

Ten Critical Threats To America's Children: Warning Signs for the Next Millennium

A Report to the Nation

November 29, 1999

Presented by:

The National League of Cities
National School Boards Association
Joe DiMaggio Children's Hospital
Youth Crime Watch of America

The National League of Cities

The National League of Cities is the country's largest and most representative organization serving municipal governments. Founded in 1924 as the American Municipal Association by ten state municipal leagues, its membership today includes 49 state municipal leagues and more than 1,500 communities of all sizes. Through the membership of the state municipal leagues, the NLC represents more than 18,000 municipalities.

Through NLC, mayors and city council members join together to establish unified policy positions, advocate these policies forcefully, and share information that strengthens municipal government throughout the nation.

Acting on behalf of local governments, NLC's goals include influencing national policy and building understanding and support for cities and towns. Through a wide range of programs and services, NLC assists local leaders in their jobs as policymakers and public servants.

National School Boards Association

The National School Boards Association is a national advocacy organization for public school governance. NSBA's mission is to foster excellence and equity in public elementary and secondary education in the United States through local school board leadership. NSBA achieves its mission by amplifying the influence of school boards across the country in all public forums relevant to federal and national education issues, by representing the school board perspective before federal government agencies and with national organizations that affect education, and by providing vital information and services to Federation Members and school boards throughout the nation.

Joe DiMaggio Children's Hospital

The Joe DiMaggio Children's Hospital at Memorial is a 144-bed, state-of-the-art facility staffed 24 hours a day by a team of pediatricians, pediatric specialists, specially-trained

pediatric nurses and ancillary support staff. The hospital is located within Memorial Regional Hospital in Hollywood, Florida.

Dedicated in September 1992, the Joe DiMaggio Children's Hospital at Memorial offers a comprehensive scope of inpatient and outpatient pediatric programs supervised by the largest diversity of board-certified pediatric specialists in the region. The hospital is one of fewer than 100 hospitals worldwide to offer a life-saving procedure for babies with severe respiratory problems known as Extracorporeal Membrane Oxygenation.

The Joe DiMaggio Children's Hospital treats all children, regardless of their financial status. Besides offering an extensive range of health care services and specialized treatments, the hospital also supports a number of child advocacy programs.

Youth Crime Watch of America

Youth Crime Watch of America (YCWA) is a non-profit organization dedicated to establishing youth crime watch programs across America. Through this program, YCWA gives young people the tools and guidance necessary to actively reduce crime and drug use in their own communities. Leadership train today's youth by encouraging them to take an active role in addressing problems around them, not because they are heroes, but because they are part of a community and everyone must be part of the solution. By creating this sense of accountability based on the principle of citizenship, YCWA has significantly reducing crime and drug use for nearly 20 years.

Presidents Clinton, Bush, and Reagan have recognized this success and applauded YCWA endeavors. They have also received national honors such as being named a U.S. Department of Education Exemplary Program of Excellence. In every evaluation the program has undergone, it has been found to be extremely effective. By combining statewide initiatives with grass-roots efforts, YCWA has built partnerships with both public and private organizations to bring programs into all regions of the country. These efforts continue to better the world for today's youth.

Forward

November 29, 1999

A message to America:

There can be no greater measure of a society than how it treats its children. Our children are our most precious resource, and they are our future. Today's children are tomorrow's heads of state, captains of industry, spiritual and community leaders, and stars of the sports, arts and entertainment world. We hold their future in our hands – and our future is in their hands.

America is a country of vast wealth, great compassion and seemingly limitless opportunity. But somehow, we have neglected over the years to ensure that every child receives a reasonable chance to grow up to achieve his or her fullest potential.

As surely as any enemy America has confronted in war, these critical threats jeopardize our way of life, our values as a civilized society and our future itself. To diminish these threats to our children then will require an alliance of every American institution with a sincere, strong and sustained effort.

Too many children in this great land of ours continue to live in poverty and experience hunger. Too many suffer abuse and neglect at the hands of the parents and caretakers who should be nurturing them instead. Too many are allowed to walk down the dead-end road of drugs, violence and other life-threatening behaviors. Too many go without adequate health care and child-care that others take for granted.

