foundation, the Alan Guttmacher Institute, the Children's Defense Fund, and others who support projects or conduct research on adolescent health;

- (2) the policy files of the North Carolina Rural Health Research Program;
- (3) a mail survey seeking unpublished reports or articles on adolescent pregnancy and pregnancy prevention in rural areas in Region IV states from five groups of state program administrators (n=42): Maternal and Child Health Directors, Family Planning Directors, Health Statistics Directors, Office of Education/Instruction Directors, and Adolescent Health/HIV State Coordinators; and,
- (4) groups with archived data and information on programs related to adolescent pregnancy and prevention, such as the Southern Center on Adolescent Pregnancy Prevention, the UNC-CH Center for Early Adolescence, Sociometrics, the National Commission to Prevent Infant Mortality, and the National Center for Education in Maternal and Child Health.

Once all the databases had been described and catalogued, the project team contacted representatives at national and state statistical institutions, such as the National Center for Health Statistics, to verify information and to clarify questions. In general, we wanted to know the extent to which each database was useful for research on rural adolescent pregnancy. Specifically, we wanted to ascertain whether the database included information on age, fertility, and residence; to know how the variables were coded; and to find the extent to which information was available for public use or research purposes. In addition, we asked Sociometrics, Inc., to extract any variables relating to residence in their Data Archives on Adolescent Pregnancy and Pregnancy Prevention, an inventory of databases concerning adolescent health.

Findings

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In this paper, the results of our investigation of databases are described. The databases are grouped into two main categories: (1) national and regional databases and (2) state and county databases. Each category is subdivided into the following subject areas: General and Maternal and Child Health, Adolescent Health, Programs and Services, Education and Employment, Safety, and Security. The national and regional database section also includes subcategories for abortion and adoption data. Finally, for each database, we have described its salient features and delineated its usefulness for the RAPP project. We summarize this information in several tables included as an appendix to this chapter (see Appendix II).

National and Regional Databases: General and Maternal and Child Health

Source: National Center for Health Statistics/NCHS

The *National Health Interview Survey (NHIS*) is designed to assess the general health of the non-institutionalized US population. The survey has been administered annually since 1957 and is based on interviews with each living member of approximately 50,000 households.

Utility for RAPP Project

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For the purposes of the RAPP project, the usefulness of the NHIS is limited for several reasons. First, pregnancy data are not collected in a direct manner. The only way one could ascertain the pregnancy status of a household member is if, during the two weeks before the survey, the woman had visited a physician, had disability or bed days due to the pregnancy, had limitation of activity, or had delivered in a hospital. In other words, a normal, uncomplicated pregnancy would be very difficult to detect using this database and a normal, uncomplicated birth would be detected only if a woman had delivered about the time of the survey.

Age data are collected in single years for each member of the household. However, unless a teenager were head of the household (i.e., the designated Household Reference Person), her relationship to the children in the household would not be clearly delineated. Therefore, it is often impossible to determine how many children a teenager has at the time of the survey.

Residency information is collected using Census definitions of rural, urban, MSA and non-MSA. In summary, the RAPP project would be unable to adequately assess issues related to rural adolescent pregnancy using the NHIS database.

Source: NCHS

One of the richest sources of maternal and child health data is the *National Survey of Family Growth (NSFG)*. This survey is conducted periodically through household interviews of women of childbearing age. To date, four cycles have been completed and a fifth cycle was underway as of January 1995. In Cycles I and II (1973 and 1976), the survey was limited to women who had ever been married or had their own children living with them, thus excluding many adolescent mothers. In Cycles III and IV (1982 and 1988), all women 15-44 years of age were included.

Utility for RAPP Project

With respect to the RAPP project objectives, the NSFG is a very useful database to employ in the study of adolescent pregnancy. The survey provides detailed information on pregnancy risk and protective factors and outcomes for adolescents aged 15-19. The database is limited in that information on adolescents in the 10-14 age group is not available. Furthermore, while residency data have been collected for all cycles, as in the case of the NHIS database, information is coded according to census definitions and becomes less accurate over time. In addition, for reasons of confidentiality, residence data for Cycles I-IV have not been released to the public. In Cycle V, all interviews will be geo-coded in a manner that will allow public access without revealing the respondents' identity. Such changes should facilitate analysis by rural residency in the future.

Source: NCHS

An important maternal and child health database is the *National Maternal and Infant Health Survey (NMIHS)*. The 1988 NMIHS consists of three independent national files of live births, fetal deaths, and infant deaths, and a small supplementary sample of Hispanic live births, fetal deaths, and infant deaths in Texas. Mothers named in the vital records sample were mailed 35-page questionnaires to collect information on demographics, education, occupation, pregnancy risk factors and outcomes, and infant and child health.

Utility for RAPP Project

The NMIHS is of limited use to the RAPP project for reasons related to age and residency data collection. Information was not collected for teenagers in the 10-14 year range. Also, live birth and fetal and infant death certificates were coded by place of residence, but the same information was not collected on their mothers because of confidentiality issues. Furthermore, although the survey included about 1,000 women ages 15-19, small area analysis would be of limited validity due to sampling issues. In effect, analysis is possible at the national level only. The NMIHS will be repeated in the future; however, to our knowledge, no changes in residency data collection are planned.

Source: Center for Disease Control and Prevention/CDC

The *Pregnancy Risk Assessment Monitoring System (PRAMS)* is a population-based surveillance system that was implemented by the CDC in 1988 to collect data on maternal behaviors that influence pregnancy outcomes. The intention of the survey was to supplement information not available on the birth record. New mothers are sampled from birth certificates two to six months after delivery. Respondents are asked to complete a

questionnaire on various pregnancy-related issues including prenatal care, substance use, stress, economic status, and intendedness and unwantedness. To date, 14 states participate in the survey including Alabama, Florida, Georgia, and South Carolina in Region IV.

Utility for the RAPP project

PRAMS provides much useful information on pregnancy outcomes for women of all ages, including adolescents. Some of the information available from PRAMS, such as the intendedness and wantedness measures, are particularly interesting since this information is not often collected. For the purposes of this project, however, the PRAMS database is limited for several reasons. First, only four states from Region IV are included in the surveillance system that limit regional analysis. Moreover, in the four states participating in PRAMS, data collection was initiated only last year and analysis may not be possible for some time. Furthermore, the data belong to the states and are not accessible to the public without special permission from state agencies. Finally, within these states, county level information is not accessible. Confidentiality restrictions prohibit access to address and zip code information and there are no additional variables that could be used to assess residence. In effect, analysis of rural trends and rural/non-rural comparisons are not possible using the PRAMS data for Region IV.

Source: NCHS

The Vital and Health Statistics Report is an annual compilation of mortality, natality, marriage, and divorce data with extensive demographic and geographic detail. The Monthly Vital Statistics Report provides similar information on a monthly and cumulative basis. Periodically, selected data from these reports are highlighted in separate publications. Of interest to the RAPP project are the volumes entitled Natality and the series on NSFG data that examine contraceptive use and health aspects of pregnancy and childbirth.

Utility for RAPP Project

The usefulness of these data sources to the RAPP project varies by topic. The *Natality* files include data on live births with corresponding maternal age. Since data are coded by county of residence, it is possible to compare fertility rates among rural, urban and metro teenagers using this database. Although these data are pertinent to the RAPP project, they are duplications of the data already received through the Region IV Network for Data Management and Utilization (RNDMU) described below.

Source: Bureau of the Census, Department of Commerce

The *Current Population Survey* (CPS) is administered monthly to a sample of civilian, non-institutionalized people located in 729 sample areas comprising 1,973 counties and independent cities with coverage in every state and the District of Columbia. The data set includes a wide range of demographic information including age, race, marital status, education, and poverty status.

Utility for RAPP Project

With respect to the RAPP project, the CPS data base is of limited utility. While data are collected for women of all ages, information on reproductive issues is limited to the number of live births a woman has experienced. Pregnancy information is not collected directly. Moreover, confidentiality restrictions exist, and residence variables are available only at the state level. Thus, rural analysis using the CPS database is not possible.

Source: The Region IV Network for Data Management and Utilization/RNDMU

The *RNDMU* is a technical assistance project in Region IV designed to accomplish the following objectives: maintain and strengthen the capabilities of state MCH agencies in identifying factors that contribute to their high infant mortality rates; strengthen the agencies' leadership roles in planning, promoting, coordinating, and providing health care to address these problems; and foster coordination and cooperation between state MCH agencies and state health statistics agencies.

The RNDMU Project was funded as a Special Project of Regional and National Significance (SPRANS) by the Division of MCH, US Department of Health and Human Services (USDHHS) and became operational in October 1983. One of the first activities of the RNDMU Project was to conduct a survey of maternal and infant health data capabilities. From the results of that survey, feasible maternal and infant health status and service indicators were developed and subsequently revised by MCH, perinatal, and vital statistics agency directors or their representatives. Once consensus regarding that "minimal data set" was reached in November of 1990, the RNDMU Project at the Sheps Center agreed to serve as a central agency for collection of the data and production of an annual maternal and infant health data book.

The eight states in Region IV have completed a data collection instrument for each of the calendar years 1980-93. The data collected include:

•22 descriptive indicators (fertility and pregnancy rates, pregnancy history, and maternal characteristics) from vital records data;

- •47 health services and financing indicators;
- •46 health outcome indicators (birth weight, mortality rates, and birth weightspecific mortality rates) from vital records data.

Utility for the RAPP Project

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The RNDMU offers a wide variety of useful information for the RAPP Project. Annual reports have been produced, summarizing data for each indicator by state in Region IV as well as regional and US totals (where available) for all years between 1980 and 1993. Almost one-fourth of these tables relate specifically to the adolescent population, covering fertility rates, pregnancy rates, fetal deaths, lack of prenatal care, use of family planning services, type of contraceptives used, and abnormal Pap smears.

While quite useful for many aspects of the RAPP Project, the RNDMU database is limited in two ways. First, RNDMU data are aggregated at the state level and have not been previously analyzed by residence variables. Secondly, not all descriptive, health services, financing, and health outcome indicators have been analyzed by specific age groups. Thus, it is not possible to analyze the importance of rural residence for any variable or adolescent status for some variables in published RNDMU reports.

National and Regional Databases: Abortion Data

In the United States, abortion data are provided by three main sources: the Alan Guttmacher Institute (AGI), the National Center for Health Statistics and the Centers for Disease Control and Prevention.

The Alan Guttmacher Institute is considered to be one of the leading authorities on abortion data in this country. Since 1974, AGI has conducted the *Abortion Provider Survey* periodically to assess the availability of services in each state and the estimated number of abortions performed. The AGI database is unique in that data are collected directly from abortion providers; other national sources rely upon data reported to state vital statistics registries. For the purposes of the RAPP project, however, the AGI information is limited in that abortion data are not categorized by the age, residence, or any other characteristic of the women obtaining abortions. Moreover, while information is available for the individual Region IV states and in aggregate by OMB-defined metropolitan and non-metropolitan categories, no county level data are available. In effect, RAPP-defined rural analysis (i.e., county level aggregated information broken down by metro, urban and rural residence) is not possible using these data.

Similarly, the abortion data obtained from both the CDC and the NCHS surveys are of limited value for the RAPP project. Although both data sets include information on the characteristics of the woman obtaining abortions, neither data set are coded by county. Information is available at the state level only. Furthermore, the NCHS data set includes data from only 14 reporting states, of which South Carolina is the sole representative from Region IV. The CDC data include variables from most states; however, some data are not available from Alabama or Florida.

National and Regional Databases: Adoption Data

Data on adoption, both in general and specifically for rural adolescents, are difficult to obtain. Currently, there is no national system for collecting information about women who opt to relinquish their children for adoption. The Department of Health and Human Services is mandated by Congress to collect adoption data but, to date, the department's collection efforts have been erratic and limited in scope. Most of what is known about adoption comes from survey data and qualitative research projects. The National Survey of Family Growth is a rich source of information on the characteristics of women who adopt children and who place children for adoption. Another survey conducted by the National Committee for Adoption (NCFA) since 1983 polls state level officials on adoption prevalence and policy. Other researchers have used qualitative methods to investigate attitudes and beliefs surrounding adoption. While all of these data sources provide valuable information in this understudied subject area, none is entirely useful to the RAPP project because no database includes residence variables to allow analysis of adoption trends by rural or non-rural residence.

National and Regional Databases: Adolescent Health Databases

Source: National Institutes of Health/NIH

One of the most promising studies on adolescent health is the *National Longitudinal Study of Adolescent Health (NLSAH)*, a two-wave study designed to investigate the general health and well-being of adolescents in the United States. The study, which began in the fall of 1994, consists of a nationally representative sample of 7th to 12th graders (ages 12 to 18) and their parents. The first set of interviews will be conducted in the schools (n=140,000 to 160,000). Subsequent interviews with a subset of adolescents and their parents (n=20,000-40,000) will take place in their homes. The in-home interviews will be repeated after a year. The surveys cover a wide range of demographic, health, and social topics. Pregnancy-related questions are included only in the in-home survey instrument.

Utility for RAPP Project

For the purposes of the RAPP project, it appears that the NLSAH will be very useful in assessing pregnancy risk factors and medical and social outcomes among adolescents aged 12 to 18. One limitation, however, is that the database will not include information for 10- and 11-year-old early adolescents. In addition, residential analysis is likely to be problematic. Although data are to be collected by street address, current protocol restricts access to this information for confidentiality reasons. At this time, it is unclear if the data will be coded at the county level, a measure which would facilitate rural analysis according to RAPP definitions.

Source: Foundation for Child Development and Child Trends

The *National Survey of Children (NSC)* was the first nationally representative survey of children in which the child was the focus of the study and was personally interviewed. The study was conducted in three waves in 1976, 1981, and 1987 and followed a total of 1,423 children through adolescence. The purposes of the survey were to assess the physical, social, and psychological well-being of different groups of US children; develop a profile of the way children live and the care they receive; permit analysis of the relationships between the conditions of children's lives and measures of child development and well-being; and replicate items from previous national studies of children and parents to permit analysis of trends over time. In the third survey wave in 1987, the social, psychological, and economic well-being of sample members was examined as they become young adults. In particular, their sexual and fertility behaviors were a focus of interest.

