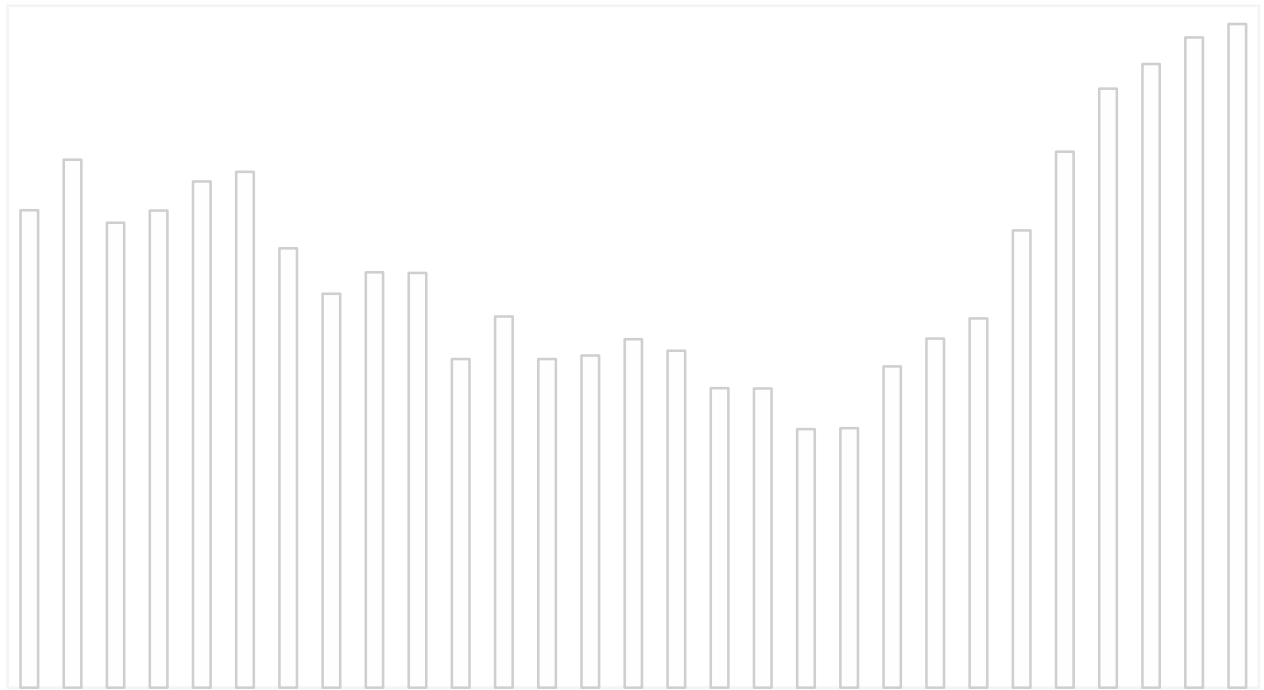


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2004 Report

The Foundation for Child Development Index of Child Well-Being (CWI), 1975-2002, with Projections for 2003

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

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March 15, 2004
Duke University
Durham, North Carolina

Introduction

The Foundation for Child Development Index of Child Well-Being Project (CWI) at Duke University has updated its measures of trends in the well-being, or quality of life, of children and youth in the United States over the 27-year period, 1975 to 2002 with projections for 2003. A number of findings and conclusions can be drawn from the updated measures. Among major trends, the Project finds:

- We are doing better in recent years – child and youth well-being has regained ground lost during the 1980s, but the Project’s overall measure of well-being is only slightly higher for 2002 than in the base year 1975.
- These improvements apply to children and youth from all major ethnic groups.
- The years 1981-1994 were a particularly troubling time for children and youth in America; this period can be viewed as having had a serious recession in the well-being of children and youth related to significant changes in the economy and the American family.
- The major factor that has slowed progress in the health well-being of children and youth since the mid-1970s is the dramatic increase in the prevalence of obese children.
- There have been dramatic improvements in rates of violent criminal offending and victimization among children and youth since the early 1990s.
- Child and youth well-being could be substantially better today if all indicators of well-being were at or near the best values they ever achieved historically in the nearly three-decade period of the study.

The following sections provide details about the CWI for all children as well as major ethnic groups. We also note the dramatic impact that increasing obesity rates among America’s children has had on overall well-being since 1975. Conversely, declining rates of criminal activity and victimization, as well as the teenage birth rate, have significantly improved well-being during the same time. Finally, we provide evidence that historical best practice standards would result in an even higher Index of child and youth well-being.

**The Child Well-Being Index (CWI)
1975 – 2002, with Projections for 2003**

An index of the social well-being of our Nation's children

The **Child Well-Being Index (CWI)** is an evidence-based composite measure of trends over time in the quality of life or well-being of America's children and young people. It comprises several interrelated summary domains of annual time series of numerous social indicators of well-being. Appendix A briefly describes the Methods of Index Construction and has a table detailing both the seven domains of the CWI as well as the 28 Key Indicators that comprise them. Briefly, the seven domains include: Material Well-Being, Health, Safety/Behavioral, Productive Activity, Place in Community, Social Relationships, and Emotional/Spiritual Well-Being. Sources for time series data on the Key Indicators are presented in Appendix B. The composite Index, an equally-weighted average of the seven domains, gives a sense of the overall direction of change in well-being, as compared to a base year of the indicators, 1975.