These are not new problems, but they are chronic, they are pervasive and they threaten to tear apart the ages-old trust we share with our children to leave them a better world than the one we inherited from our parents.

We are releasing this report today, "Ten Critical Threats To America's Children: Warning Signs for the Next Millennium" to focus national attention on ten key areas where we can and must do more to help and protect our children and their futures. These threats are not ranked, nor do we assign any one threat greater importance than another. Rather, they are often interrelated problems that all need work.

This report to the nation is not intended to be a "doom and gloom" forecast of the apocalypse, but instead, a wake-up call to America and an action plan for the future. There are many solutions to the threats we discuss and they can be found in Washington, in our state capitals and in the thousands of communities across our country. We are a vibrant and resourceful people who share a can-do work ethic, and by striving together and with a shared vision, we can rise to meet the challenges set forth in this report.

This is our blueprint for policy makers, government officials, health care providers, child advocates, community activists, spiritual leaders and citizens to follow. There can be no greater moment than this, the turn of the century, to refocus and rededicate ourselves to the premise that all Americans are created equal, and that all should share in this great thing known throughout the world as the "American Dream." Let us roll up our sleeves and get to work to ensure that all of our children live their dreams.

Sincerely,

Clarence Anthony
President
National League of Cities

Nina Tucker
Administrator
Joe DiMaggio Children's Hospital

Terry Modglin
Executive Director
Youth Crime Watch of America

Mary Ellen Maxwell
President
National School Boards Association

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Executive Summary

It is often said that children are our future. A critical measure of what kind of country America will be in the next century, and what kind of society we live in, is how we provide for our children's needs today. The children of today are tomorrow's leaders in government, business and medicine. Their future is in our hands ... and ultimately, our future will be in their hands.

What follows is a discussion of ten threats facing America's children as we enter the next millennium. These threats are not presented in ranked order. Each of them separately presents critical issues we must address to ensure the welfare of children. Taken together, they present some daunting challenges that we can and must meet in the 21st century. As we individually address each of these threats in the sections that follow in this report, we will also offer some solutions to this myriad of problems facing our children.

- Roughly 14.5 million American children – nearly one in five – experience poverty and as a result are more likely to suffer an array of problems regarding their health, emotional well-being, school readiness and achievement – and their employability as adults. The number of children in working poor families leaped by one-third from 1989 to 1997, despite a booming economy and a 25-year low in the nation's unemployment rate. Additionally, more than 3 million children experienced hunger in the United States in 1998, and millions more suffer from inadequate daily nutrition and poor eating habits. Children who are deprived of proper nutrition during the brain's critical formative years have been shown to score much lower on tests of vocabulary, reading comprehension, arithmetic, and general knowledge. The more extreme the level of poverty, the poorer the nutritional level tends to be.

- Child abuse and neglect are at epidemic levels in the United States. During 1997, an estimated 3,195,000 children were reported to authorities as abused and neglected. Reports of child abuse and neglect rose a staggering 41 percent between 1988 and 1997. Children who are abused and neglected often experience problems down the road involving juvenile crime, poor academic performance, drug and alcohol abuse, domestic violence and other social ills.
- The horrific high school massacre in Littleton, Colorado and other school shootings in Pearl, Mississippi and Paducah, Kentucky, over the past two years have focused America's attention as never before on the issue of children, guns and crime. Although the violent crime rate for juveniles has actually declined, the juvenile arrest rate has increased. Between 1979 and 1996, more than 75,000 American children and teens were killed and another 375,000 wounded by firearms – that's more deaths and casualties than U.S. troops suffered during the Vietnam War.
- The teenage years often lead to dangerous experimentation with drugs, alcohol and tobacco, unprotected sexual activity and other life-threatening behaviors. While drug and alcohol usage among teens has recently modestly declined, it is still at unacceptably high levels. And every year, three million American teens are infected with AIDS, HIV and other sexually transmitted diseases.
- Although there has been a slow, steady decline in overall teen birth rates in the United States during the 1990s, we still have the highest teen pregnancy and birth rates among western industrialized nations. Every year in America, one million teenage girls become pregnant and more than half of them give birth. Teenage parents and their children often face a lifetime of disadvantages, such as poverty, lower education levels and poorer health.
- Child care has become a daily necessity for millions of Americans. Yet for many low-income families, affordable and quality child care is out of reach and for many working families, it is barely affordable. Despite the critical role child care plays in the emotional and academic development of children and in helping working families, studies have shown that many of the child care facilities in the United States are of poor to mediocre quality, and many are staffed by workers who are inadequately trained.
- The problems facing America's children will be tough to solve without first addressing the failures of our country's health care system. In 1998, an estimated 11.1 million children younger than 18 had no health insurance. Providing children access to affordable, quality health care and mental health services can address an array of problems that, if left untreated, often explode into severe family or community problems.
- Parents must take more responsibility for their children's actions. Parents must have a better grasp of their children's activities, their friends, and the conflicting messages they receive about violence, drugs and sex from television, movies and music. Starting at an early age, parents must instill in their children a desire