Utility for RAPP Project

The NSC database provides the RAPP project with a unique opportunity to assess specific social, psychological, and physical antecedents to adolescent pregnancy. However, due to small sample size (n=1,143 females and males), the database is of limited use for regional analysis in spite of residency coding by zip code in all three waves. Furthermore, in the 1987 wave, the only wave in which sexuality and fertility were addressed, the sample consisted primarily of young adults and teenagers aged 18-22. Information on the sexual behavior of adolescents aged 10-17 was unavailable.

Source: NCHS

The National Survey of Adolescent Males (NSAM) is a nationally representative survey of 1,880 never married, non-institutionalized US males 15 to 19 years old, conducted from April to

November 1988. Its primary focus is on the education and knowledge the respondents had about human sexuality, contraception, and sexually transmitted diseases, as well as respondents' history of sexual activity and contraceptive use.

Utility for RAPP Project

The NSAM offers the RAPP project insight into adolescent males' sexuality and their role in pregnancy. At the same time, it is unclear how useful this information is to the project, in light of the findings of the literature review which reveal a high prevalence of older male partners among pregnant adolescents. Another limitation of this database is that the data coded by county of residency is unavailable to the public because of confidentiality issues. Furthermore, small sample size precludes small area analysis. A new NSAM is planned for 1995, but it is unclear if changes will be implemented to address these issues.

Source: U.S. Department of Labor

The National Longitudinal Survey of Youth (NLSY) is an annual survey initiated by the Department of Labor to analyze sources of variation in labor market behavior and experience in the United States. The first survey was fielded in 1979 with a sample of 12,686 females and males ages 14-21 and the same cohort has been followed in every subsequent year. In 1994, 90 percent of the original group (now ages 29-36) responded. Data collected include demographic, health, and economic variables. In addition, the 1986 survey includes a section on the development of children born to female respondents.

Utility for RAPP Project

The NLSY is a rich source of longitudinal data on adolescent pregnancy risk factors and outcomes. In addition, data have been coded by county, which, if access permission were granted, would facilitate rural analysis if access to the codes were granted. However, the limitations of the database are that there are no data on adolescents aged 10-13 and the information on the study's cohort as teenagers is not current.

Source: The Youth Risk Behavior Surveillance Study /YRBSS

The YRBSS was designed by CDC to highlight and systematically track the prevalence of risk behaviors that have an impact on the health of adolescents in the United States. The survey was first implemented in 1989 and then modified a year later to its current form. This risk behavior surveillance system has three complementary components: (1) national school-based surveys; (2) state and local school-based surveys; and (3) a national household-based survey. The school-based surveys are administered by State Departments of Education to 9th

through 12th graders every two years. The survey is comprised of 75 core questions in six categories of priority risk behavior. States are at liberty to modify the core questionnaire. The household-based survey began in 1992 as a follow-back supplement to the National Health Interview Survey. The sample includes 12 to 21 year old youths and oversamples those not enrolled in school.

Utility for the RAPP Project

The YRBSS is a valuable source of information on adolescent sexual activity. Variables in this section of the questionnaire include age at first intercourse, number of sexual partners, pregnancy history, use of alcohol and drugs during sexual activity, contraceptive use, and STD diagnoses. For the purposes of the RAPP project, the survey is limited in that adolescents aged 10 and 11 are not included and data are available at the state level only, thereby prohibiting analysis by rural or non-rural residence.

National and Regional Databases: Other data related to adolescent reproductive health

A number of other studies exist related to adolescent reproductive health at the local level. Three notable studies are *The Study of Adolescent Sexual Behavior*, *Raleigh*, *NC*, 1978-81; *The Study of Adolescent Sexual Behavior*, *Tallahassee*, *FL*, 1982 and *The Hormone Supplement Study*, *Tallahassee*, *FL*, 1982. The three studies were conducted to assess the biological and social influences on adolescent sexual behavior and attitudes. While the subject matter and state location of the studies are certainly relevant to the RAPP project, the studies are of limited use because of the small sample size, the urban setting, and the exclusion of younger teenagers from the sample .

National and Regional Databases: Program and Services Data

To our knowledge, there are very few national and regional databases that provide an inventory of programs and services related to adolescent pregnancy. One existing source is the *National Survey of Adolescent Health Service Programs*, the first systematic review of the comprehensive adolescent health programs throughout the country. The survey sample consisted of 435 programs or 67 percent of all programs identified nationwide. Survey data included comprehensiveness of services, program utilization, organizational factors affecting access to care, administrative systems, budgets and funding sources, staffing, evaluations, and issues that affect programs' impact and success. The survey is unique in the type of information provided. However, programs are not coded by county of location and, therefore, cannot be analyzed according to RAPP geographic definitions. Another source of information on programs

and services is the Survey of State Rural Health Activities. Although the survey provides information on the level of activity in the rural areas of each state, no identified programs or services relate specifically to adolescent pregnancy and, thus, the survey is of little use to RAPP.

National and Regional Databases: Education and Employment Data

The association between adolescent pregnancy and education and employment patterns is an interesting area of study. Some existing databases offer researchers an opportunity to explore this relationship. Notably, the Current Population Survey and the National Longitudinal Survey of Youth, two databases sponsored by the Department of Labor and discussed above, provide a wide range of information on adolescent education, employment, and health outcomes. However, as discussed previously, both databases are limited with respect to RAPP analytic criteria for rural residence.

National and Regional Databases: Safety Data

Safety data are those data which pertain to risk behaviors (i.e. substance use, unprotected sex, and delinquent behavior) and abuse and neglect. Several national data sets exist which examine overall adolescent risk behavior; these include the Youth Risk Behavior Surveillance Survey (described above), Monitoring the Future, and the National Household Survey on Drug Abuse. Data on sexually transmitted infections, indications of risky sexual behavior, are tracked nationally by the CDC and reported annually in such publications as the HIV/AIDS Surveillance Report, the Hepatitis Surveillance Report, and Sexually Transmitted Disease Statistics. Information for another safety indicator, adolescent delinquent and criminal behaviors, is collected mainly by the US Department of Justice. Their various reports include Crime in the US, Age-specific Arrest Rates and Race-specific Arrest Rates for Selected Offenses, and Juvenile Court Statistics. The Department of Justice also keeps track of young victims of crime and reports their findings in Teenage Victims: A National Crime Survey Report. In addition, data on victims of child abuse and neglect can be found in the report, Highlights of Official Child Abuse and Neglect Reporting. While all these data sets offer a wide variety of information on adolescent safety indicators, to our knowledge, none is coded by county and is thus of limited utility to the RAPP project.

National and Regional Databases: Security Data

Security data are those which relate to economic indicators. There are numerous national data sources describing public assistance programs and poverty status data, as well as information on health service utilization and expenditures. Examples include the following:

Public and private sector reports

- Medicare and Medicaid Databooks
- Characteristics and Financial Circumstances of the AFDC Recipients
- Characteristics of Food Stamp Households
- Source Book of Health Insurance Data

Population-based surveys

- National Health Care Expenditures Survey
- National Hospital Discharge Survey
- National Health Provider Inventory
- National Ambulatory Medical Care Survey
- National Medical Care Utilization and Expenditure Survey

These sources offer much information relevant to the study of adolescent health. However, all are of limited use to the RAPP project for various reasons. In some databases, only one year of information is available (e.g. The National Health Care Expenditures Survey, 1977 only). In other cases, pregnancy information was not collected directly (e.g. National Medical Care Utilization and Expenditure Survey). Furthermore, other sources of information do not include appropriate age breakdowns (e.g. Source Book of Health Insurance Data). Finally and most importantly, none of the sources cited include information that is coded or available at the county level. In effect, rural analysis is not possible using these data sources.

State and County Databases

There exists a wide variety of data available at the state and county level which may be useful for the RAPP project. Depending on the topic of study, however, data collection methods and variable definitions may vary from state to state. Some notable exceptions for state level data are the RNDMU database, which was described earlier, and the national Kids Count Databook, a project of the Annie E. Casey Foundation.

The Casey Foundation is a "private charitable organization dedicated to helping build futures for disadvantaged children in the United States. It was established be Jim Casey, one of the founders of the United Parcel Service, and his siblings in honor of their mother. The primary mission of the Foundation is to foster public policies and human-service reforms that more effectively meet the needs of today's vulnerable children and families. In pursuit of this goal, the Foundation makes grants that help states, cities and communities fashion more innovative,

cost-effective responses to these needs" (The Annie E. Casey Foundation, *Kids Count Data Book*, 1994). With funding from the Casey Foundation, states produce state and county level KidsCount databooks. Although these books frequently include some of the same indicators found in the national Databook, the data are not consistent for all states. For example, for some indicators, the county level data are not available for the same year in all states. In other cases, it is not clear if the states used the same denominators to define similar indicators.

In the following sections, we examine the state and county information provided in the KidsCount data books and assess the consistency of indicators across all states. In addition, we list other sources of state and county level data under each category. Information is summarized in several tables included in the Appendix to this chapter.

General Health and Maternal and Child Health Data

The MCH indicators included in the national Kids Count Databook, are the following:

- percent of low birth weight (LBW) infants, 1985-1991
- infant mortality rate (IMR), 1985-1991
- child death rate, ages 1-14, 1985-1991
- percent of all births that are to single teens, 1985-1991

State and County Databases: Adolescent Health Data

Indicators related to adolescent health included in the national Kids Count Databook, are the following:

- percent of all births that are to single teens, 1985-1991
- percent low birth weight babies
- infant mortality rate
- · child death rate

State and County Databases: Programs and Services Data

To our knowledge, there do not exist any comprehensive state wide inventories of county level adolescent pregnancy programs and services. Much of the effort of the RAPP project team has been collecting this information from many sources through informal contacts.

Education and Employment Data

The education and employment variables included in the national Kids Count Databook, which are consistent and available from all states, are the following:

percent of teens graduating from high school on time, 1985-1991

• percent of teens not in school and not in the work force, 1985-1991

Security Data

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The security variables included in the national Kids Count Databook are the following:

- Percent of children in poverty, 1985-1991
- Percent of children living in single-parent families, 1985-1991
- Number and percent of women in the labor force with youngest child under age
 6. 1990
- Number and percent of women in the labor force with youngest child ages 6-17,
 1990
- Number and percent of children under age 6 with both or only parent in labor force, 1990
- Number and percent of children under age 18 who are not living with a parent,
 1990
- Median income of families with children, 1991
- Percent of mother-headed families receiving child support or alimony, 1991
- AFDC and Food Stamp benefits as a percent of poverty line in 1993
- Percent of children without health insurance, 1991
- Percent of children living in overcrowded housing, 1990
- Percent of children living in house without complete plumbing or kitchen facilities. 1990

Safety Data

The safety variables included in the national Kids Count Databook, which are consistent and available from all states, are the following:

- Teen violent death rate, ages 15-19
- Juvenile violent crime arrest rate, ages 10-17
- Percent of children living in severely distressed neighborhoods

Conclusions

Rural adolescents, particularly pregnant adolescents, are an understudied segment of the population. If such analyses have been conducted, the information is not made available through published reports and public databases. While the numerous databases offer many useful findings, the national and regional databases still paint an incomplete picture about the relationship between rural residence and teen pregnancy antecedents and consequences.

The paucity of information specific to rural residency is attributable primarily to the lack of coding by county. This gap prevents comprehensive rural analysis of the predictive risk factors or outcomes of rural pregnant teens, or the prevalence of adolescent pregnancy and childbearing in rural areas, or the extent to which adolescent pregnancy is perceived as a problem by residents of rural areas. Currently, only one national database is attempting to fill the information gap. The National Survey of Family Growth (NSFG) will geo-code its findings to allow public access without sacrificing confidentiality, making it possible to conduct future rural analyses.

Other major limitations of these reviewed databases included inappropriate or incomplete age breakdowns and confidentiality restrictions which prevent or severely limit available information. Similar limitations are found among state and county databases. For example, the KidsCount databooks are helpful, but show no consistency in the collection methods for county-level data across all states.

Given these limiting factors, the gap in the knowledge base about rural adolescent pregnancy needs to be addressed first on a statewide level by encouraging counties to collect the necessary data that would determine prevalence of rural adolescent pregnancy.