The CWI can be used to address the following types of questions:

- Overall, on average, how did child and youth well-being in the United States of America change in the last quarter of the 20th century and beyond?
- Did it improve or deteriorate?
- By approximately how much?
- In which domains or areas of social life?
- For specific age groups?
- For particular race/ethnic groups?
- And did race/ethnic groups disparities increase or decrease?

The CWI is computed and updated annually and is based on observed data on the Key Indicators through the year 2001. Updates on some Key Indicators currently are available for the year 2002. The remaining indicators for 2002, and all of the components of the Index for 2003, are projected by use of statistical time series models. Due to the substantial inertia in many of the indicator time series, the one-year-ahead projected values have been found to be quite accurate.

The CWI for 1975 through 2002, including its projected value for 2003 can be seen in Figure 1. Actual numerical Index values are located in Appendix C.

Figure 1. Child Well-Being Index, 1975 - 2002, with Projections for 2003

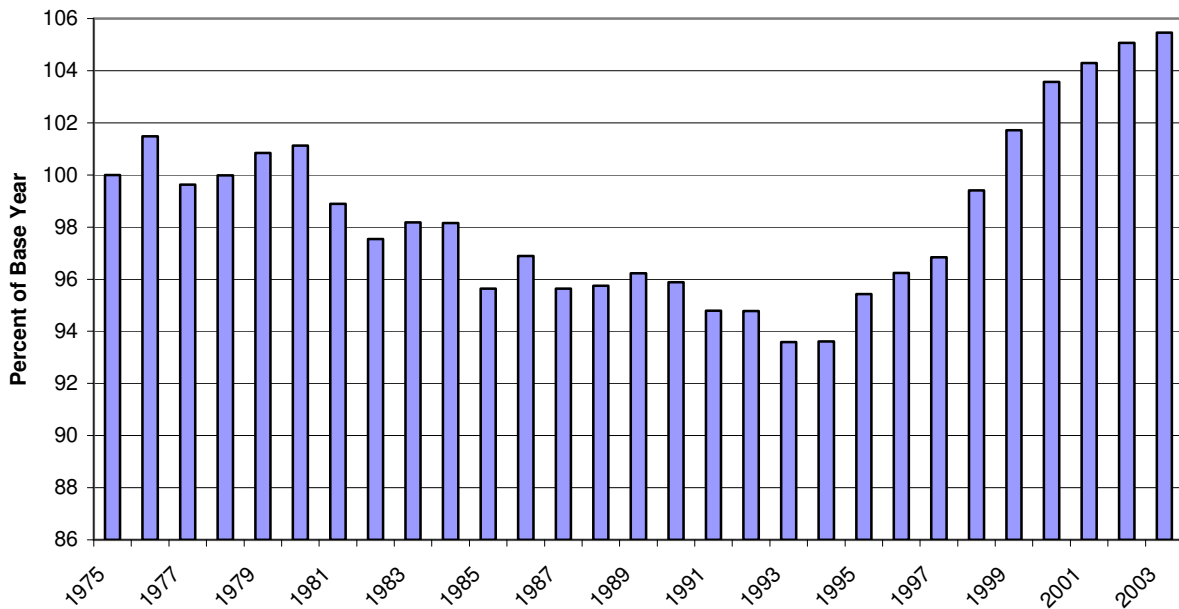
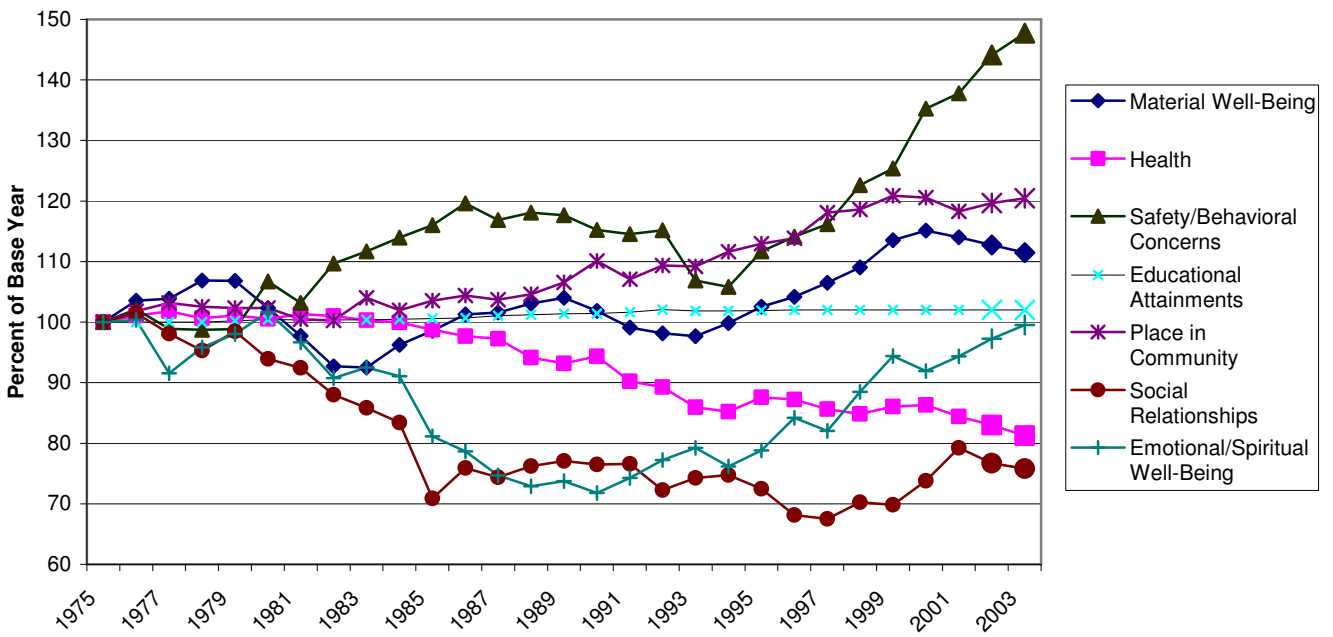