to learn and promote their children's self-esteem, and be prepared to communicate with their children about sensitive issues. Ultimately, parents must behave as they wish their children to act.

- America's elementary and secondary schools face a variety of complex challenges in educating our children in the next millennium. From spotty academic performance and overcrowded classrooms to continuing high dropout rates and threats and fears of violence on campus, children face pressures never seen before in the classroom.
- Besides the clearly visible and definable ills, America's children also are at risk for things unseen – hazards in our environment. Every year, about 8,000 children in the United States develop some form of cancer, most often leukemia or brain cancer, and government scientists suspect environmental hazards may be a cause. Children are exposed to a number of known carcinogens and neurotoxic substances that can cause developmental and learning problems and death. More than 900,000 children in the United States have elevated levels of lead in their bloodstream, putting them at risk for a variety of health and behavioral problems.

Part 1 – The Plague of Poverty

If there is a single underlying factor that permeates the variety of threats facing America's children in the next millennium, it is poverty. Despite the enormous wealth of the United States, and the stock market-fueled economic boom of the 1990's, our child poverty rate is among the highest of all advanced, industrialized nations.

Roughly 14.5 million American children - nearly one in five – experience poverty. As a result, their lifetime contribution to the economy will decline by an estimated \$130 billion because poor kids grow up to be less educated and less productive workers.⁽¹⁾

Scientific studies have shown that poverty, especially extreme poverty experienced in early life, has a clearly definable negative impact on children's health and development. Children growing up poor are much more likely to experience an array of problems regarding their health, emotional well being, school-readiness and achievement – and their employability as adults.⁽²⁾ Child poverty is a plague that we must first address in order to solve the many other problems impacting children.

A child born to a poor mother is more likely to die before his or her first birthday than a child born to an unmarried mother, a mother who smoked during pregnancy or a high school dropout. Even within the same family, children born during periods when the family's financial condition was worse tend to complete less schooling than their brothers or sisters who were born during more financially stable times.

During the 1990's, there was a considerable increase in children living in working poor families, where at least one parent worked 26 or more weeks and family income was below the federal poverty level. (Researchers believe the government's current poverty line, which was set at \$12,931 for a family of one adult and two children in 1997, is unrealistically low.) The number of children in working poor families increased from 4.3 million in 1989 to 5.6 million in 1997 – an increase of nearly one third – despite the fact the stock market hit an all-time high and the unemployment rate hit a 25-year low.⁽³⁾ Notably, the growth in the number of poor children over the past few decades is not due to an increase in welfare-dependent families, but rather, because of a surge in the ranks of the working poor. Between 1976 and 1997, the number of poor children increased by about 3.3 million – two-thirds of those children lived in families who had income from earnings, but no income from welfare.⁽⁴⁾

Only about 40 percent of children in poverty lived in a family that received cash public assistance in 1997, according to U.S. Census Bureau data. That included assistance programs such as Aid to Families with Dependent Children, Temporary Assistance to Needy Families and Supplemental Security Income.⁽⁵⁾

While the child poverty rate of 18.9 percent last year appears to be the lowest since 1980, it is no cause for celebration – the child poverty rate was considerably lower in the late 1960s and during all of the 1970s.