Sources of State and County Demographic, Health, and Other Indicators

Source	Coverage	Indicator	Time Frame	Age Range	Race or Ethnicity	Other Indicators	Definitions and Denominations
Annie E. Casey Foundation Kids Count Book	All states	Percent of births to single teens	1985-91	<20 yrs			Percent age of live births to unmarried women under the age of 20
		IMR	н	<1 yr			Number of deaths occurring to infants <1 year per 1000 live births
*	•	LBW	•				Percentage of live births weighing under 2500 gms
*	4	Teen violent death rate	**	15-19			Number of deaths from homicide, suicide, and accidents to teens 15-19 per 100,000 teens 15-19
*		Percent graduating high school on time	0)				Computed by dividing the # of public HS graduates in 1991 by public 9th grade enrollment in 1987.
**	•	Idle teens	*	16-19			Percentage of teens 16-19 who are not enrolled in school, not in labor force, not in military, not married full-time homemakers
	•	Juvenile violent crime arrest rate	•	10-17			per 100,000 youths
	-	Percent children in poverty		<18			Percentage of related children <18 yrs who live in families with incomes below the US poverty threshold (by OMB definition)
		Child death rate		1-14			Number of deaths from all causes to children 1-14 yrs, per 100,000 children 1-14 yrs
		Percent children in single parent families	,	<18			Percentage of related children <18 who live in families headed by person w/o spouse present in home
Henshaw SK & Van Vort, J. Abortion Services in the United States, 1987 and 1988	Nation and states	# of abortions and abortion rate, by state of occurrence	1985, 1987, 1988				
*	•	# & % of abortions provided to nonresidents	•				
*	•	# and % of abortions obtained out of state				-	
н		# & % of counties with abortion provider and # with large-scale provider	М				
**	•	% of counties with no abortion providers and % of women living in those counties by metro status	н				
MMWR Oct. 1, 1993	All states	Pregnancy rate	1990	15-19	W/B/H		Live births + abortions per 1000 women 15-19 yrs
	60	Birth rate	1990	15-19	W/B/H		Live births per 1000 women 15-19 yrs
Child Trends: Facts	All states	Teen birth (numbers)	1991	<15, 15-17, 18-19, <20	W/B (for <20 yrs)	Percent nonmarital	For percent nonmarital: all births to mothers<20 yrs

		Teen birth rate	1980, 1985-	15-19;		T 1	Births per 1,000 (teens? women? Doesn't say)
•	•	1	1991	1991 also			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
				broken		ł	
		1		down 15-17		l i	
				& 18-19			
CDF. The State of	All states	Teen birth rate	1980 & 1990	15-19?		also percent	Births per 1000 young women ages 15-19
America's Children	•					change, 1980-90	
Yearbook, 1994							
	Nation only	Total birth rate	1959-1991,				Per 1000 women ages 15-44
	,		annually			l i	
	Nation only	Total unmarried birth rate	1959-91			1 1	Per 1000 unmarried women ages 15-44
•	,,		annually	1			1 C. 1000 minimized
		Teen birth rate	1959-91,			- 	Per 1000 women ages 15-19
•	Nation only	l leen on at take	annually	1		l i	Tel 1000 Women ages 15-15
	Nation only	Teen unmarried birth rate	1959-91,				15 4000
-	ivadon only	Teen unmarried birth rate				1	Per 1000 unmarried women ages 15-19
			annually				
н	Nation only	Total unemployment rate,	1959-92	all ages,		ŀ	
				age 16-19,		<u> </u>	
				age 20-24			
March of Dimes Stat Book	All states	Number and percent of births to teens	1980 & 1990	<20 yrs			
Child Health USA	Nation only	Percentage of women who	1982, 1988,	15-17, 18-			
193		have ever had sexual	1990	19, 15-19			
		intercourse				i I	
	Nation only	Pregnancy and abortion rates	1989	<15, 15-17,		1	Per 1000 women
•	· ····			18-19			101 1000
•	Nation only	Live birth	1991	10-14, 15- 17, 18-19	W/B/Total	1	Live births per 1000 adolescents
USDHHS,	Nation and	Total # of AFDC families	1990, 1991	17, 10-17			<u> </u>
Characteristics and Financial Circumstances of AFDC Recipients FY 1990 FY 1991	states	Total # G. AFDC failules	1774, 1771				
		# & % of AFDC families	**				
		participating in Food Stamps				1	
		program					
		# of recipient children	-	10-18		husan	
		" or receptant cumaren		(single		by sex	
ŀ			İ	years)			
		AFDC teen mothers		11-19		 	
		Ai DC teti niones		(total) and		1	
				11-14, 15,		i i	
				16, 17, 18,		1	
				19 19		1	
The Southern	Southern states	# = 6	1001		-	 	
nstitute on Children	Southern states	# of uninsured children	1991	11-17 all		1	
and Families				Region IV		1	
wan ranning			İ	states		1	•
1				except SC		1	
				which is			
	- H	77	1001	16-17		ļ	
		Uninsured children <=17 as	1991	<=17		1	
		% of poverty level		ı		1	

Source	Geographic	Indicator	Time Frame	Age Range	Race or Ethnicity	Other Indicators	Definitions and Denominations
	Coverage						
Alabama Kids Count	Alabama, state and counties	Total state population	1980 & 1990	All ages			
•		State child population	a a	>5, 5-9, 10- 13, 14-17	W/B/ NatAm/ AsianAmer/Oth er		
•	«	LBW	1987 & 1992				Percentage of all live births with BW <5.5 lbs.
	*	IMR	-	<1			Deaths of infants< 1 per 1000 live births
	N	Child death rate	*	1-14		_	Deaths of children 1-14 per 100,000 children 1-14
		Reports of abuse of neglect	1992	<18			Number of reports per 1000 children <18
**		Births to unmarried teens	1987 & 1992				Births to unmarried tees as a percentage of all live births
	•	Graduation rate	1991-92 school year				Percentage of students graduating from public school on time
10	•	Juvenile violent crime arrest rate	1987 & 1992				Number of arrests per 100,000 persons 10-17
	•	Juvenile violent crime court referral rate	F	10-17			Number of cases adjudicated per 100,000 persons 10-17
•		Teen violent death rate		15-19			Number of deaths per 100, 000 persons 15-19
•		ldle teens	1980 & 1990	16-19			Percentage of teens not in school and not in labor force
•	4	Children in single parent families	1980 & 1990	<18			Percentage of children <18 living in families below poverty threshold
*		Child care affordability	1992				Annual cost of full-time licensed day care of one child as a percentage of median family income. Child care is considered unaffordable if it consumes more than 10% of family income
The Alabama Medicaid Agency, Annual Report	AL, state and county	# of eligibles for Medicaid	1990, 1992, 1993				
11	•	Payment per eligible					
w	•	Percent of county eligible for Medicaid	*				
Florida Vital Statistics	FL, state and county	Total resident live births, number and percent	1990	<15, 15, 16, 17, 18, 19	W/Non-W/ Total		percent is for <19 only
8	•	Total resident live births to unwed mothers	•	*	*		•
Florida's Children: Their Future is in our Hands, 1991	FL, state	Number of live births	1980-89		W/Non-W		
H	*	Number and percent of live births to teens	eę .	<19	H		
Georgia Kids Count 1993	Georgia, state and counties	LBW	1980-91		W/B/total		Births of infants weighing under 5.5 lbs per 100 live births
*		IMR	•		*		Infant deaths per 1000
•	•	Child deaths	•		*		Deaths of children, 1-14 per 100,000
N	*	Teen violent deaths		15-19	*		Violent deaths of teens 15-19 per 100,000
Georgia Kids Count 1993	*	Abused and neglected children	1992				confirmed incidents of child abuse and neglect per 1000

	Georgia, state and counties	LBW	1980-91		W/B/total		Births of infants weighing under 5.5 lbs per 100 liv births
		Teen births	1980-91	<18	W/B/total		Births to girls younger than 18 per 1000
•		Juveniles committed to state custody	1982-92	10-17			Commutments to state custody for youth ages 10-1 per 1000
Georgia Kids Count 1993	*	Youth completing high school	1980-92				Students graduating high school per 100 students enrolled in 9th grade three years earlier
	*	Children in poverty	1989	<5, 5-17, total			Children in poverty per 100
•	•	Children retained in kindergarten	1984-92				Children retained in kindergarten per 100
•		Families at risk	1989-91				First births to mothers with at least one risk factor (<20 vrs; not HS graduate; single)
	State level	Medicaid recipients	1992	0-5, 6-20			Percentage of Medicaid recipients
	*	AFDC recipients	1993				Number of children who received AFDC benefits and as percentage of all recipients in Georgia
	4	Food stamps	1992	0-6, 7-15, 16-17			Percentage of Food Stamp recipients
		Children in foster care	1987-93	1	······································	 	Number of children in foster care
The 1993 Georgia County Guide	Georgia, State and county	Juvenile arrests	1991		W/B/total		Number of arrests
	•	Juvenile courts' commitments and institutionalization	1986-91	10-17	. ,		Total commitments for fiscal years; commitments per 1000 youth 10-17
•	•	Per capita income	1985-90		**		
The 1993 Georgia County Guide		County school system: Failures by grade	1991-92	k5, 6-8, 9- 12			Number of failures per grade; percent of total failures
•		County systems: number of schools, enrollment, dropouts and graduates	1991-92	k-12, 8-12			
•	•	Educational attainment	1990	<9th gr, 9- 12 but not grad, HS grad some college, BA/BS, grad or prof degree			
		Child abuse	1990-92				Total reported and confirmed cases of child abuse
		STD diagnosed cases	1991	1		by STD type	Total rate per 100,000
		Population	1990	0-4, 5-19, etc.			
		Medicaid recipients	1990-92				Number and percentage of pop
	•	Food stamp recipients	1990-92				Avg. households per month; Avg. participants pe month (1992 only)
	*	Induced abortions	1991		B/W/Total		Number and rate of induced abortions
		Teenage pregnancy	1987-91	10-19	B/W/total		Number and rate of teen pregnancies
	H	IMR	1977-91		B/W/total_		Number and rate of infant deaths
The 1993 Georgia County Guide		Live births to unwed mothers	1991		B/W/Total		Number and rate; Also percent unwed to total liv births within race
-	•	Live births to unwed teenage mothers	1991		B/W/Total		Number and rate; Also percent of total by race

Source	Geographic	Indicator	Time Frame	Age Range	Race or Ethnicity	Other Indicators	Definitions and Denominations
	Coverage						
			4000 01		The state of the second		N
The 1993 Georgia County Guide		LBW	1989-91	·	B/W/Total		Number and percent of total LBW; Also percent LBW of total births within racial groups
Georgia Epidemiology Report 1993	Georgia, state	Timing of first intercourse percent who first had intercourse by this age	1991	grades 9-12		by sex	Based on 1,769 respondents to GA YRBS
•		Number of sexual partners	•	9th and 12th grade		by sex	•
*		Number of total pregnancies	1990	single years, 10-19	by W/B		from Office of Vital Records
P	•	Number and percent of live births	 	-			percent of pregnancies to females <20 years
	-	Number and percent of fetal deaths		<u>-</u> -	•		
•	*	Number and percent of induced abortions	1	*	•		
H	*	Mean years of education by end of pregnancy		<14, 14, 15, 16, 17	*		Office of Vital Records
, -	•	Father's name on birth certificate, number and	•	•	•		•
	19	Married, number and percent		•	•		
, Georgia Epidemiology Report 1993	•	Had prior pregnancy, number and percent	•	•	-		•
•	•	Maternal smoking, number and percent	•	•	•		
*	•	Low birth weight, number and percent		-			•
•	•	Linked to WIC file, number and percent	•	*	•		
Georgia Department of Medical Assistance Annual Report	GA, state and county	Estimated population	1993				
		Unduplicated recipients	-				
W	•	% of population receiving Medicaid	•				
99	•	Expenditures per recipient					
Kentucky Kids Count County Data Book 1993	KY, state and county	Total population	1990 ¶ 1992				
•		Population <18	н -				
	•	Families with children <18	1990		by marital status of parents and by poverty level		Number and percent
•		Percent children in poverty	1979 & 1989				Percent of all children for whom poverty status was determined, from 1980 and 1990 census
•	•	Percent children in single parent families	1980 & 1990				Percent of all children noted in 1980 and 1990 census

Kentucky Kids	•	IMR	1980-82 &				Deaths <1 yr per 1000 live births
Count County Data			1990-92]	24000 31 71 831 1131 214 04412
Book 1993						1	
•	•	Percent of births with early					Total # of women receiving PNC in 1st trimeste
		PNC				l	divided by total number of live births in year
	•	Teen birth rate					Births per 1000 females 17 and under
"	•	Percent graduating high	1979/80-				
		school	1981/82 &	1			
		1	1989/90-	1			
			1991/92				
·		Births	1992	<u> </u>			Births per 1000 women 15-44
		Births to unmarried women	1992				Percent of total births
		Births to mothers under 18	1992				Percent of total births
-	•	Women with children in	1990			by employment	Number and percent
		married couple and single		j i		status	·
		parent families					
	-	Child abuse, sexual abuse	1992				Number and rate per 1000 children 1-17 yrs
		and neglect cases-reported		1			
		and substantiated	4000				
		Children on AFDC	1992				Number and percent
		Children on Food Stamps	1992				Number and percent
-		Per student spending	1992/93				
		Drop out rate	1991-92				
		Students on free or reduced lunch	1991-92				
		Students in special education class	1991-92				
KY Dept of Health Services, Vital Statistics	KY, state and county	Number and age-specific rate of resident live births	1992	<15, 15-17, 18-19			<15 per 1000 female population age 10-14; all oth age groups per 1000 female population in specific age group
* 1		Number and crude rate of	1992	by age of	total and non-		crude rate: neonatal, under 1 week and infant
	<u>.</u>	resident birth-related and infant deaths	1992	infant	white		deaths per 1000 live births; perinatal deaths per 1000 total births
KY Dept of Education, YRBS	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use	1992				deaths per 1000 live births; perinatal deaths per
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does no
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse;		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners,		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse Contraceptive use during		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse Contraceptive use during last sexual encounter; condom use		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades of the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse Contraceptive use during last sexual encounter; condom use Number of times		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse Contraceptive use during last sexual encounter; condom use Number of times pregnant/gotten someone		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades 9 and/or 12.
	KY state	resident birth-related and infant deaths Illegal substance use, alcohol and tobacco use Knowledge of AIDS/HIV infection Ever had sexual intercourse; age at first intercourse Number of sexual partners, ever and in past 3 months Use of alcohol or drugs with sexual intercourse Contraceptive use during last sexual encounter; condom use Number of times		infant <= 12, 13-17 single	white W/B/H/		deaths per 1000 live births; perinatal deaths per 1000 total births Data were collected by staff of KY Dept of Education for a sample of schools in KY that include one or more of the grades 9 and/or 12. The nature of data collection procedures does not be supported to the grades of the grades 9 and/or 12.