Figure 2 shows the seven domain-specific summary indices for 1975 through 2003. Again, some of the indicators are projected for 2002 and all are projected for 2003.

Figure 2. Domain-Specific Indices of Child and Youth Well-Being, 1975-2002, with Projections for 2003.



In the year 2001, the last year for which all indicators are available, the CWI showed an improvement of 0.73 percent over 2000 and 4.29 percent over the base-year of 1975. The partly observed/partly projected 2002 Index value shows an improvement of 5.07 percent over baseline. Further, the fully projected year, 2003, predicts a slight increase over 2002 and remains above the 1975 value. Long term trends show that child well-being declined through the mid 1990s, reaching its lowest level in 1993 when it was just 93.58 percent of the base-year. However, since that time the Index has shown steady increases and is expected to continue to do so through 2003. Currently, children in American are faring better than they did in 1975.

The overall CWI can be broken down into the seven domains previously mentioned in order to judge where children are seeing the most improvement. Over the past three decades children have seen vast improvements in three domains: Safety/Behavioral Concerns, Place in Community, and Material Well-Being. One domain, Educational Attainments, has remained relatively steady at levels slightly above the 1975 base year levels. In 2002, three domains remain below baseline levels: Emotional/Spiritual Well-Being, Health, and Social Relationships.

A few key trends in individual indicators should be noted:

- The worst five years in child well-being occurred in the early- to mid-1990s. The CWI values for 1990 through 1995 fell to 95 percent or less of the 1975 base year of the Index. During this time, the percent of children living below the poverty line rose to its highest level in recent decades. Trends in the overall CWI appear to mirror the patterns seen in the Material Well-Being domain, particularly since the mid-1980s.
- The Health domain has shown the most decline since the 1975 base year of the Index and in 2002 was 83 percent of its baseline value. Of the indicators in this domain, the bulk of this deterioration is explained by large increases in the prevalence rate of obese children in the United States. This trend is further explored in a following section.
- The Safety/Behavioral domain has shown the most improvement since 1975 and in 2002 was 44 percent higher than its baseline level. This large improvement is due to decreases in the rate of children and youths who are serious criminal offenders and victims of violent crimes. This trend will also be furthered explored in the special section that follows.
- The percent of children under the age of 18 who live in single parent households has increased and/or remained above base levels in every year since 1975. The majority of these children reside with mothers rather than fathers. This deterioration pushes the Social Relationships domain below baseline levels across all years of the Index.

- One area in which there have been only slight improvements over the past three decades is educational attainment. This domain includes U.S. Department of Education National Assessment of Educational Progress test scores for mathematics and reading. Despite this, the percent of 25 to 29 year-olds who have received a bachelor's degree has increased from 21.9 percent in 1975 to 28.7 in 2001 (the last year for which data are available). Further, the rate of 3 and 4 year-olds enrolled in preschool and the percentage of 16 to 19 year-olds who are not working nor in school have both shown improvements since 1975. These improvements have pushed the Place in Community domain above its baseline level throughout the course of the Index.
- An increase in the adolescent suicide rate and decreases in the percent of high school seniors who reported regular attendance at religious services as well as a high emphasis on the importance of religion accounted for the low levels of the Emotional/Spiritual domain throughout the 1990s. However improvements in these indicators have all but erased this deficit and the projected value for 2003 shows that the domain summary index is back to its 1975 base year level.

Overall, children and youth in today's society are doing better than they were in 1975. Trends in the overall CWI appear to move, to a substantial extent, with the general economic climate in the United States, with declines in well-being occurring in tandem with economic downturns and recessions. The Health domain also shows consistent and marked decline every year since 1975. Yet it is important to remember that sustained improvement in other domains of well-being, such as the Safety/Behavioral domain, can and do compensate for these declines.