Poverty rates are particularly startling for children in female-headed households. About 55 percent of related children under six years old in female-headed households lived in poverty last year. For minorities, the situation was even bleaker. Among related black children in such families, 60 percent were poor. Among related Hispanic children in such households, 67 percent – two of every three – were poor.⁽⁶⁾

Over the past 20 years, poverty rates have increased more than 75 percent for children whose parents went to college but did not graduate and for children whose parents completed high school but did not attend college. Child poverty rates in suburban areas are still lower than rural or urban areas, but over the past two decades the child poverty rate has risen fastest in suburban areas.⁽⁷⁾

Additionally, more than three million poor children experienced hunger in America in 1998. Millions more rely on an array of federal programs designed to ensure they receive an adequate daily diet to help them grow healthy and perform well in school.

Children who are deprived of proper nutrition during the brain's critical formative years have been shown to score much lower on vocabulary, reading comprehension, arithmetic and general knowledge tests. The more extreme the level of poverty a child faces, the poorer his or her nutritional level tends to be.⁽⁸⁾ The prevalence of hunger was higher than average among households headed by single women and minorities, and in households with incomes below the federal poverty line.

Malnutrition can cause children to withdraw socially, delay the development of motor skills and physical growth, and lead parents and teachers to expect less from them.

Each day, one of every five Americans receives nutrition assistance through one or more of 15 federal programs, including food stamps, school meals and the Women, Infants and Children Program (WIC).

The food stamp program serves almost 19 million people per month. WIC, which provides high-nutrient foods to low-income pregnant women, mothers and children up to age 5, averages 7.3 million people per month. Studies have shown that women who participate in WIC incur lower Medicaid costs in their first weeks after birth than women who do not.

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Every day, 71,000 schools across America served subsidized breakfasts to 7.1 million children. Students who eat breakfast perform better academically, have fewer behavior problems, and are tardy and absent less frequently than those who do not.⁽⁹⁾ About 96,000 schools are serving subsidized lunches to 26 million children.

Besides malnutrition, poor children face other nutritional issues. The percentage of obese children ages 6 to 17 has doubled in the U.S. since 1968. Childhood obesity has emerged as a major health issue, particularly among African-American girls and Hispanic and Native American children. Obese children tend to grow up to be obese adults and face drastically higher rates of high blood pressure, diabetes, heart disease and cancer.

Searching for solutions:

We can and must do more to reduce child poverty rates in America – out of both compassion and self-interest. Programs that help working parents gain better access to child care and health care and expand access to higher education and capital can help. Other programs that ensure children adequate daily nutrition will also ensure children grow healthy and are ready to learn. By assisting more children to escape poverty today, we can help improve the productivity of our workforce tomorrow. We must ask whether today's aging Baby Boomers will be supported in their old age – much depends on the decisions we as a society make on child poverty today.

⁽¹⁾"Poverty Matters: The Cost of Child Poverty In America," July 18, 1999, Children's Defense Fund, www.childrensdefense.org/fairstart

⁽²⁾"Investing the Surplus: An Opportunity to Reduce Child Poverty," News and Issues, Summer 1999, National Center for Children in Poverty

⁽³⁾1999 Kids Count Data Online, May 18, 1999, The Annie E. Casey Foundation, www.aecf.org/kidscount/kc1999/findings2.htm

⁽⁴⁾Ibid

⁽⁵⁾Ibid

⁽⁶⁾"Analysis of Census Bureau's Income and Poverty Report for 1998," October 1, 1999, Center for Budget and Policy Priorities, www.cbpp.org/9-30-99pov.htm

⁽⁷⁾"High School Diploma, Working Parents, Little Protection Against Young Child Poverty," News and Issues, Summer 1999, National Center for Children in Poverty

⁽⁸⁾"Poverty and Brain Development in Early Childhood (April 1997), National Center for Children in Poverty, www.cpmcnet.columbia.edu/dept/nccp/brain.html

⁽⁹⁾Food and Nutrition Service Program Data, August 23, 1999, U.S. Department of Agriculture, www.fns.usda.gov

Part 2 – Abuse and Neglect at Home

Everyone in America should agree that the horrifying epidemic of child abuse and neglect in this country must be eliminated. The number of children abused and neglected across the United States stands at an all-time high, while our child protection systems are fragmented, strained by huge caseloads, and under-financed.