Source	Geographic	indicator	Time Frame	Age Range	Race or Ethnicity	Other Indicators	Definitions and Denominations
oount.	Coverage						
KY Dept of Education, YRBS	•	Self-perception of ability as student	*		•		
Kentucky Cabinet for Human Resources Medicaid Services	KY, state and county	Total # of recipients	1991, 1993				
W		Payment per eligible					
Mississippi 1992 Teen Pregnancy Facts	MS, state and county	Live births and fertility rates to teens	1992	10-19 (as a group) 12-19 (single years) <15, 15-17, 18-19	W/non-W/ Total	by pregnancy order of birth (not broken down by specific ages)	
 	- "	Comparative data on live births, infant deaths, and births to teens	1988-1992	no specific age break- down			Indicates number and percent of live births to teens but doesn't indicate how many of deaths occurred to infants born to teen mothers.
	- "	Number of abortions	1992	teens			
•	W	Number of fetal deaths	**	-			
•		Number of pregnancies to teens	1990-92	teens			includes live births, fetal déaths and induced termination
Sciected Facts about Teenage Pregnancy, Mississippi 1992	MS, state	Percent of births to teens	1971-91	teens			
**	0	Number of total teen births and unmarried teen births	1972-1992	teens			
	•	IMR	1992	Teens vs adults	W/Non-W/O		
	•	LBW	1992	-	*		
Mississippi Healthy Futures County Data book	Mississippi, state and county	Total population	1990	<5, women 15-44	W/Non-W		
•	*	Per capita income	1990			% of US average	
•	•	Percent of population below poverty; Percent of children <5 below poverty	1990				
- N	*	Percent of population rural	1990				
•	•	Percent of population high school graduate	1990				
**	•	Average number of births per year	1990				
	•	Teen births	1987-91	<20, 15-17, <15	All races/W/ Non-W		Percentage of all births
Mississippi Healthy Futures County Data book	Mississippi, state only	Teen births	1980-91				Rate per 100 births
	Mississippi, state and county	Prenatal care: enrolled in 1st, 2nd, 3rd trimester, and no PNC	1987-91	all ages	All races/W/ Non-W		Percentage of all births

		Pieth, to unenamied multiple	-	All births		Percentage
		Births to unmarried mothers		and teen		rereitage
•]		[births		1
		LBW		Direns		Average number per year; Percentage of all births
		I				Average number per year; rercentage of all births
		VLBW				
*	•	Premature births	•		•	<u> </u>
•	•	IMR	•			Average number of deaths per year; Rate per 1000 births
Mississippi Healthy Futures County Data book	•	Neonatal mortality			•	
•	•	Postneonatal mortality	•		*	*
Mississippi Division of Medicaid, Annual Report	MS, state and county	County population	1991	no age break- down		
	•	# of Medicaid eligibles	-	· · · · · · · · · · · · · · · · · · ·		
**		% of population who are				
		eligible				
		# who received services		 -		
			*	 		
		Utilization rate				
North Carolina Child Advocacy Institute. Children's Index, 1994	North Carolina, state and county	IMR	1992			Number of deaths to infants <1 yr per 1000 live births
		LBW				Percentage of children born weighing 5.5 lbs or les at birth
,		Births to single teens		15-19		Percentage of live births which occurred to unmarried women 15-19 yrs
	- #	Children without insurance	1991			Percentage and number of children 17 and younge without insurance
-		High School graduation rates	1992/93 school year			Projected percentage of 9th graders who are expected to graduate from H5 four years later
,	*	Student dropout rate				Unduplicated percentage of students in grades 7-1 who dropped out of school during the 1992/92 school year
•		SAT score	•			Average score of students taking the SAT in NC, FY 92/93
*		Children reported as abused/neglected	FY 1992-93	0-17		Number of children reported for abuse and/or neglect per 1000 children
•	•	Children in out-of-home placement	quarter ending 6/30/93	0-17		Number of children for whom county depts. of social services have custody or placements responsibility, who are placed in out-of-home situations
•		Training school commitments	1992-93			Total admissions
	H	Juvenile arrest rate	1992	10-15		Number of juveniles 10-15 who were arrested per 1000 children
North Carolina Child Advocacy Institute. Children's Index, 1994		Violent juvenile arrests	1992			Murder, non-negligent manslaughter, rape, robbery, and aggravated assault. 1992 arrest rate based on 1990 population
			4000			
-		Child deaths	1992	<19		Number of children <19 who died in 1992

				A	Race or Ethnicity	Other Indicators	Definitions and Denominations
Source	Geographic	Indicator	Time Frame	Age Range	Race of Ethnicity	Other Indicators	Detinations and Ochomismons
	Соустадо				1	**************************************	
North Carolina Child Advocacy Institute. Children's Index, 1994	н	Children living in poverty	1992				Number of children living in families whose income falls below official federal poverty level for family of four
	•	Children on public assistance: AFDC & Food Stamps	1992/93				Average number of children served monthly by AFDC and Food Stamps programs
		Child support collection	1992/93				Total child support collections generated by the Administrative Office of the Courts and state's Child Support Enforcement Office
Dept of Public Instruction, 1991-92 Dropout Data Report	NC, state	Dropout numbers and percents	1991-92	by grade, <16, 16, 17, 18, 19	W/B/H/ API/NA	by curriculum, reasons for dropping out, by competency test scores	Duplicated federal and unduplicated state
North Carolina Reported Pregnancies 1992	NC, state and county	Total resident pregnancies	1992	10-14, 15- 19, single years 9-19	W/Non-W/ total		pregnancy = induced abortion + live birth + fetal death
	•	Total resident induced abortion	**	**	•		
•		Total resident live birth					
		Total resident fetal death		•		l	
Medicaid in North Carolina, Annual Report	NC, state and county	Estimated county population	1990, 1991, 1992				•
		# of Medicaid eligible			<u> </u>	<u></u>	
•	•	Eligible per 1000 population					
*	н	Total expenditures				ļ <u>-</u>	
*	*	Expenditures per eligible					
North Carolina Health Statistics Pocket Guide	NC, state and county	Total population	1991	<20	W/Non-W		
	*	Per capita income	•				
**	•	Pregnancy rate		total pop., 15-19			
	*	Birth rate	*				
•		Abortion rate			<u> </u>		
	•	LBW					
M		Late or no PNC				<u> </u>	
•	•	Mother smoked		 _	ļ	ļ	
*		C-section	ļ <u></u>		ļ		
•	_	IMR		ļ <u>.</u>		 	
South Carolina Kids Count. South Carolina's Children	South Carolina, state	Children as a percent of SC population	1930-2010	<20			
0	•	Racial composition of children in SC	1990	0-17	W/B/Amerindia n & Other		
		Single parent families	1960-90	T	W/B/Total		Percentage of all families with children
		Births to single mothers	1950-91		•	1	Percentage of all births

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	SC, state and	Children in poverty	1970-90 state	<6-state	W/B/Total		Percent of all children living in-poverty
	county	Ciniaren ai poverij	1990 county	0-17-	state;		
			10/0/0	county	Totalcounty		Percentage of all mothers with children under six
•	SC, state	Mothers in labor force with children under six	1960-90				
-	 	Unemployment rate	?		W/B	by sex	
	*	No PNC in 1st trimester	1970-90		W/B&O/Total		Percent of all births
	 -	LBW infants	1965-91		•		Percent of all births
		IMR	1950-91		*		Rates per 1000 births
		STDs	1991	<15, 15-19		by STD type	Total number of children treated
*	SC, state and county	Children not ready for first grade	State-? County 1991		State-W/B&O/ Total County-no breakdown		Percentage of students not "ready " on Cognitive Skills Assessment Battery
	CC -t-t-	Students repeating first	1992		*	by sex	Percentage of all students in 1992
	SC, state	grade					
	•	Overage students in grades 1-3	1991-92				
		High school dropout rates	1981-91		W/B&O/ Total	by sex	a lain and a control to the angles who
	н	Sexual activity	1990			by sex	Cumulative percentages of 9th-10th graders who initiated sexual intercourse by various ages
	**	Teenage pregnancy	1985-90	14-17	W/B&O/Total		
South Carolina Kids Count, South	-	Substance abuse	1990			by substance type; by sex	Cumulative percentage of 11th & 12th graders who initiated use by various ages
Carolina's Children	SC, state and	Alcohol use	1989			0, 32.	Percent of high school students using alcohol in the past 30 days
SC Teen Pregnancy	SC, state and	Population	1980-90	14-17	at state level by W/B&O/ Total		
Report	county	Estimated number and rate		-	447 D&O7 TOTAL		per 1000 population
•		of pregnancies Number and rate of live		 		 	per 1000 population
		births Number and rate of live	 				percent of all live births
		births to unmarried women					per 1000 live births
44	•	Number and rate of fetal deaths					per 1000 population
		Number and rate of abortions	н	H	<u> </u>		per 1000 population
•	•	Number of out-of-state abortions	1983-90				40
South Carolina Dept of Education YRBS 1991	SC, state	Self-perception as student	1991	by grade 9- 12, <=12, 13-17 single years, >=18	W/B/H/ API/NA/O		based on responses from 5,856 students from 49 schools
•		Primary adults who live in respondent's home		•			
		Church attendance	 	T - T	•		
South Carolina Dept of Education YRBS 1991	*	Free or reduced price lunch	*	•	•		
M	•	Tobacco, alcohol and illegal substance use	•	1			

Source	Geographic Coverage	Indicator	Time Frame	Age Range	Race or Ethnicity	Other Indicators	Definitions and Denominations
	Wiciago						
South Carolina Dept of Education YRBS 1991		Ever had sexual intercourse, age at first sexual intercourse	•	•	•		-
•	•	Number of sexual partners, lifetime and during past three months	•	<u></u>	·		
#	•	Use of drugs and/or alcohol with last sexual intercourse	•	•			
South Carolina Dept of Education YRBS 1991	•	Use of condoms or contraception during last sexual intercourse	•	-	•		
•	•	Number of times pregnant or gotten someone pregnant					
N	(4	Taught about HIV/AIDS Told by medical personnel	-				
Tennessee Kids Count. The State of the Child in	TN, state and county	that they had STD diagnosis Population and percent population <18 yrs	1990				
Tennessee		Percent of children <18 in single-parent families	1990				Percent of related children <18 who live in families headed by a person without a spouse present in the home
		Per capita income	1990	 			
	•	Percent of youth unemployment	1990	16-19			Percent of the unemployed youth who are 16-19 yrs old and not enrolled in schools
-	•	Annual average percent of unemployment	1991				Percent of unemployed persons 16 yrs and older in the labor force (See TN book for more complete definition)
•	•	Number and percent children living in poverty	1990	<18	race/ethnicity broken down for state only		Percent of related children, who live in families with incomes below the US poverty threshold
**		Percent of children receiving AFDC	Jan. 1992				Percent of children <18 yrs who received financial support from AFDC
-	•	Percent of population receiving Food Stamps	•				
*	•	Percent of students participating in Child Nutrition Lunch program	1991-92				
	•	Percent of students participating in Child Nutrition Breakfast program	1991-92				
Tennessee Kids Count. The State of the Child in Tennessee	•	Availability of Child Care	July 1991				Capacity of child care agencies measured by the number of spaces per 100 children under 13 yrs
H	•	Number of incidents of family violence	1988				

+	•	Indicated child abuse and	1991-92	<18 yrs;	Number of child abuse and neglect cases per 1000
		neglect rate		State level percent-	children <18 yrs
]		ages	
				broken down by	
	ļ			age	
•	•	Percent of children referred to Juvenile Courts	1991	<18 yrs	Percent of children <18 who are referred to a juvenile court.
*		Percent of births lacking adequate PNC	1990		Adequacy is determined by Kessner's Index
Tennessee Klds Count. The State of the Child in Tennessee		Percent of LBW infants	1990		Percent of live births recorded as LBW babies who weigh under 2500 gms.
	•	IMR	1990; State also 1978-1990		Per 1000 live births
<u>. </u>		Percent of population under 21 years eligible for Medicaid	1991-92		Percent of persons under 21 yrs who are eligible for Medicaid
	•	Teen pregnancy rate	1990		Number of live births, reported fetal deaths, and induced termination per 1000 women aged 15-17
•	•	STD rate	1991	15-17	Number of diagnosed cases per 100,000 teens ages 15-17
	•	Child death rate	1990	1-14	Number of deaths per 100,000 children aged 1-14 from all causes.
		Teen violent death rate	1990	15-19	Number of deaths from homicide, suicide, and accidents per 100,000 teens aged 15-19
•		Percent of high school dropouts	1990-91	grades 9-12	Number of dropouts per 100 students of grades 9- 12 in a calendar year (June to June)
		Percent of students receiving special education	1990-91		Percent of students in TN school system who received special education services

State (ST) and County (CO) Demographic, Health and Other Indicators*

Indicators	AL	FL	GA	KY	MS	NC	SC	TN
Pemographic ndicators								
Total Population.	ST & CO: 1980 &		ST & CO: 1990, by race	ST & CO: 1990 & 1992	ST & CO: 1990	ST & CO: 1991	ST & CO: 1980 & 1990	ST & CO: 1990
Adolescent Population	ST & CO: ages 10-13, 14-17 by race/ethnicity	ST: 1990, age <18	ST & CO: 1990, age 5-19, by race	ST: 1990, 1992 age <18	ST: 1990, age <18	ST & CO: ages 10- 14, 15-19 1991	ST: 1930-2010 % of SC population <20 by race ST & CO: 1980-90, age 14-17, by race/ethnicity	ST & CO: 1990
Health Indicators								
Sexual activity			ST: YRBS 1991, percent who had 1st sex by this age, grades 9-12	ST: YRBS percent who ever had sexual intercourse, age at first sexual encounter, <=12, 13-17 (single year), >=18, by race, ethnicity			ST: 1990 cumulative percent of 9-10th graders who had sex by various ages, by sex ST: 1991 YRBS, 9th & 12th graders, <=12, 13-17 (single year), >=18	ST: 9-12th grade
Number of sexual partners			ST: YRBS 1991, 9th and 12th graders (% of 1769 respondent)	ST: YRBS, ever and in past 3 months, <=12, 13- 17 (single year), >=18, by race, ethnicity			ST: YRBS 1991 9th and 12th graders (% of 5856 respondent), <=12, 13-17 (single year), >=18	
Contraceptive use during last sexual encounter				ST: YRBS, <=12, 13-17 (single year), >=18, by race, ethnicity			ST: YRBS 1991 9th and 12th graders (% of 5856 respondent), <=12, 13-17 (single year), >=18	
Number of times pregnant or gotten someone pregnant				ST: YRBS <=12, 13-17 (single year),>=18, by race, ethnicity			ST: YRBS 1991 9th and 12th graders (% of 5856 respondent), <=12, 13-17 (single year), >=18	
Teen pregnancy rate	ST: 1990, ages 15-19, by race/ethnicity	ST: 1990, ages 15-19, by race/ethnicity	ST: 1990, ages 15- 19, by race/ethnicity ST & CO: 1987-91, cum. total ages 10- 19; ST: 1990, by age at conception 10-19, by race		ST: 1990, ages 15- 19, by race/ethnicity ST & CO: 1990-92	ST: 1990, ages 15- 19, by race/ethnicity ST & CO: 1991 15- 19 ST & CO: 1992, ages 10-14, 15-19, 9- 19 (single year), by race	ST: 1990, ages 15- 19, by race/ethnicity ST: 1985-90 ages 14- 17, by race/ethnicity ST & CO: # & rate, 1980-90, ages 14-17, by race/ethnicity	ST: 1990, ages 15-19 by race/ethnicity ST: 1986-90 age 10- ST & CO: 1990 (per 1000 girls 15-17 year
Live birth rate		ST: 1980-89, by race	ST & CO: 1989-91, by race	ST & CO: 1992, by age	ST: 1990 avg # per year	ST & CO: 1991, per 1000 women 15-44		