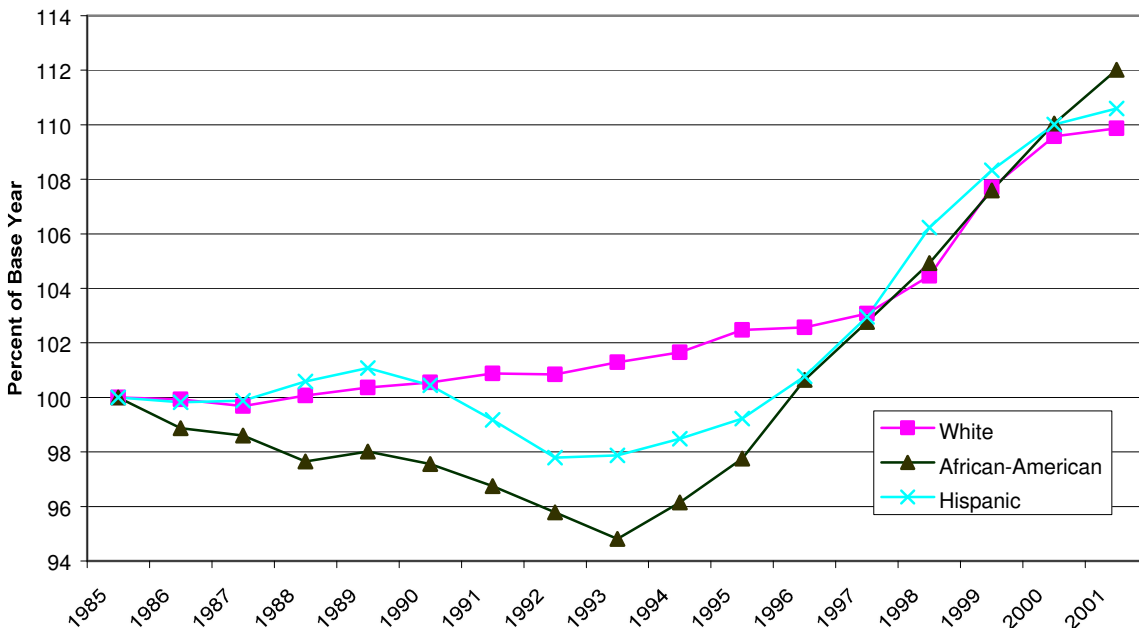
Child Well-Being by Race and Ethnicity: Universal Improvements

The CWI is also calculated for three major racial and ethnic groups: African-Americans, Hispanics, and whites. Due to the lack of sufficient data to calculate the Key Indicators by race and ethnicity prior to the mid-1980s, we use a base year of 1985 for these comparisons. Note that these race/ethnic-group-specific indices are calculated relative to the within-group baseline values of each group in 1985.

Figure 3 shows that since 1993, all three groups have experienced an improvement in overall well-being relative to 1985 baseline levels. Throughout much of the late-1980s and early-1990s both African-American and Hispanic children experienced a decline in well-being, dropping the CWI below baseline levels. However, both groups reached baseline levels in 1996 and have consistently surpassed 100 percent of the baseline CWI since then. The overall well-being Index for white children and youth has generally improved, albeit at varying rates from year to year, since 1987.

In 1985 there were substantial disparities among these major race/ethnic groups, but none of the three major groups had a consistently better position on all Key Indicators. And the general trends since the mid-1990s shown in Figure 3 imply that disparities in the overall well-being of children in all three race/ethnic groups have generally not grown.

Figure 3. Race/Ethnic Group-Specific Summary Indices of Child and Youth Well-Being, 1985-2001.



The 1980s Downturn in Child Well-Being

Despite steady improvement in well-being during the past decade, *the overall CWI experienced a notable downturn that began in the early-1980s and persisted until the mid-1990s* (see Figure 1). In brief, the 1980s were a particularly troubling time for children and youth in America. This period can be viewed as having had a serious recession in the well-being of children and youth related to significant changes in the economy and the American family.

From Figure 3 it is evident that minority children and youth were more severely affected by this decline. Three domains are primarily responsible for the deterioration in the CWI: the Health domain, the Emotional/Spiritual domain, and the Social Relationships domain (see Figure 2). Among the indicators in these three areas, increasing obesity rates, increasing suicide rates, and increasing percentages of single-parent families all significantly contributed to the decline in Index values to below base-year levels.

When the CWI is disaggregated by race and ethnicity, the indicators responsible for declines in well-being are different for each group. This is not surprising given that the decrease in Index values is much steeper for African-American and Hispanic children. White children and youth experienced very modest declines in well being during the 1980s primarily due to slight increases in suicide rates, and decreases in the percent of high school seniors who reported religion as very important as well as the rate of seniors who attended religious services at least once a week. These three indicators create the Emotional/Spiritual domain.