The numbers are heartbreaking. During 1997, an estimated 3,195,000 children were reported abused or neglected. The number of children reported to authorities as abused or neglected increased a staggering 41 percent between 1988 and 1997.⁽¹⁾

Each day in the United States, more than three children die as a result of abuse or neglect. During 1996, when an estimated 1,185 children died of abuse or neglect, 82 percent of the victims were under the age of five and 42 percent never reached their first birthday. Between 1985 and 1996, the rate of child deaths due to abuse and neglect increased by 34 percent.⁽²⁾

Recent studies support the common sense notion that people who are victimized as children often struggle to overcome such experiences in their teen and adult years. Children who are abused and neglected often have problems involving juvenile crime, poor academic performance, drug and alcohol abuse, domestic violence and other social ills.⁽³⁾

Several interrelated factors are often at play in homes where parents or caregivers abuse or neglect their children. These include poverty, having children at too early an age, drug or alcohol abuse by the parents, a lack of child care or supervision for the children, and a lack of community support for the parents.⁽⁴⁾

Parental drug and alcohol use is a major factor in child abuse and neglect and contributes to the placement of at least half of the children into the custody of child welfare agencies around the country. Kids whose parents abuse drugs and alcohol are almost three times as likely to be abused and more than four times as likely to be neglected as kids whose parents do not use drugs or alcohol.⁽⁵⁾

An overwhelming number of child welfare professionals – 80 percent in one recent study – say that parental drug and alcohol abuse is an aggravating factor in most of the child abuse and neglect cases that they are assigned.⁽⁶⁾

Other studies have shown a direct correlation between household income and the incidence of various forms of abuse and neglect. The rates of physical abuse, sexual abuse, neglect and serious injury are substantially higher in families earning \$15,000 or less per year than they are for families earning \$15,000 to \$29,999 per year. Rates for abuse and neglect drop dramatically for households earning \$30,000 or more per year.⁽⁷⁾

Often, children who are abused or neglected wind up living in out-of-home care, such as family foster homes, kinship care and residential programs. However, despite the surge

in reported incidents of child abuse and neglect, the number of such facilities in some instances has declined.

By the end of 1996, more than 530,000 children were estimated to be living in out-of-home care, yet there were 140,000 licensed family foster care homes, a decrease of more than 20,000 homes from the previous year. Teenagers represent about 30 percent of the children in foster care.

The legacy of child abuse and neglect is seen starkly in the experiences of the 25,000 to 30,000 young people who leave foster care each year to take on the responsibilities of adult life, either by reaching 18 or by being emancipated. Within one year, 25 to 40 percent experience homelessness, only 40 to 50 percent will have completed high school, less than half will have jobs, and over 60 percent of the young women will have babies within four years.⁽⁸⁾

The prevalence of "latchkey" children, those who come home from school each day with either no or inadequate adult supervision is also a contributing factor to the abuse and neglect of children. Every day, nearly 5 million children across the United States are left home alone or poorly supervised while their parents work. For many parents this situation is unavoidable, but in other instances parents are failing to ensure their children come home to a structured and safe environment.

Searching for solutions:

America's abused and neglected children need our protection and care more than ever. We must improve the state-by-state tracking and investigation of child abuse and neglect cases and increase the prosecution of abusers. We must provide more early intervention programs for children and parents – particularly in low-income households – and increase public awareness of child abuse as an epidemic. We must offer more quality out-of-home care for abused children and make adoption an easier option for willing adults. We also must address the drug and alcohol problems of adults that often fuel episodes of abuse and neglect.

⁽¹⁾Wang, C.T. & Daro, D. (1998) "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey. Chicago: National Committee to Prevent Child Abuse.

⁽²⁾Ibid.

⁽³⁾1999 Child Welfare League of America Stat Book, www.cwla.org.

⁽⁴⁾Ibid.

⁽⁵⁾Kelleher, K., Chaffin, M., Hollenberg, J., & Fischer, E. (1994) Alcohol and drug disorders among physically abusive and neglectful parents in a community-based sample. *American Journal of Public Health*, 84(10), 1586-1590.

⁽⁶⁾The National Center on Addiction and Substance Abuse at Columbia University. (1999) No safe haven: Children of substance-abusing parents.