Births to teens	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #,<15, 15-17, 18- 19, <20, by race ST: 1980, 1985- 91, ages 15-19	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #,<15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19 ST & CO: 1990 # & % by age <15, 15-19 (single year), by race ST: 1980-89, <19, by race	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #, <15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19 ST & CO: 1980-91 by race (per 1000 girls < 1)	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #,<15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19 ST & CO: 1992 (per total birth) ST & CO: 1980-82 & 1990-92 (per 1,000 girls ages 12-1) ST & CO: 1992, <15, 15-17, 18-19	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #, <15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19 ST & CO: 1987-91, ages <20, 15-17, <15, by race; ST & CO: 1992, 10-19 (group), 12-19 (single year), <15, 15-17, 18-19, by race;	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #, <15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19 ST & CO: 1991, 15-19 ST & CO: 1992, 10-14, 15-19, 9-19 (single years)	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #, <15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19 ST & CO: 1980-90, 14-17, by race/ethnicity	ST: 1980 & 1990, ages 15-19 ST: 1990, ages 15-19 by race/ethnicity ST: 1991, Total #, <15, 15-17, 18-19, <20, by race ST: 1980, 1985-91, ages 15-19
Births to single mothers		ST & CO: 1990, <15, 15-19 (single	ST & CO: 1991, by race	ST & CO: 1992	ST: 1980-91 ST & CO: 1987-91, by race	-	ST: 1950-91 by race	
Births to single teens	ST: 1985-91 (%) & 1991 raw data, <20 CO: 1987 & 1992	years), by race ST: 1985-91 (%) & 1991 raw data, <20 CO: 1990-92, by race	ST: 1985-91 (%) & 1991 raw data, <20 ST & CO: 1991, by race	ST: 1985-91 (%) & 1991 raw data, <20	ST: 1985-91 (%) & 1991 raw data, <20 ST & CO: 1987-91, by race; ST & CO: 1972-92, by race	ST: 1985-91 (%) & 1991 raw data, <20 CO: 1992, ages 15- 19	ST: 1985-91 (%) & 1991 raw data, <20 ST & CO: 1980-90, # & rate, ages 14-17, by race/ethnicity	ST: 1985-91 (%) & 1991 raw data, <20
No or inadequate prenatal care			,	ST & CO: 1980- 82 & 1990-92	ST & CO: 1987-91, by race, all ages	ST & CO: 1991 ages 15-19	ST: 1970-90 by race/ethnicity	ST & CO: 1990
Percent first births to mothers with at least one risk factor (<age 20, not HS grad, single)</age 			ST & CO: 1989-91			ST & CO: 1985, ages 15-19		
Induced abortions	ST: 1985, 1987, 1988 # and rate women 15-44	ST: 1985, 1987, 1988 # and rate women 15-44	ST: 1985, 1987, 1988 # and rate women 15-44 ST & CO: 1991, total population, by race ST: 1990, by age at conception 10-19, by race	ST: 1985, 1987, 1988 # and rate women 15-44	ST: 1985, 1987, 1988 # and rate women 15-44 ST & CO: 1992, teens	ST: 1985, 1987, 1988 # and rate women 15-44 ST: 1985, 1987, 1988 # and rate women 15-44 ST & CO: 1991 ages 15-19, total ST & CO: 1992, ages 10-14, 15-19, 9- 19 (single years)	ST: 1985, 1987, 1988 # and rate women 15-44 ST & CO: 1980-90, ages 14-17, by race	
Number of out-of- state abortions	ST: 1985 # & % , to non- residents and to residents in other states, per 1000 women 15-44	ST: 1985 # & % , to non- residents and to residents in other states, per 1000 women 15-44	ST: 1985 # & % , to non- residents and to residents in other states, per 1000 women 15-44	ST: 1985 # & %, to non- residents and to residents in other states, per 1000 women 15-44	ST: 1985 # & % , to non- residents and to residents in other states, per 1000 women 15-44	ST: 1985 # & % , to non- residents and to residents in other states, per 1000 women 15-44	ST & CO: 1983-90, ages 14-17, by race/ethnicity ST: 1985 # & %, to nonresidents and to residents in other states per 1000 women 15-44	ST: 1985 # & % , to non- residents and to residents in other states, per 1000 women 15-44

Indicators	AL	FL	GA	KY	MS	NC	SC	TN
							<u> </u>	
Fetal deaths			ST: 1990 # & %, by age at conception 10-19, by race		ST & CO: 1992, "teens"	ST & CO: 1991	ST & CO: 1980-90, ages 14-17, by race	
IMR (per 1,000 live births)	ST: 1985-91 and 1991 raw data CO: 1987 & 1992	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data ST & CO: 1980-91 by race; CO: 1977-91, by race	ST: 1985-91 and 1991 raw data ST & CO: 1980- 82 & 1990-92 ST & CO: 1992, # & crude rate, by race	ST: 1985-91 and 1991 raw data; ST & CO: 1987-91, by race ST: 1992, teens v. adults, by race	ST: 1985-91 and 1991 raw data; ST & CO: 1992 ST & CO: 1991, for 15-19 and total pop	ST: 1985-91 and 1991 raw data; ST: 1950-1991	ST: 1985-91 and 1991 raw data; ST: 1978-90; ST & CO: 1990
Percent LBW infants	ST: 1985-91 and 1991 raw data; CO: 1987 & 1992	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data ST & CO: 1980-91 by race ST & CO: 1989-91 ST 1990, <14,14-17	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data; ST & CO: 1987-91, by race ST: 1992, teen v. adult, by race	ST: 1985-91 and 1991 raw data; ST & CO: 1992 ST & CO: 1991, total , 15-19 CO: ages 10-14, 15- 19 year?	ST: 1985-91 and 1991 raw data; ST: 1965-91	ST: 1985-91 and 1991 raw data; ST & CO: 1990
Premature births					ST & CO: 1987-91, by race			
Child death rate, ages 1-14 (per 100,000 children)	ST: 1985-91 and 1991 raw data CO: 1987 & 1992	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data ST & CO: 1980-91 by race	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data ST & CO: 1992, <19	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data; ST & CO: 1990, 1-14
Teen deaths, ages 15- 19 (per 100,000 youths)	•				,		ST: 1970 & 1990, 1980 & 1990.	
Teen violent death rate, ages 15-19 (per 100, 000 teens)	ST: 1985-91 and 1991 raw data, 15-19 CO: 1987 & 1992	ST: 1985-91 and 1991 raw data, 15-19	ST: 1985-91 and 1991 raw data, 15- 19 CO: 1980-91 by race	ST: 1985-91 and 1991 raw data, 15-19	ST: 1985-91 and 1991 raw data, 15- 19	ST: 1985-91 and 1991 raw data, 15-19	ST: 1985-91 and 1991 raw data, 15-19	ST: 1985-91 and 1991 raw data, 15-19 ST & CO: 1990, 15-19
STD rate			ST & CO: 1991, total pop			ST & CO: 1991, total population	ST: 1991, ages <15, 15-19	ST & CO: 1991, ages 15-17
Ever told by medical personnel of STD diagnosis				ST: YRBS <=12, 13-17 (single years), >=18, by race/ethnicity			ST: YRBS 1991 <=12, 13-17 (single years), >=18, by race/ethnicity	
Knowledge of HIV/AIDS				ST: YRBS <=12, 13-17 (single years), >=18, by race/ethnicity			ST: YRBS 1991 <=12, 13-17 (single years), >=18, by race/ethnicity	
Use of alcohol or drugs with sexual encounter				ST: YRBS <=12, 13-17 (single years), >=18, by race/ethnicity			ST: YRBS 1991 <=12, 13-17 (single years), >=18, by race/ethnicity	

Substance abuse Alcohol use				ST: YRBS <= 12, 13-17 (single years), >= 18, by race/ethnicity ST: YRBS <= 12,			ST: 1990, cum. % of 11th & 12th graders who initiated use by various ages, by sex, by substance ST: YRBS 1991 <=12, 13-17 (single years), >=18, by race/ethnicity ST & CO: 1989,	
		·		13-17 (single years), >=18, by race/ethnicity			percent of HS students using in past 30 days ST: YRBS 1991 <=12, 13-17 (single years), >=18, by race/ethnicity	
Education and Employment								
Percent children retained in kindergarten			ST & CO: 1984-92					
Percent of students not ready for first grade							ST: 1979-91, by race/ethnicity CO: 1991	
High school graduation	ST: 1985-91 (%) & 1991 raw data CO: 1991-92 school year	ST: 1985-91 (%) & 1991 raw data	ST: 1985-91 (%) & 1991 raw data ST & CO: 1980-92; CO: 1990, by race	ST: 1985-91 (%) & 1991 raw data ST & CO: 1979-82 & 1989-92	ST: 1985-91 (%) & 1991 raw data ST & CO: 1990, % of population	ST: 1985-91 (%) & 1991 raw data ST & CO: FY 1992-93	ST: 1985-91 (%) & 1991 raw data	ST: 1985-91 (%) & 1991 raw data
Drop-out rate			ST & CO: 1991-92, K-12, 8-12	ST & CO: 1991- 92		ST & CO: 1992-93, grades 7-12; ST & CO: 1991-92, by grade, by age <16, 16-19 (single years), race/ethnicity, by sex, by curriculum	ST: 1981-91 by race/ethnicity and sex, grades 8-12	ST & CO 1990-91, grades 9-12
Mean years of education by end of pregnancy			ST: 1990, <14, 14- 17					
Per student spending				ST: 1992-93				
Failure by grade			ST & CO: 1991-92, grades K-5, 6-8, 9- 12					
SAT scores						ST & CO: 1992-93		
Self-perception of ability as student				ST: YRBS, <=12, 13-17 (single years), >=18, by race/ethnicity			ST: 1991 YRBS, <=12, 13-17 (single years), >≈18, by race/ethnicity	
Teens not in school and not in labor force, ages 16-19	ST: 1985-91 (%) & 1991 raw data CO: 1980 & 1990	ST: 1985-91 (%) &1991 raw data	ST: 1985-91 (%) & 1991 raw data	ST: 1985-91 (%) & 1991 raw data	ST: 1985-91 (%) & 1991 raw data	ST: 1985-91 (%) & 1991 raw data	ST: 1985-91 (%) & 1991 raw data ST: 1980 & 1990	ST: 1985-91 (%) & 1991 raw data
Youth unemployment								ST & CO: 1990, ages 16-19

Indicators	AL	FL	GA	KY	MS	NC	SC	TIN
				<u>-</u>				
Total population							ST: year? not noted by race	ST & CO: 1991
Security						****		
Percent children in poverty	ST: 1985-91 and 1991 raw data, <18 CO: 1980 & 1990	ST: 1985-91 and 1991 raw data, <18	ST: 1985-91 and 1991 raw data, <18 ST & CO: 1989, ages <5 and 5-17	ST: 1985-91 and 1991 raw data, <18 ST: 1979 & 1989 CO: 1979 & 1989	ST: 1985-91 and 1991 raw data, <18	ST: 1985-91 and 1991 raw data, <18 ST & CO: 1992	ST: 1985-91 and 1991 raw data, <18 ST: 1970-90, <6, by race CO: 1990, ages 0-17	ST: 1985-91 and 1991 raw data, <18 ST & CO: 1990 ages <18, by race/ethnicity for state data
l'ercent children in single-parent families	ST: 1985-91 and 1991 raw data, <18 CO: 1980 & 1990	ST: 1985-91 and 1991 raw data, <18	ST: 1985-91 and 1991 raw data, <18	ST: 1985-91 and 1991 raw data, <18 ST & CO: 1980 & 1990	ST: 1985-91 and 1991 raw data, <18	ST: 1985-91 and 1991 raw data, <18	ST: 1985-91 and 1991 raw data, <18 ST: 1960-90 by race	ST: 1985-91 and 1991 raw data, <18 ST & CO: 1990
Annual cost of full- time licensed day care for one child as a percentage of median family income	CO: 1993							
Availability of child care								ST & CO: 1991 (capacity of child care agencies)
Children without health insurance	ST: 1991, 11-17	ST: 1991, 11-17	ST: 1991, 11-17	ST: 1991, 11-17	ST: 1991, 11-17	ST: 1991, 11-17 ST & CO 1991, <=17	ST: 1991, 6-17	ST: 1991, 11-17
Food Stamp recipients	ST: 1990 & 1991, # & % of families CO: 1986-87 & 1991-92	ST: 1990 & 1991, # & % of families	ST: 1990 & 1991, # & % of families ST: 1992 by age 7-15, 16-17, 18-34 ST & CO: 1990- 1992, total pop	ST: 1990 & 1991, # & % of families ST & CO: 1992, children	ST: 1990 & 1991, # & % of families	ST: 1990 & 1991, # & % of families ST & CO: 1992/93, children	ST: 1990 & 1991, # & % of families	ST: 1990 & 1991,# & % of families ST & CO: 1992, % of population
Medicald eligibles	ST & CO 1990, 1992, 1993 # and % county eligible, payment per eligible				ST & CO 1991, # & % eligible	ST & CO 1990, 91, 92 # eligible, expenditures per eligible		ST & CO: 1991-92, percent of pop. under 21 eligible
Medicald recipients			ST: 1992, by age 6-20 ST & CO: 1990-1992, # & % of recipients of total population ST & CO 1993, % of population who are recipients, expenditures per recipient		ST & CO # recipients, utilization rate			