African-American child and youth well-being from 1986 to 1995, when Index values fell below baseline levels, was primarily affected by three domains: Health, Emotional/Spiritual, and Social Relationships. Within the Health domain, African-Americans experienced increasing rates of infants born with low birth weights and an increasing rate of children with activity limitations that occurred mainly in the early 1990s. Increasing suicide rates and decreasing religious importance pushed the Emotional/Spiritual domain values well below baseline levels until 2000. This domain is largely responsible for deteriorating well-being among African-American children. And finally, slight increases in the percent of single-parent families and increases in residential mobility accounted for declines in the Social Relationships domain.

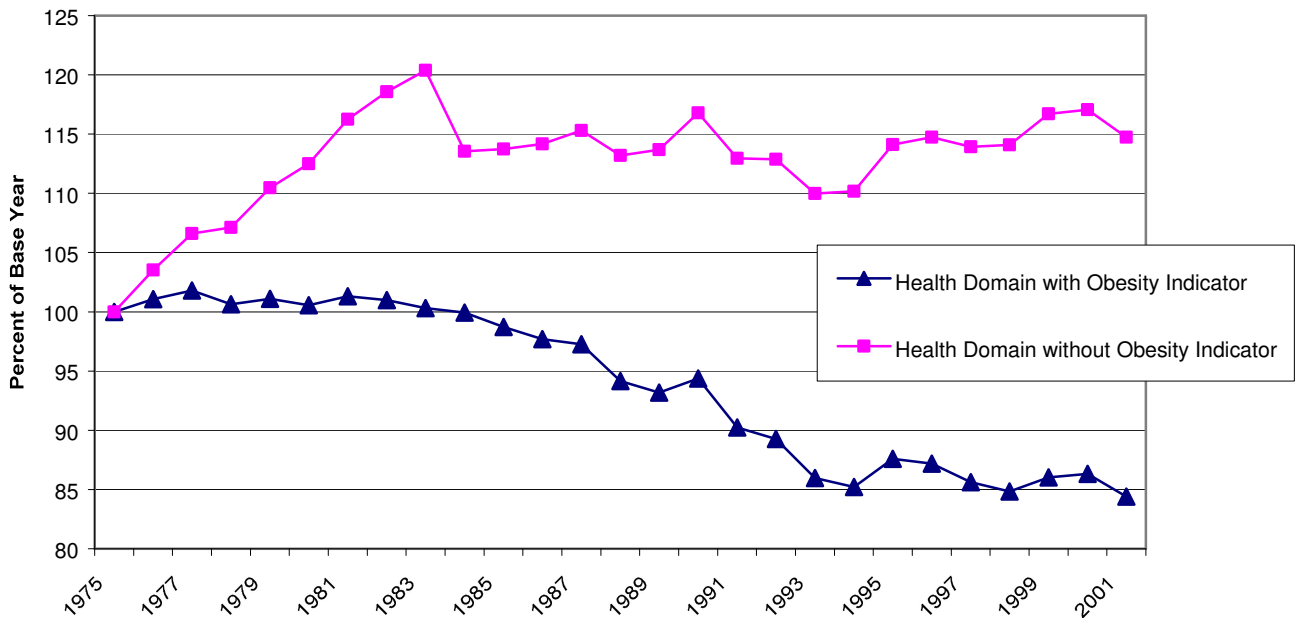
For Hispanic children, two domains operated to push the overall CWI below baseline levels for two years during the late-1980s and then again for a five-year span during the early-1990s (1991-1995). A substantial drop in the number of Hispanic young adults obtaining a college degree in 1986 and 1987 (9.0 and 8.7, respectively, compared to 11.1 in 1985), declines in rates of voting and high school graduates, and increases in the percent of youths not working nor in school all contributed to below baseline levels in the Place in Community domain during the late-1980s. Increasing suicide rates during the first decade of the Hispanic CWI caused significant declines in the Emotional/Spiritual domain during the early- to mid-1990s. However beginning in 1997, suicide rates have shown steady improvement and Hispanic child and youth well-being has progressively increased through 2001.

Children's Declining Health: The Obesity Epidemic

The Health domain is comprised of six Key Indicators: the infant mortality rate, the rate of low birth-weight babies, the mortality rate of children and youths ages 1 to 19, the rate of children with very good or excellent self-reported health, the rate of children with activity limitations, and the rate of overweight children and adolescents ages 6 to 17. *All of these health indicators have shown improvement over the course of the Index except obesity.* For example, steady declines in all age-specific death rates have occurred for children in the United States since 1975. However, the prevalence rate of obese children has increased every year since 1975 representing an alarming trend in child and youth health.

Prevalence rates of obesity represent the single departure from the trend seen in the rest of the Health indicators. The impact of the obesity indicator on the Health domain of the CWI is presented in Figure 4. The value of the domain summary Index was calculated using five indicators, leaving obesity out of the computation. This version is represented by the top line in the figure (i.e., squares). The bottom line (i.e., triangles) is the original Health domain summary Index. As can be seen, the value of the Index is above baseline levels in all years when obesity is excluded. When obesity is included the value of the Index plummets with the 2001 value a mere 84 percent of the baseline. The Health domain without obesity is 15 percent *above* baseline levels in 2001. Without the obesity indicator in the domain Index, however, it should be noted that there has been relatively little overall improvement since the mid-1980s.