⁽⁷⁾U.S. Department of Health and Human Services, National Center for Child Abuse and Neglect, Third Incidence Study of Child Abuse and Neglect (Washington DC, US Government Printing Office, 1996.

⁽⁸⁾Cook, R. (1992) A national evaluation of Title IV-E foster care and independent living programs for youth, phase 2 final report. Rockville, MD: Weststat, Inc.

Part 3 – Violent Crime

The horrific high school massacre in Littleton, Colorado, and other school shootings over the last two years have focused America's attention as never before on the issues of children, guns and crime. These incidents prompted a national outcry and renewed public debate over the causes of violence among kids.

During the early 1990's, a rapid increase in juvenile violence led many states to change their juvenile justice laws and to place more violent juvenile offenders on trial as adults.

In reality, violent juvenile crime arrests in America have fallen 25 percent since 1994, in part because of the tougher laws.⁽¹⁾ However, public concern remains high because the volume and visibility of crimes involving children, both as victims and perpetrators, has stayed unacceptably high. In 1997, law enforcement agencies made about 2.8 million arrests of youths under the age of 18.⁽²⁾

During 1997, about six juveniles were murdered in the United States every day. Thirty-three percent of these slain children were under age 6, 30 percent were female, 47 percent were black, 56 percent were killed with a firearm and 40 percent were killed by a family member.⁽³⁾

Overall, about 2,300 murders – or about 12 percent of all murders in America in 1997 – involved at least one juvenile offender.

The sheer number of kids who have been killed or wounded by gunfire in recent years is shocking when placed in historical context. Between 1979 and 1996, more than 75,000 American children and teens were killed and another 375,000 were wounded by firearms. That's almost 20,000 more deaths and 225,000 more casualties than American troops suffered in the Vietnam War.⁽⁴⁾ While the violent crime rate for juveniles has declined, the overall juvenile arrest rate for all offenses reached its highest level in the last two decades in 1996 before declining in 1997. Between 1988 and 1997, the overall juvenile arrest rate increased 22 percent. That year, there were 9,200 arrests for every 100,000 youths between the ages of 10 and 17 in the United States.⁽⁵⁾

Juveniles were involved in 17 percent of all violent crimes and 35 percent of all property crimes recorded in 1997. Nearly one-third of all persons arrested for robbery were under 18. Seventeen percent of all rapes and 14 percent of all aggravated assaults involved juveniles.⁽⁶⁾

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Sociological studies have pointed to an array of factors – such as poverty, child abuse and neglect, exposure to violence, lack of parental monitoring and television viewing habits – as contributing to the pervasiveness of youth crime and violence in our society.

While about one in 10 public schools in America experience a serious violent crime on campus, the National School Boards Association has estimated that more than 135,000 guns are brought into U.S. schools each day. During the 1996-1997 school year, 6,093 students were expelled for bringing firearms or explosives to school.⁽⁷⁾ During 1996, 6 percent of all high school seniors reported that they had brought a weapon to school at least one day during the previous four weeks.⁽⁸⁾

Even just the fear of school-related violence has consequences for our school-age children – one survey found that 5 percent of high school students had stayed home at least once during a one-month study period simply out of concern that a violent crime could occur in their classroom.

A recent U.S. Justice Department report found that children and teens are at the greatest risk to be victimized during the after-school hours of 3-7 p.m., suggesting that more must be done to help families balance the demands of jobs and child-rearing by providing more after-school program. The same report found that the cost of allowing one student to leave high school for a life of crime and drug abuse carried a steep price tag for society: about \$2 million in court and prison costs and lost productivity.

Searching for solutions:

We must turn our children away from the culture of violence. Parents and other supervising adults must take additional steps to make sure that guns and other weapons stay out of the hands of children. Schools, law enforcement authorities and communities must work together to better identify children at highest risk of committing violent juvenile crime before they commit additional offenses. Schools must maintain a zero tolerance policy for weapons in the classroom and take additional steps to ensure the safety of law-abiding students and teachers. Schools and communities must offer more quality after-school programs to ensure children are spending their time productively and not getting into trouble on the streets. Parents must work to reduce the amount of violence children are exposed to on television, movies and other popular culture.

⁽¹⁾"Key facts on youth, crime, and violence," Children's Defense Fund, April 29, 1999, www.childrensdefense.org/crime.