AFDC recipients	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients ST: 1993, by age; CO: 1992, children	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients ST & CO: 1992, children	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients ST & CO: 1992-93 children	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients	ST & CO 1990, 1991 # of families, children (10-18) and teen mothers (11-19, 11-14, 15, 16, 17, 18, 19) who are recipients ST & CO: 1992, children
Median family income	ST: 1991	ST: 1991	ST & CO: 1979-89	ST: 1991	ST: 1991	ST & CO: 1990; ST: 1991	ST: 1991	ST: 1991
Per capita income			ST & CO: 1985-90		ST & CO: 1990			ST & CO: 1990
Safety			***					***************************************
Child abuse and neglect	ST & CO: 1990- 92, reported cases, ages <18		ST & CO: 1992, reported & con- firmed cases ST & CO: 1990-92	ST & CO: 1992, reported and substantiated cases		ST & CO: FY 1992- 93 reported cases, ages 0-17		ST & CO: 1991-92 indicated cases, <18, for state data % is broken down by age ST: 1988-92, by age
Number of children in out-of-home placements						ST & CO: quarter ending 6/30/93		
Number of children in foster care			ST: 1987-93					
Children referred to courts			ST & CO: 1986-92				ST: 1982 & 1990, ages 14-17	ST & CO: 1991, age <18 (percent)
Juvenile arrest rate ages 10-15 (per 1000 children)			ST & CO: 1991, by race	•	"	ST & CO: 1992		,
Juvenile violent crime arrest rate ages 10-17 (per 100,000 youths)	ST: 1985-91 and 1991 raw data CO: 1987 & 1992	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data; ST & CO: 1992	ST: 1985-91 and 1991 raw data	ST: 1985-91 and 1991 raw data
Number of cases adjudicated per 100, 000 persons aged 10- 17	CO: 1987 & 1992							
Juveniles incarcerated (per 100,000)							ST: 1982 & 1991	
Commitments to state custody for youth (per 1,000)			ST & CO: 1982-92, ages 10-17					ST & CO: on 7/31/91, ages 1-17

Descriptions of Databases Related to Adolescent Pregnancy

In the process of conducting an evaluability assessment of appropriate and available data for the study of adolescent pregnancy in rural areas, the project reviewed a large body of information about numerous databases. The information is scattered and often obtuse. To simplify our own task, we compiled brief summaries of each database, using existing summaries where available. While not directly related to our task, we organized these summaries in the hopes that it would facilitate others search for data related to the study of adolescent health issues.

Health, United States

This is the annual report to Congress on the Nation's health. It presents statistics concerning recent trends in the health care sector and detailed discussions of selected current health issues. Such topics as population, fertility, mortality, detriments and measures of health, manpower, and health care expenditures. [census-MPA]

Source: USDHHS, PHS, CDC, NCHS. Published annually since 1976. Age coverage varies with table. Geographic coverage is nation, regions, divisions, and states. Other detail includes coverage of a wide range of health topics, primarily form NCHS data collection systems; topics may vary from year to year. [CDF data book]

An annual report on the health status of the Nation submitted by the Secretary of HHS to the President and Congress of the US. The information is obtained from many governmental and non-governmental agency data files and/or published reports. Much of the data presented in the detailed tables are from the on-going data collection systems of NCHS.

Some vital statistics, facility, and health care data are presented by geographic divisions and/or States. All other data are nationwide. [NCHS catalogue]

National Health Interview Survey

Based on interviews in approximately 50,000 households, this survey annually collects information on the health, illness, and disability status of the non institutionalized population. It provides data on the incidence of illness and accidental injuries, prevalence of chronic diseases and impairments, disability, physician visits, and hospitalizations. [census-MPA]

The NHIS is a continuing nationwide survey of the US civilian non-institutionalized population conducted in households. Each week a probability sample of households is interviewed by trained personnel of the US Bureau of the Census to obtain information about the health and other characteristics of each living member of the sample household. During a year the sample is composed of 36,000 to 47,000 households, including 92,000 to 125,000 persons, depending upon the year.

Information is obtained on the number of restricted-activity days, bed days, work- or school-loss days, and all physician visits occurring during the 2-week period prior to the week of the interview. Data are also obtained on the acute and chronic conditions that were responsible for these days or visits. Respondents are asked about long-term limitation of activity and the chronic conditions related to this disability. Data are obtained on all hospital episodes during the prior 12 months, including length of stay and whether or not surgery was performed.

Each person's region of residence (four Census categories) is shown. If the sample person live in one of the larger SMSAs that was selected for the sample with certainty, the SMSA is identified for data years 1969-84.

HIS is the principal source of information on the health of the civilian non-institutionalized population of the US. Since its beginning in 1957, it has served as a continuous survey of approximately 112,000 people per year across the country. Each of the 112,000 persons who is interviewed receives a core interview which consists of three basic types of measures. One records short-term disability measures such as incidence of acute conditions and disability day estimates. It produces figures on average number of days per person per year that people restrict their activities, stay in bed, or miss time from work or school because of illness or injury.

The second type of measure calculates long-term disability on selected chronic conditions and impairments as well as activity limitation. It produces figures on the proportion of the population who are unable to perform major activities such as working, keeping house, or going to school; the proportion of the population limited in the amount or kind of activity; and the proportion limited in other types of activity because of permanent disability or chronic condition.

Finally, the HIS collects data regarding measure of health services utilization, such as the number of times people see a physician or dentist in the course of a year, the percentage of the population hospitalized each year, and their average length of hospital stay. [Minority Task Force Book]

Vital and Health Statistics, Series 10, No 166, Current Estimates from the National Health Interview

Survey: United States, 1987.

Source: DHHS, PHS, CDC, NCHS. Published annually since 1957. Age coverage varies with table; 5-17, 18-24.

Geographic coverage is nation and regions. Other detail includes gender, race, ethnicity, income, medical condition, activity restriction, bed days, work and school loss, acute and chronic conditions, physician contacts, hospitalization. A large amount of unpublished data is available from DHHS; a list of recent publications from the HIS is also available from DHHS. [CDF data book]

Vital Statistics of the United States 1986, Vol. I-Natality

Source: USDHHS, PHS, CDC, NCHS, 1988. Annually since 1937, current volume number and title since 1960. Age coverage is single years of age; five year age groups. Geographic coverage is nation, divisions, states, selected metropolitan areas, urban places, and counties. Other detail includes race, ethnicity, age of father, education, birthweight, prenatal care, gestation, birth interval, birth order, marital status, Apgar scores. [CDF data book]

Monthly Vital Statistics Report, Vol. 38, No. 3, Supplement, Advance Report of Final Natality Statistics, 1987.

Source: USDHHS, PHS, CDC, NCHS, June 29, 1989. Annually since 1976. Age coverage is five-year age groups; single years of age for mothers younger than 20. Geographic coverage is the nation, regions, divisions, and states. Other detail includes race, ethnicity, birth weight, prenatal care, education, place of delivery, age of father out-of-wedlock births, birth order, birth interval, gestation, Apgar scores. [CDF data book]

Current Population Reports, Series P-20, No 436, Fertility of American Women: June 1988.

Source: US Dept. of Commerce, Bureau of the Census, May 1989. Irregularly for 1946-70; annually for 1971-88; planned for every two years after 1988. Age coverage is women 18-44 interviewed; data on women 15-19, 20-24. Geographic coverage is nation, regions, metropolitan/non-metropolitan areas, Other detail includes race, ethnicity, marital status, birth expectations, labor force status, education, occupation, income. [CDF data book]

National Survey of Family Growth

This survey is conducted periodically through household interviews of women of childbearing age. Data such as family planning practices and attitudes, factors influencing trends and differences in fertility, and related aspects of maternal and child health are provided. [census-MPA]

In Cycle I and II (1973 and 1976) the survey was limited to women who had ever been married or had their own children living with them. In Cycles III and IV (1982 and 1988), all women 15-44 years of age were included. Using a preprinted questionnaire, data are collected from a probability sample of women in their own households. Sample sizes were 9,797 in Cycle I, 8,611 in Cycle II, 7,969 in Cycle III and 8,450 in Cycle IV.

Geographic coverage: In Cycles I, II, and III only the coterminous US was included. In Cycle IV, Alaska and Hawaii were included. Analysis can be done for the four major census regions (Northeast, Midwest, South, and West) and for metropolitan and non-metropolitan areas. Estimates cannot be made for States or smaller areas. [NCHS catalogue]

The NSFG Cycle IV, 1988 queried 8,450 women 15-44 years of age of all marital statuses. The file available from DAAPPP consists of a "respondent" or "woman" record which contains all available NSFG information about the woman herself plus a significant extract of the pregnancy history file: information from up to 5 (the first 4 and last) of her pregnancies. Topics covered in the interview included: the month and year of first intercourse; pregnancy, contraceptive, and marital and cohabitation histories; employment and occupation; child care; fecundity and sterility; prenatal medical care; family planning services; birth expectations; ethnicity; education; religion; and income. The complete NSFG Cycle IV tape with information on all pregnancies can be obtained from the National Technical Information Service in Springfield, VA. [J]

The NSFG Cycle IV, 1988, was the fourth in a series of periodic surveys of women 15-44 years of age. Previous surveys were conducted in 1973, 1976, and 1982. Data were collected from a probability sample of 8,450 women in person in their own households using a pre-printed questionnaire. Topics covered in the interview included: the month and year of first intercourse; pregnancy, contraceptive, and marital and cohabitation histories; employment and occupation; child care; fecundity and sterility; prenatal medical care; family planning services; birth expectations; ethnicity; education; religion; and income.

The 8,450 women interviewed for the NSFG Cycle IV were drawn from households in which someone had been interviewed for another NCHS survey, the NIHS between October 1985 and March 1987. If the woman selected for the NSFG had moved since the NHIS interview, she was tracked to her new address and interviewed there.

The NSFG sampling plan was designed to (a) select more black women than would have fallen into the sample by chance, in order to increase the reliability of the data for black women; and (b) increase the reliability of the data for non-black women by reducing the variations in the sampling rates for non-black women. The NSFG sampled only one woman per r household even if more than one eligible woman lived there. The NSFG selected households in the following way: for the entire period (December 1985 through March 1987), all NHIS sample households containing one or more eligible black women but no non-black women were selected; other techniques were completed with 2,771 black women and 5,679 women of other races. The response rate was approximately 79%.

An 83-page survey instrument was used in this study. Section A included demographic information such as marital status and education, as well as respondents' sex education. Respondents also completed a Birth and Pregnancy Record. In Section B, respondents were asked to indicate their complete pregnancy history. For live births, respondents indicated child's weight at birth and how the medical bills were paid. Respondents also indicated any abortions that they'd had.

In Section C, respondents were asked if they knew how various methods of birth control were used and if they knew which methods were most effective. They were also asked if they'd ever had intercourse and to indicate their complete contraceptive use history. Respondents were then asked if they'd wanted each of their pregnancies.

In Section D, respondents were asked how many children they expected to have in the future. They also indicated whether they or their husband had an operation to prevent further pregnancies.

In Section E, respondents were asked about their use of family planning services. They were asked where they had gone for family planning services and what services they had received. They were also asked whether they'd ever had various sexually transmitted diseases and whether they knew how to prevent getting those diseases. Respondents who had been pregnant were asked how often they smoked, drank, and took various drugs during their last pregnancy.

In Section F, respondents were asked about their background (i.e. race and religion), their marital history, their own and their husband's education and work experiences, and child care arrangements they had used. Respondents also indicated their family income. [J] Card]

Vital and Health Statistics, Series 23, No 12, Contraceptive Use: United States, 1982.

Source: USDHHS, PHS, CDC, NCHS, Sept. 1986. Data from the NSFG, Cycle III, 1982. Age coverage 15-19, 20-24, 15-24. Geographic coverage is nation and regions. Other detail includes race, ethnicity, marital status, education, religion, poverty status, number of births, method of contraception [CDF data book]

Vital and Health Statistics, Series 23, No 16, Health Aspects of Pregnancy and Childbirth: United States,

Source: USDHHS, PHS, CDC, NCHS, Sept. 1986. Data from the NSFG, Cycle III, 1982. Age coverage is younger than 20, 20-24. Geographic coverage is nation and region. Other detail includes race, ethnicity, marital status, education, poverty status, occupation, Medicaid status, birth order, wantedness of child, prenatal care, alcohol and cigarette use, low birth weight, source of payment for delivery. [CDF data book]

Monthly Vital Statistics Report, Vol. 37, No 12, Supplement, Induced Termination of Pregnancy: Reporting States, 1985 and 1986.

Source: USDHHS, PHS, CDC, NCHS, April 28, 1989. Every one or two years since 1977. Age coverage varies with table; single years of age through 19, 20-24. Geographic coverage is 13 reporting states. Other detail includes race, education, previous pregnancies, marital status, gestation, metropolitan/non-metropolitan residence. [CDF data book]

County and City Data Book: 1988

Report printed once every five years since 1949. Age coverage varies with tables. Geographic coverage is states, counties, cities. Covers a wide range of topics. [CDF data book]

Vital Statistics of the United States

This is an annual compilation of mortality, natality, marriage, and divorce data with extensive demographic and geographic detail. [census-MPA]

Monthly Vital Statistics Report

Provides monthly and cumulative data on births, deaths, natural increase, induced termination of pregnancy, marriages, divorces, and infant deaths for states and the United States. Annual summaries and supplements also are published. [census-MPA]

National Maternal and Infant Health Survey

The 1988 NMIHS is the equivalent of a 1988 National Natality Survey, 1988 National Infant Mortality Survey and a 1988 National Fetal Mortality Survey. The NMIHS tape consists of three independent national files of live births, fetal deaths, and infant deaths, and a small supplementary sample of Hispanic live births, fetal deaths, and infant deaths in Texas.