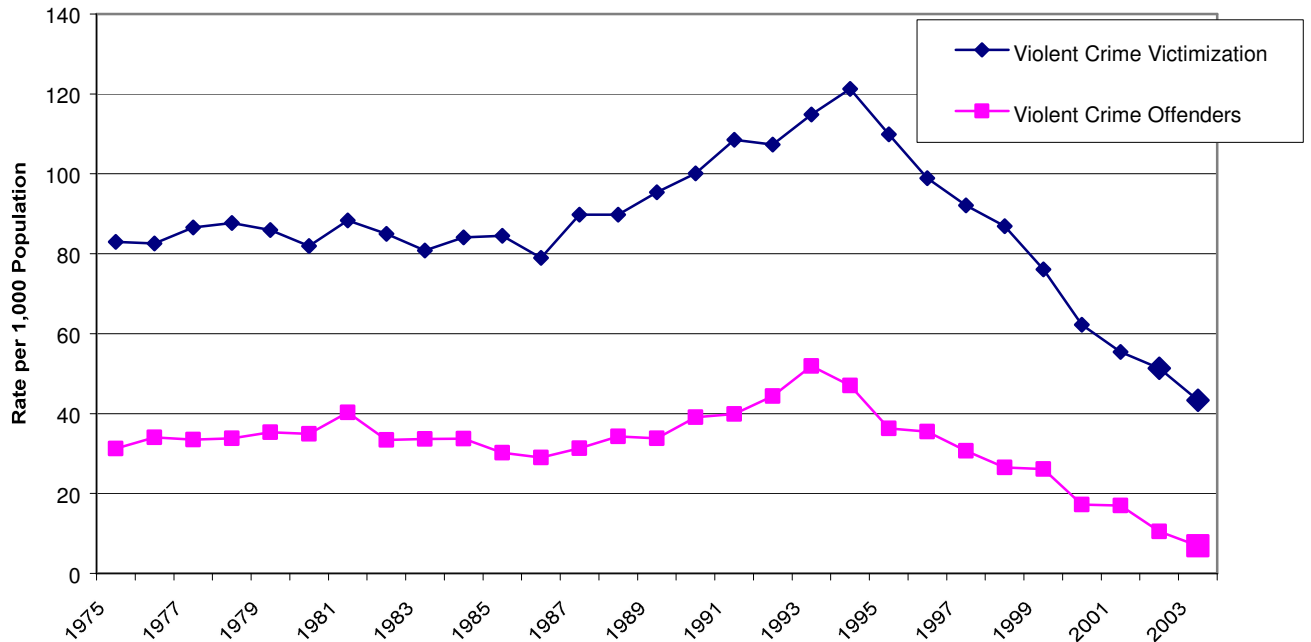
Figure 4. Health Domain with and without Obesity Indicator, 1975 to 2001.



The 1990s Improvement in Child Well-Being: Decreasing Criminal Activity and Victimization

Two of the key components of the safety behavioral domain are the rate of violent criminal offending and the rate of violent criminal victimization. Both rates peaked in 1993 and 1994, much like adult criminal activity. *But dramatic declines since then have resulted in criminal offending and criminal victimization rates that are well below baseline levels.* Projections for 2002 and 2003 show that this trend is likely to continue.

**Figure 5. Violent Crime Victimization and Offender Rates, 1975-2002,
with Projections for 2003.**



A glance at Figure 2 clearly shows that the Safety/Behavioral domain began to show steady improvement that coincides with the decline in criminal activity and victimization. Similarly, the rate of births to teenage mothers also shows a steep decline beginning in 1994. Taken together, the trends in these three indicators accounts for much of the improvement in child and youth well-being since the mid-1990s.

Things Could Be Even Better

While child and youth well-being has improved over the past three decades, especially since 1994, things could be even better. To establish this fact, an “historical best practice” gold standard has been created by which to assess changes in the Index values from year to year. The historical best practice CWI Index is calculated as is the normal CWI except the values utilized for each indicator are historically the “best” that the indicators have achieved since 1975.

For example, the 2001 value for the percent of children living in single-parent families was 27 percent. The lowest value this indicator series contains since 1975, and thus the “best” it has ever been, was the 17 percent in 1975. When the best practice Index is calculated, we use a value of 17 for this indicator. Using this method, we find that in 2001, the best practice Index value was 118 whereas the observed CWI value was 104. As another example, to gauge the impact of the obesity epidemic on the CWI, note that if the CWI for 2001 was calculated using *only* the obesity indicator in its best practice form, the overall Index would have been **eight** percentage points higher – that is, it would have had a value of 112 compared to 104 – than the baseline value.

Overall, relative to the base year 1975, if all of the Key Indicators had been at or near their best historically observed values, child and youth well-being in the United States could have been some **15 to 20** percent higher than observed in 2001.