Mothers named on those vital records were mailed 35-page questionnaires to collect information on:

Mothers named on those vital records were mailed 35-page questionnaires to collect information on:

• Weeks pregnant at first prenatal visit; number of visits; access and barriers to care; source of payment for PNC; smoking, drinking, and drug use; WIC participation;

• Length of Hospital stay; source of payment for delivery

Number of admissions; outpatient visits; Center of Epidemiological Studies Depression (CES-D) scale

Gestational age and birth weight; smoking; WIC participation

Mother's marital status, height and weight, age, education, race, and occupation work patterns

Household income 1 year before delivery

Infant feeding practices; source of payment for infant care; child care; WIC participation; illnesses; vaccinations; hospitalizations

Mothers who responded to the questionnaire on the national file included 9,953 women who had live births, 3,309 women who had late fetal deaths and 5,332 women who had infant deaths; these samples weight up to national estimates of 3,898,922 live births, 15,259 late fetal deaths, and 38,917 infant deaths to US residents age 15 and over. This tape consists of mothers' questionnaire data, imputation flags, a set of recodes, live birth and fetal death certificate data, and infant death certificate data. The live birth and fetal death certificate data include place of occurrence, place of residence, PNC, child's characteristics, father's characteristics, mother's characteristics, pregnancy history, and other items. The infant

death certificate data includes place of occurrence, place of residence, decedent's characteristics, underlying cause of death, and multiple cause of death conditions.

Geographic coverage is the US, with vital records sampled from each state and independent registration area.

The NMIHS includes live births, infant deaths, and late fetal deaths occurring in 1988. Another NMIHS is planned for 1996. [NCHS catalogue]

Child Welfare Statistical Fact Book, 1985: Adoption.

From DHHS, Office of Human Development Services, Administration for Children, Youth and Families, Office of Planning and Management, May 1988. Published annually since 1982. Age coverage is 11-15, 16-17, 18-20. geographic coverage is nation, regions, states; not all states participated in the survey; which states are included depends upon the particular data item. Other detail includes race, ethnicity, special needs, child's waiting period for adoption, children awaiting adoption, children in non-finalized homes, adoption subsidies. [CDF data book]

RNDMU

This is a technical assistance project in Region IV to maintain and strengthen the capabilities of state MCH agencies in identifying factors that contribute to their high infant mortality rates, to strengthen the agencies' leadership roles in planning, promoting, coordinating, and providing health care to address these problems, and to foster coordination and cooperation between state MCH agencies and state health statistics agencies.

In Spring of 1983, the MCH Directors in Region IV collaborated with the MCH Regional Consultant and the Department of MCH at the UNC at CH in the development of a data network that would improve the planning a evaluation capabilities of the eight states in the Region. The RNDMU Project was funded as a Special Project of Regional and National Significance (SPRANS) by the Division of MCH, USDHHS, and became operational in October 1983. One of the first activities of the RNDMU Project was to conduct a survey of maternal and infant health data capabilities. From the results of that survey, indicators of maternal and infant health status and services that seemed to be feasible for most states to produce were developed and subsequently revised by MCH, perinatal, and vital statistics agency directors or their representatives. Once consensus regarding that "minimal data set" was reached, the RNDMU Project was requested and agreed to serve a s a central agency for collection of the data and production of an annual maternal and infant health data book. The data are maintained and the annual report is produced by the Sheps Center.

The eight states in Region IV have completed a survey instrument for each of the calendar years 1980-91. States provide the numerators and denominators from which the maternal and infant health indicators are computer generated. The provision of cell counts by states instead of rates and ratios allows for the calculation of indicators for the entire Region, provides a means for quality control, and makes it possible to create summary variables. The data collected provides for:

- •22 descriptive indicators (fertility and pregnancy rates, pregnancy history, and maternal characteristics) from vital records data;
- •47 health services and financing indicators;
- •46 health outcome indicators (birthweight, mortality rates, and birthweight-specific mortality rates) from vital records data.

Annual reports have been produced, summarizing data for each indicator by state in Region IV as well as regional and US totals (where available) for all years between 1980 and 1991. Almost one-fourth of these tables related specifically to the adolescent population, covering fertility rates, pregnancy rates, fetal deaths, lack of prenatal care, use of family planning services, type of contraceptive used, and abnormal Pap smears.

To date, the RNDMU Project has not done rural-urban analysis of their data and not all descriptive, health services, financing, and health outcome indicators are analyzed by specific age groups.

The 1976-1987 National Survey of Children

In 1976, the Foundation for Child Development sponsored the first nationally representative survey of children in which the child was the focus of the study and was personally interviewed. The purposes of the survey were to assess the physical, social, and psychological well-being of different groups of US children; develop a profile of the way children live and the care they receive; permit analysis of the relationships between the conditional of children's lives and measure of child development and well-being; and replicate items from previous national studies of children and parents to permit analysis of trends over time. The focus of this wave included developing a profile of the behavioral and mental health of children at various stages in the marital disruption process and examining the influence of child, parent, and family factors that are thought to influence the risk of childhood problems associated with marital disruption. A third survey wave was conducted in 1986 to examine the social, psychological, and economic well-being of sample members as they become young adults. In particular, their sexual and fertility behavior were a focus of interest.

Children and their parents were queried on such topics as physical, social and psychological well-being; education, work, marital, and childbearing patterns; and dating, delinquent behavior, sexual behavior; and contraceptive behavior. Further, for the first two waves, a teacher from the child's school answered questions on the child's academic performance and atmosphere. Most of the background and outcome measures employed in Wave 1 were repeated in Wave 2. In addition, new data were gathered on patterns of parent-child interaction and on outcome areas more relevant for teenage children, including dating and sexual activity, drinking, smoking, drug use, and delinquency. For families that had

experienced a marital disruption, the follow-up interviews contained a number of questions concerning the relationship between the child and the parent living outside the home. In addition, if the custodial parent's former spouse was not the child's father, questions were asked about the child's relationship with the former spouse. In Wave 3, numerous questions were included regarding sexual activity, contraception, pregnancy, and childrearing. Further, the third wave queried the respondents on such areas as the receipt of child support and welfare; pregnancy decision making; family receipt of welfare as the youth was growing up; the establishment of paternity; and attitudes regarding marriage, child support, and welfare. Wave 3 also included questions on health, employment, and children born to teenage mothers.

Wave I was carried out by the Foundation for Child Development in 1976. Wave II and III were carried out by Child Trends Inc. in 1981 and 1987. A total of 4,118 variables provide data on 1.423 children. [NCHS catalogue]

Teenage Pregnancy in the United States: The Scope of the Problem and State Responses Source: the Alan Guttmacher Institute, NY, 1989. One time only; data for 1972-1985, detailed data for 1984 and 1985. Age coverage is younger than 15, 15-19, 15-17, 18-19. Geographic coverage is nation and states. Other detail includes color (white/nonwhite), ethnicity, births, abortions, estimated pregnancies, estimated miscarriages, birth rates, abortions rates, estimated pregnancy rate, marital status. [CDF data book]

A monograph on two studies that were conducted by staff members of AGI:

- (1) "Patterns and Trends in Teenage Abortion and Pregnancy," by Stanley K. Henshaw and Jennifer Van Vort.
- (2) "State Teenage Pregnancy Initiatives in the 1980s: An Assessment," by M. Kenney and Debra Somberg.

The first study documents the numbers of births, legal abortions and miscarriages among teenage women as of 1985, and therefore, the total number of teenage pregnancies as of that year, the latest year for which data on abortion are available by age. It also documents the numbers and rates of and ;the fluctuations and long-term trends in teenage births, legal abortions and pregnancies from 1972, the year before abortion became legal in all 50 states, to 1985.

National Survey of Adolescent Males

This was a nationally representative survey of 1,880 never married, non-institutionalized US males 15 to 19 years old, conducted from April to November 1988. Its primary focus was on the education and knowledge the respondents had about human sexuality, contraception, and sexually transmitted diseases, as well as respondents' history of sexual activity and contraceptive use. There are 956 variables. The survey over sampled blacks and Hispanics and represents the conterminous US. The overall response rate was 74%. The survey consisted of a personal interview conducted by a trained interviewer in the respondent's home or another confidential location, which lasted about an hour. The sensitive questions were asked in a confidential self-administered questionnaire, which took about 15 minutes to complete.

The interviewer used a 95-page survey instrument for the bulk of the interview, and an 8-page instrument for the self-administered portion of the interview.

The self-administered questionnaire asked respondents whether they'd ever repeated a grade in school, skipped a day of school, smoked a cigarette, consumed alcoholic beverages, tried street drugs, been picked up by the police, been beaten by someone, been sexually molested, or had a sexually transmitted disease. Respondents were then asked to indicate of a list of sexual behaviors they had engaged in, and were asked about their sexual orientation.

Section A of the long interview was titled "Demographics," and included date of birth, number of siblings, education, and employment. Section B was "Personal Dispositions" and included items that measured self-esteem. Section C was "Sexuality Communication." The respondents indicated how much information he had on sex and reproduction, and whom he talked to about these topics.

Section D was "Contraceptive Knowledge." Respondents indicated whether they knew how each contraceptive method was used and whether they knew which methods were most effective. Section E was "Subjective Expected Utility." Respondents indicated what they thought the chances were of various outcomes occurring if they used condoms (i.e., feeling less pleasure, getting a girl pregnant, etc.) and then indicated how much each outcome would matter to them. They also indicated what some of the consequences would be if they were to get a girl pregnant now.

Section F was "Sexual Experience," and respondents indicated whether they'd ever had intercourse. If they hadn't, they indicated the reasons why they hadn't yet had intercourse. Respondents also indicated what method of birth control they would be likely to use if they had sex tomorrow. Section G was "One-Timers." Respondents who had sex only once were asked why they hadn't had sex again and whether they had used contraception when they had sex. if the respondent had used a condom, he was asked how satisfied her had been with it. If the respondent did not use contraception, he was asked to indicate why.

Section H was "Contraceptive Experience," and respondents indicated each method that they'd used and where they had obtained each method. Section I was "Last Partner." Respondents were asked when the last time they had intercourse with their last partner was and whether they'd used contraception. Section J was "Next-to-Last Partner," and included the same items as in Section I. Section K was "Past 12 Months" and also included the same items as in Section I, except that respondents were asked to answer the items for each partner they'd had in the past 12 months.

Section M was "Knowledge," and respondents indicated whether they thought various statements about contraception were true or false. They were also asked questions about sexually transmitted diseases, including AIDS. Respondents

were then asked to indicate their feelings about premarital sex and about abortion. Section N was "Pregnancy," and respondents indicated whether they'd ever made someone pregnant. If so, they were asked what the outcome of the pregnancy had been, whether they were contributing money for the child's upbringing, and how frequently they saw the child.

Section P was "Attitudes." Respondents were asked to indicate their level of agreement or disagreement with statements such as "I don't think a husband should have to do housework" and "The thought of men having sex with each other is disgusting." Section R was "Background," and included respondent's family situation when he was growing up. It also included parents' education and employment, and family income. Respondents then indicated their race and religion.

HIV/AIDS Surveillance Report, 1-16

Source: USDHHS, PHS, CDC, Division of HIV/AIDS, April 1989. Monthly since March 1989, weekly tom November 1986 through February 1989. Age coverage is 13-19, 20-24. Geographic coverage is nation, states, metropolitan areas. Other detail includes gender, race, ethnicity, exposure category, age at diagnosis, deaths. [CDF data book]

Hepatitis Surveillance Report, No. 52.

Source: DHHS, PHS, CDC, April 1989. Irregular; every six months to one year since 1961. Age coverage is 10-14, 15-19. Geographic coverage is the nation. Other detail includes gender, race, ethnicity, source of infection, type of hepatitis. [CDF data book]

Sexually Transmitted Disease Statistics, 1987

Source: DHHS, PHS, CDC, October 1988. Annually since 1977; formerly titled VD Statistical Letter; issued irregularly from 1946 through 1976. Age coverage is 10-14, 15-19, 20-24. Geographic coverage is the nation, HHS regions, states and selected cities. Other detail include gender, type of disease, private sector/military cases. [CDF data book]

Monitoring the Future: Questionnaire Responses from the he Nation's High School Seniors, 1986. Source: Institute for Social Research, The University of Michigan, Ann Arbor, 1987. Annually since 1975. Age coverage is high school seniors. Geographic coverage is the nation. Other detail includes gender, race, marital status, family type, living arrangements, attitudes, drug use, education, post-high school plans, work experience, leisure activities, political views, interpersonal relationships, happiness, self-esteem, delinquent behavior, victimization, health. [CDF data book]

Employment Status of School Age youth, High School Dropouts: October 1987, unpublished tabulations from the Current Population Survey.

From Washington, DC: US Dept. of Labor, Bureau of Labor Statistics, October 1988. Published annually since 1959. Age coverage is 16-24, 16-19, 20-24. Geographic coverage is the nation. Other detail includes gender, race, ethnicity, high school graduates, high school/college enrollment, full-time/part-time enrollment, family status, employment status. [CDF data book]

Current Population Reports, Series P-20, No 429, School Enrollment--Social and Economic Characteristics of Students: October 1986.

Source: US Dept. of Commerce, Bureau of the Census, August 1988. Data collected annually since 1946; reports published every one or two years. Age coverage varies with table; single years of age, 10-13, 14-15, 16-17, 18-19, 20-21, 22-24. Geographic coverage is nation and regions. Other detail include gender, race, ethnicity, level of enrollment, single grade of enrollment, modal grade, high school graduation status, metropolitan/non-metropolitan residence, public/private schools, full-time/part-time enrollment, educational attainment, marital status, family income, two-year/four-year school. [CDF data book]

Current Population Reports, Series P-20, No 428, Educational Attainment in the United States: March

Source: US Dept. of Commerce, Bureau of the Census, August 1988. Data collected irregularly 1947-1962, annually since 1964; report published every two or three years. Age coverage are single years of age for persons age 15 and older; 15-17, 18-19, 20-24. Geographic coverage is nation, regions, 15 largest states, 15 largest metropolitan areas. Other detail include gender, race, ethnicity, years of school completed, marital status, metropolitan/non-metropolitan residence. [CDF data book]

National Household Survey on Drug Abuse: Population Estimates/Main Findings 1985
Source: USDHHS, PHS, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse,
1987 and 1988. Approximately every three to five years; eight surveys from 1971 through 1985. Age coverage is 12-17, 1825. Geographic coverage is nation and regions. Other detail includes gender, race, ethnicity, employment status, specific drugs (including alcohol and cigarettes), lifetime use, recent use, frequency of recent use, frequency of problems associated with substance use.

Highlights of Official Child Abuse and Neglect Reporting 1986.