Conclusion

It is important to remember that in any given year no single child encounters all of the social conditions that enter into the overall Child Well-Being Index that is presented here. Fluctuations over time in the Child Well-Being Index can be taken, however, as signaling *changes in the overall context of social conditions encountered by children and youths*. And many policy makers, officials, adults, and parents (and some children and youths as well) are interested in how the general level of social conditions faced by children in a recent year compares to the corresponding level in a previous year. These results indicate that in many aspects of the lives of children and youth in the United States show improvements compared to 1975 and/or 1985. Nonetheless, there are also areas that need improvement and demand the attention of our Nation's policy makers.

The Child Well-Being Index shows that in 2002, children in America fared better than children in 1975 across many indicators of social life. Projections for the near future also look bright. But, given that the Index appears to follow trends in the overall economic climate in the United States, the well-being of children in America may see stagnation and/or declines over the next few years – if the economy does not grow jobs and incomes more rapidly than in 2002 and 2003.

Four of the 28 indicators that comprise the Index have shown significant and influential trends over the past three decades: rates of criminality, criminal victimization, suicide, and obesity. While juvenile crime and victimization have dropped dramatically, childhood obesity has risen to a point that it can be considered a modern day epidemic. Yet despite the harmful impact of this component, the overall Index has shown steady improvement since the mid 1990s. Overall, children and youths are faring better today than ever before.

Acknowledgements and Contact Information

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

http://www.soc.duke.edu/~smeadows/cwi/cwi_webpage/

Appendix A

Methods of Construction and Indicator List for the CWI

Methods of Construction

Annual time series data (from vital statistics and sample surveys) have been assembled on some 28 national-level Key Indicators in seven quality-of-life domains:

- Material well-being,
- Health,
- Safety/behavioral concerns,
- Productive activity (educational attainments),
- Place in community (participation in schooling or work institutions),
- Social relationships (with family and peers), and
- Emotional/spiritual well-being.

These seven domains of quality of life have been well-established as recurring time after time in over two decades of empirical research in numerous subjective well-being studies. They also have been found, in one form or another, in studies of the well-being of children and youths. The 28 Key Indicators used in the construction of the CWI are identified below in Table 1.

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

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

Table 1. Twenty-eight Key National Indicators of Child Well-Being in the United States.

<i>Material Well-Being Domain:</i>	1. Poverty Rate—All Families with Children
	2. Secure Parental Employment Rate
	3. Median Annual Income—All Families with Children
	4. Rate of Children with Health Insurance Coverage
<i>Social Relationships Domains:</i>	1. Rate of Children in Families Headed by a Single Parent
	2. Rate of Children Who Have Moved Within the Last Year
<i>Health Domain:</i>	1. Infant Mortality Rate
	2. Low Birth Weight Rate
	3. Mortality Rate, Ages 1-19
	4. Rate of Children with Very Good or Excellent Health (as reported by their parents)
	5. Rate of Children with Activity Limitations (as Reported by their Parents)
	6. Rate of Overweight Children and Adolescents, Ages 6-17
<i>Safety/Behavioral Concerns Domains:</i>	1. Teenage Birth Rate, Ages 10-17
	2. Rate of Violent Crime Victimization, Ages 12-17
	3. Rate of Violent Crime Offenders, Ages 12-17
	4. Rate of Cigarette Smoking, Grade 12
	5. Rate of Alcoholic Drinking, Grade 12
	6. Rate of Illicit Drug Use, Grade 12
<i>Productivity (Educational Attainments) Domain:</i>	1. Reading Test Scores, Ages 9,13, 17
	2. Mathematics Test Scores, Ages 9, 13, 17

Table 1, Continued	
<i>Place in Community Domain:</i>	1. Rate of Preschool Enrollment, Ages 3-4
	2. Rate of Persons Who Have Received a High School Diploma, Ages 18-24
	3. Rate of Youths Not Working and Not in School, Ages 16-19
	4. Rate of Persons Who Have Received a Bachelor's Degree, Ages 25-29
	5. Rate of Voting in Presidential Elections, Ages 18-20
<i>Emotional/Spiritual Well-Being Domain:</i>	1. Suicide Rate, Ages 10-19
	2. Rate of Weekly Religious Attendance, Grade 12
	3. Percent who Report Religion as Being Very Important, Grade 12

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

Appendix B
Sources of Data for CWI

Child Poverty	US Bureau of the Census, March Population Survey, Current Population Reports, Consumer Income, Series P-60, Washington, D.C.: US Bureau of the Census: www.census.gov/income/histpov/hstpov4.lst , 1975-present
Secure Parental Employment	US Bureau of the Census, March Current Population Survey, Washington, D.C.: US Bureau of the Census, 1980-present. Special tabulation from CPS CD 1975-1979.
Single Parent	US Bureau of the Census, Current Population Reports, Marital Status and Living Arrangements, Annual Reports. www.census.gov/population/socdemo/hh-fam/tabCH-1.pdf , 1975-present.
Median Annual Income	US Bureau of the Census, March Current Population Survey, Historical Income Tables – Families, Washington, D.C.: US Bureau of the Census. www.census.gov/hhes/income/histinc/f07.html , 1975-present.
Health Insurance	US Bureau of the Census, Housing and Household Economic Statistics Division, unpublished tabulations from the March Current Populations Surveys, Washington, DC: US Bureau of the Census. Special tabulation by Federal Intra-agency Forum. www.census.gov/hhes/hlthins/historic/hihist2.html , 1987-present.
Subjective Health	CDC, National Center for Health Statistics, National Health Interview Survey, Hyattsville, MD: National Center for Health Statistics. 1984-present. www.cdc.gov/nchs
Low Birth Weight	CDC, National Center for Health Statistics, National Vital Statistics System, Report of Final Natality Statistics, Monthly Vital Statistics Reports (1975-1996), National Vital Statistics Reports (1997-present). Hyattsville, MD: NCHS. www.cdc.gov/nchs
Infant Mortality	CDC, National Center for Health Statistics, National Vital Statistics System, Monthly Vital Statistics Report (v25-v46), National Vital Statistics Report (v47-v49). Health, United States, 1999-2003. Hyattsville, MD: NCHS. www.cdc.gov/nchs/hus.html

Child and Adolescent Mortality	CDC, National Center for Health Statistics, National Vital Statistics System, Leading Causes of Death 2000, 2001, special tabulation from Demography Center, Duke University, 1975–present. www.cdc.gov/nchs/about/major/dvs/mortdata.htm
Teen Births	CDC, National Center for Health Statistics, National Vital Statistics System. Monthly Vital Statistics Reports (1975-1996), National Vital Statistics Reports (1997-present). Hyattsville, MD: National Center for Health Statistics. www.cdc.gov/nchs/births.htm
Smoking, Drinking, and Drugs	The Monitoring the Future Study, Institute for Social Research, University of Michigan: Ann Arbor, MI. www.monitoringthefuture.org/data/data.html , 1975-present.
Crime Victimization	US Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey and FBI Supplementary Homicide Reports, www.ojp.usdoj.gov/bjs/glance/tables/vagetab.htm , 1975-present.
Violent Crime	US Department of Justice, Bureau of Justice Statistics, National Crime Victimization Survey and FBI Supplementary Homicide Reports, 1975-present.
Preschool Enrollment	US Department of Education, National Center for Education Statistics, Digest of Education Statistics and Bureau of the Census, Current Population Survey. www.nces.ed.gov/pubs2002/digest2001/tables/dt007.asp , 1980-present, interpolated years 1976-1979.
Mathematics Achievement	US Department of Education Statistics, National Assessment of Education Progress (NAEP), Digest of Education Statistics, Trends in Academic Progress. www.nces.ed.gov/nationsreportcard/mathematics/trends.asp , 1975-present.
Reading Achievement	US Department of Education Statistics, National Assessment of Education Progress (NAEP), Digest of Education Statistics, Trends in Academic Progress. www.nces.ed.gov/nationsreportcard/reading/trends.asp , 1975-present
High School Completion	US Bureau of the Census, October Current Population Surveys, Washington, D.C.: US Bureau of the Census.

	www.census.gov/population/socdemo/school/tabA-5.pdf , 1975-present.
Not Working or in School	US Bureau of Labor Statistics, Current Population Surveys, Washington, D.C.: US Bureau of the Census. 1985-present. Special tabulation from CPS CD, 1975-1979.
Bachelor's Degree	US Bureau of the Census, March Current Population Surveys, US Department of Education, National Center for Education Statistics, Condition of Education. www.nces.ed.gov/pubs2002/2002025.pdf , 1975-present.
Obesity	National Center for Health Statistics, Health United States, 2003 and National Health and Nutrition Examination Survey (NHANES), Hyattsville, MD. www.cdc.gov/nchs/data/hus/tables/2003/03hus069.pdf , 1975-present.
Church Attendance and Importance	The Monitoring the Future Study, Institute for Social Research, University of Michigan: Ann Arbor, MI. www.icpsr.umich.edu/cgi-bin/SDA12/hsda?samhda+mtf1201 , 1975-present.
Suicide	CDC, National Center for Health Statistics, National Vital Statistics System. 1975-present. www.cdc.gov/nchs//datawh/statab/unpubd/mortabs.htm
Residential Mobility	US Bureau of the Census, Series P-20, Geographic Mobility, Washington, D.C.: US Bureau of the Census. www.census.gov/population/www/socdemo/migrate.html , 1975-present.
Voting	US Bureau of the Census, Current Population Reports, Series P-20, Voting and Registration, Washington, D.C.: US Bureau of the Census. www.census.gov/population/socdemo/voting/tabA-1.pdf , 1975-present.

Appendix C
Child Well-Being Index Values, 1975-2002, with Projections for 2003

1975	100.00
1976	101.48
1977	99.63
1978	99.99
1979	100.84
1980	101.13
1981	98.89
1982	97.55
1983	98.17
1984	98.16
1985	95.64
1986	96.89
1987	95.64
1988	95.75
1989	96.23
1990	95.88
1991	94.79
1992	94.78
1993	93.58
1994	93.62
1995	95.43
1996	96.24
1997	96.84
1998	99.41
1999	101.72
2000	103.56
2001	104.29
2002	105.07
2003	105.46