Source: American Association for Protecting Children, The American Humane Association, 1988. Annually since 1974; no further reports scheduled. Age coverage varies with table; 12-17. Geographic coverage is nation and states. Other detail includes gender, race, ethnicity, type of maltreatment, relationship to abuser, employment status of abuser, family type, stress factors.

Blessed Events and the Bottom Line: Financing Maternity Care in the United States, 1987.

Source: The Alan Guttmacher Institute, New York, 1987. One time only. Age coverage 15-19, 20-24. Geographic coverage is the nation. Other detail include race, ethnicity, poverty status, employment status, marital status, education, urban/rural residence, complications of pregnancy and labor, prenatal care, low birth weight cost of delivery, health insurance coverage, Medicaid eligibility.

Only indicator with residence/age breakdown--Percentage of births that were not intended, 1977-1982: by age (15-19), by urban/rural (what is definition?), by race/ethnicity/ by marital status, by Medicaid insurance status

Indicators with age breakdown-

- Number of women who gave births, US, 1986: by age (15-19), employment, marital status, race, education, % of poverty
- Percentage of mothers who had obtained insufficient PNC, 1980: by age (<20), race/ethnicity, marital status, education, % of poverty
- Percentage of women aged 15-44 with no private health insurance, 1985: by black & Hispanic, unmarried, South, poverty level, <12 years education, age 15-19, type of worker, employment
- Percentage of women aged 15-44 with no health insurance coverage for maternity care and percentage with no coverage at delivery: by age (15-19), marital status, white/black, west/south/northeast/north central

Medicare and Medicaid Data Book, 1988

Source: USDHHS, HCFA, April 1989. 1981, 1983, every two years since 1984. Age coverage is children 6-20. Geographic coverage is nation and states. Other detail includes gender, race, ethnicity, basis of eligibility, type of service, payments, federal contribution. [CDF data book]

Characteristics and Financial Circumstances of AFDC Recipients: FY 1987

Source: USDHHS, Family Support Administration, Office of Family Assistance, Division of Program Evaluation, Program Information and Measurement Branch, 1989. Irregularly before 1986; annually since 1986. Age coverage is single years of age for recipient children; 11-18, 19-21, 22-25 for adult recipients. Geographic coverage is the nation and states. Other detail includes gender, race, ethnicity, family size, housing arrangement, months on AFDC, reason for AFDC, employment status of parent(s), education of parent(s), average payment, income, income disregards, source of income. [CDF data book]

Characteristics of Food Stamp Households: Summer 1986.

Source: USDA, Food and Nutrition Service, Office of Analysis and Evaluation, 1988. Annually since 1981. Age coverage not in detail; households with children, school-age children. Geographic coverage is nation. Other detail includes monthly family income, family income as percent of poverty, sources of income, employment status, deductions from income, monthly benefits, length of certification, number of children, gender, parental status, race, ethnicity, disability status. [CDF data book]

Characteristics of the National School Lunch and School Breakfast Program Participants.

Source: USDA, Food and Nutrition Service, Office of Analysis and Evaluation, 1988. Irregularly, data fro 1983-84 school year. Age coverage not in detail; grades 7-9, 10-12. Geographic coverage is the nation. Other detail includes gender, race, meal price status, food stamp receipt, public assistance, daily participation rate, family type, number of children in family. [CDF data book]

Current Population Reports, Series P-60, No. 163, Poverty in the United States: 1987.

Annually since 1968; earlier reports contained data for 1959-1967. Age coverage varies with table. Geographic coverage is nation and regions. Other detail includes gender, race, ethnicity, family type, presence and age of children, metropolitan/non-metropolitan residence, marital status, education, work experience, owner/renter status, type of income.

Current Population Reports, Series P-26, No. 86-[region abbreviation]-SC, 1986 Population and 1985 Per Capita Income Estimates for Counties and Incorporated Places

From US Department of Commerce, bureau of the Census, March 1988. Published every two years since 1982; data for 1979 and 1985 in series published in 1988. No age detail provided. Geographic coverage is nation, regions, states, counties, incorporated places; one volume for each of five regions. Other detail includes per capita income.

Illicit Drug Use, Smoking, and Drinking by America's High School Students, College Students, and Young adults: 1975-1987.

Source: USDHHS, PHS, Alcohol, Drug Abuse, and Mental Health Administration, National Institute on Drug Abuse, 1988. annually since 1975. Age coverage is high school seniors, 18, 1-20, 21-22, 23-24, 19-22, 23-26. Geographic coverage is nation and regions. Other detail includes gender, college plans, specific drugs (including alcohol and cigarettes), lifetime use, recent use, daily use, grade at first use, attitudes toward drugs. [CDF data book]

Sourcebook of Criminal Justice Statistics, 1988

Source: US Dept. of Justice, Bureau of Justice Statistics, 1989. Annually since 1973. Age coverage varies with table. Geographic coverage is nation, regions, states, large cities. Other detail includes gender, race, specific crimes, arrests, convictions, persons incarcerated, parole and probation, capital punishment. [CDF data book]

Crime in the United States, 1988

Source: US Dept. of Justice, FBI, August 1989. Annually since 1929. Age coverage varies with table; individual years of age through age 24. Geographic coverage is nation, regions, divisions, states, counties, cities, towns. Other detail includes gender, race, specific crime; includes a

Directory of Uniform Crime Reporting Programs for 42 states. [CDF data book]

Age-specific Arrest Rates and Race-specific Arrest rates for Selected Offenses, 1965-86

Source: Dept. of Justice, FBI, June 1988. One time only; contains data for 1965-1986. Age coverage is single years of age through 24; five-year age groups thereafter. Geographic coverage is the nation. Other detail includes gender, race, specific crime. [CDF data book]

Juvenile Court Statistics, 1985

Source: US Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention, National Institute for Juvenile Justice and Delinquency Prevention, April 1989. Annually since 1927. Age coverage varies with table; individual years of age through age 17. Geographic coverage is nation, states, some counties. Other detail included is gender, race, ethnicity. [CDF data book]

Children in Custody, 1975-85: Census of Public and Private Juvenile Detention, Correctional and Shelter Facilities.

Source Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics. One time only; data for 1975, 1977, 1979, 1983, 1985. Age coverage varies with table; 10-13, 14-17, 18-20, 21 and older. Geographic coverage is nation, regions, and states. Other detail includes gender, race, ethnicity, public/private facility, reason for custody, admissions, discharges, facility type, adjudication status, specific delinquent act, expenditures, costs. [CDF data book]

Children in Custody: Public Juvenile Facilities, 1987.

Source: US Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention, October 1988. Every two years since 1971. Age coverage is 10-13, 14-17, 18 and older. Geographic coverage is nation, regions, states. Other detail includes race, ethnicity, gender, delinquent offense, non-delinquent offense, detention/commitment status, short-term/long-term facilities, state/local control, average daily population, admissions, discharges, institutional/open environment. [CDF data book]

Survey of Youth in Custody, 1987.

Source: US Dept. of Justice, Bureau of Justice Statistics, September 1988. One time only. Age coverage is 11-14, 15-17, 18 and older. Geographic coverage is nation. Other detail includes race, ethnicity, gender, education, specific offense family structure, incarceration of family members, criminal history, months served, weapon use, drug and alcohol use. [CDF data book]

Teenage Victims: A National Crime Survey Report

Source: US Dept. of Justice, Bureau of Justice Statistics, November 1986. One time only; includes data for various years, primarily 1982-84. Age coverage is 12-15, 16-19, 20-24. Geographic coverage is nation. Other detail includes gender, race, type of crime, presence and extent of injury, relationship to offender(s), gender and age of offender(s). [CDF data book]

Criminal Victimization in the United States, 1987.

Source: Dept. of Justice, Office of Justice Programs, Bureau of Justice Statistics, June 1989. Annually since 1973. Age coverage varies with table; 12-15, 16-19, 20-24. Geographic coverage is nation and regions. Other detail includes gender, race, ethnicity, type of crime, metropolitan/non-metropolitan area, income, owner/renter status, victim-offender relationship, injury, use of weapons, location of crime. [CDF data book]

Vital and Health Statistics, Series 10, No. 162, Health Care Coverage by Sociodemographic and Health Characteristics: United States, 1984.

Source: USDHHS, PHS, CDC, NCHS, Nov. 1987. One time only. data for 1974, 1976, 1978, 1980, 1982, 1984. Age coverage is younger than 18 and 18-24. Geographic coverage is nation and regions. Other detail includes gender race, family income, poverty status, education, metropolitan/non-metropolitan residence, health insurance coverage, health status, activity limitation, bed days, hospital days, physician contacts. [CDF data book]

Vital and Health Statistics, Series 10, No. 161, Physician Contacts by Sociodemographic and Health Characteristics: United States, 1982-83.

Source: USDHHS, PHS, CDC, NCHS, April 1987. One time only. Age coverage is 10-14, 15-17, 18-24. Geographic coverage is nation and regions. Other detail includes gender, race, ethnicity, perceived health status, income, education, occupation, metropolitan/non-metropolitan residence, physician contacts, place of contact, interval since last contact [CDF data book]

Source Book of Health Insurance Data, 1993

A report published annually by the Health Insurance Association of America since 1960. It is a comprehensive collection of statistical data on private health insurance in the US. Includes information on:

- Number of persons with or without health insurance by gender and age (no breakdown for <18)
- Number of uninsured persons by census region (South Atlantic, East south Central)

National Health Care Expenditures Study: Various Titles from DHHS

Source: DHHS, PHS, NCHS. One time only; data for 1977. Age coverage 19-24. Geographic coverage is nation and regions. Titles of publications include the following:
• Private Insurance and Public Program: Coverage of Health Services

- Changes in Health Insurance Status: Full-Year and Part-Year Coverage
- Private Health Insurance in the Untied States
- · A Summary of Expenditures and Sources of Payment for Personal Flealth Services from the National Medical Care Expenditure Survey

National Hospital Discharge Survey

Conducted annually, this survey is based on a sample of 200,000 discharge records from 500 hospitals. Data include length of stay, source of payment, diagnoses, surgical procedures, characteristics of inpatients, and size, location, and ownership of hospitals. [census--MPA]

Vital and Health Statistics, Series 13, No. 99, National Hospital Discharge Survey: Annual Summary,

Source: DHHS, PHS, CDC, NCHS, April 1989. Annually since 1965. Age coverage is younger than 15, 15-44 for most tables; 5-14, 15-19, 20-24. Geographic coverage is nation and regions. Other detail includes gender, race, days of care, expected source of payment, diagnosis, procedures. [CDF data book]

National Health Provider Inventory

Conducted periodically since 1963, this survey lists inpatient health facilities in the United States, including hospitals, nursing homes, and other facilities such s those for the mentally retarded or physically disabled. Data are provided on services, location, staff, and other characteristics of the facilities. Data are based on questionnaires sent directly to facilities or data collected by other Federal agencies, national associations, and State programs. [census--MPA]

National Ambulatory Medical Care Survey

Conducted annually from 1974-81, in 1985, annually beginning in 1989. Data collected from the physician are based on a sample of 50,000 visits to 2,500 physicians in private practice. Statistics include characteristics of patients and services provided, diagnostic procedures, symptoms and diagnoses. [census--MPA]

Advance Data, No 128, 1985 Summary: National Ambulatory Medical Care Survey.

Source: USDHHS, PHS, CDC, NCHS, January 23, 1987. Survey conducted annually 1973-1981, in 1985, and annually starting in 1988. Age coverage varies with table; younger than 15, 15-24. Geographic coverage is the nation. Other detail includes gender, race, ethnicity, referral status, prior visit status, reason for visit, diagnostic services, diagnosis, medication ordered. [CDF data book]

Vital and Health Statistics, Series 13, No 75, Patterns of Ambulatory Care in Pediatrics: The National Ambulatory Medical Care Survey, United States, January 1980-December 1981.

Source: USDHHS, PHS, CDC, NCHS, October 1983. Survey conducted annually 1973-1981, in 1985, and annually starting in 1988. Age coverage is 11-14, 15-20. Geographic coverage is nation and regions. Other detail includes gender, race,

ethnicity, prior visit status, reason for visit, principal diagnosis, service, therapy, duration and disposition of visit. [CDF data book]

Vital and Health Statistics, Series 13, No 75, Patterns of Ambulatory Care in Internal Medicine: The National Ambulatory Medical Care Survey, United States, January 1980-December 1981.

Age coverage is 15-24. Geographic coverage is nation and regions. Other detail includes gender, race, ethnicity, prior visit status, reason for visit, principal diagnosis, service, therapy, duration and disposition of visit, physician specialty. [CDF data book]

National Medical Care Utilization and Expenditure Survey,

NMCUES was a panel survey designed to collect data about the US civilian non-institutionalized population in 1980. Information was obtained on health, access to and use of medical services, associated charges and sources of payment, and health insurance coverage.

NMCUES consisted of three survey components. The National Household Component comprised about 6,000 randomly selected households that were interviewed five times during 14 months in 1980-81. The State Medicaid Household Component consisted of about 4,000 households selected from the Medicaid eligibility files in CA, MI, NY, and TX (1,000 households in each state). Each household was interviewed five times during 14 months in 1980-81. The Administrative Records Component was used to obtain information on program eligibility and payments for Medicare for persons receiving Medicare and Medicaid.

The National Household Survey data are from a sample of 17,123 persons in about 6,500 families representing the civilian non-institutionalized population of the US.

National Medical Care Utilization and Expenditure Survey, Series B, Descriptive Report No 10, Family Use of Health Care: United States, 1980.

Source: USDHHS, PHS, CDC, NCHS, February 1987. One time only; data for 1980. Age coverage varies with table; family head younger than 25. Geographic coverage is the nation. Other detail includes gender, race, ethnicity, income, poverty status, education, employment status, health status, bed days, health insurance coverage, physician visits, hospital days, outpatient hospital use, dental visits, prescriptions. [CDF data book]

Other titles include the following:

- Family Out-of-Pocket Expenditures for Health Care, United States, 1980
- Health Services Utilization in the US Population by Health Insurance Coverage
- Total Family Expenditures for Health Care, United States, 1980
- Insurance Coverage and Ambulatory Medical Care of Low-Income Children: US 1980
- High-volume and Low-volume Users of Health Services: US 1980 [CDF data book]