⁽²⁾"Estimated Number of Juvenile Arrests," Office of Juvenile Justice and Delinquency Prevention, www.ojjdp.ncjrs.org/ojstatbb/qa001.html.

⁽³⁾"Vice President Al Gore announces new information finding juvenile violent crime and victimization highest during after-school hours," September 17, 1999, The White House.

⁽⁴⁾"Children and guns," April 29, 1999, Children's Defense Fund, www.childrensdefense.org/youthviolence/childdandguns.html.

⁽⁵⁾"Juvenile arrest rates for all crimes 1981-1997," Office of Juvenile Justice and Delinquency Prevention, www.ojjdp.ncjrs.org/ojstatbb/qa007.html.

⁽⁶⁾Ibid.

⁽⁷⁾"Report on State Implementation of the Gun-Free Schools Act – School Year: 1996-1997, U.S. Department of Education, 1998.

⁽⁸⁾Annual Report on School Safety, October 1998, National Center for Education Statistics, www.ed.gov/pubs/AnnSchoolReport98/natper.html.

Part 4 – Dangerous Escapes

The teen years are often filled with anxiety, confusion and risk-taking as young people make the awkward transition from childhood to adulthood. During this formative period, many young people begin dangerous experimentation with drugs, alcohol, tobacco, unprotected sexual activity and engage in other life-threatening behaviors.

During the 10-year period from 1985 to 1996, the rate of teen deaths from accident, homicide and suicide remained almost constant. In 1996, the rate was 62 deaths per 100,000 teens aged 15 to 19; in 1985 it was 63 deaths per 100,000. However, during that time period, there was a decline in the number of teen deaths due to accident, and an increase in deaths due to homicides.⁽¹⁾

Suicide rates jump in the teen years due to many factors, including greater access to firearms, drug and alcohol abuse, social pressures and negative family situations beyond the child's control. Suicide is the third leading cause of death in the United States for 15- to 24-year-olds, and the sixth leading cause of death for 5- to 14-year-olds.⁽²⁾

There has been some good news regarding teens and drug abuse over the past two years. The 1998 National Household Survey on Drug Abuse showed that overall, illegal drug use declined among young people ages 12 to 17 from 1997 to 1998.⁽³⁾ However, that followed a dramatic rise in drug use among youths from 1991 to 1996. During that period, drug use among eighth graders and 10th graders more than doubled, and drug use by 12th graders increased by 50 percent.⁽⁴⁾

America's youth are especially vulnerable to drug abuse and its effects on their physical and psychological development, not just at the time of use, but for years to come. Drug use can lead to self-degradation, loss of control and disruptive, antisocial attitudes that can cause untold harm to young people and their families. Kids ages 12 to 17 who smoke marijuana are twice as likely to cut class, steal, attack people and destroy property as those who do not smoke marijuana.⁽⁵⁾

Marijuana and cocaine use is down among young people. In 1998, 8.3 percent of youths aged 12 to 17 used marijuana – the peak was 14.2 percent in 1979. And an estimated 1.8 million Americans 12 and older (or .8 percent) used cocaine – usage of cocaine peaked at 5.7 million (or 3 percent) in 1995.

Alarmingly, however, the use of hallucinogens among those ages 12 to 17 has increased. The first time use of hallucinogens among youths aged 12 to 17 increased from 11.1 per 1,000 potential users in 1991 to 23.9 per 1,000 potential users in 1997.⁽⁶⁾

Another risk-taking trend among young people is "huffing," or breathing fumes of household products such as glue, paint and cleaners. Children can cause severe permanent damage, including brain damage, through such behavior. According to a national survey by the American Academy of Pediatrics, six in 10 children are 12 years old or younger when they first become aware of friends huffing.⁽⁷⁾

Meanwhile, childhood use of alcohol and tobacco continues to cause concern. Although alcohol use by teenagers is stable or declining, by 12th grade, 75 percent of students have used alcohol, 52 percent are current drinkers and 31.5 percent are binge drinkers. Youth alcohol use strongly correlates with later adult drug use.⁽⁸⁾

Tobacco use is the single leading preventable cause of death in the United States. Every day, 6,000 kids ages 18 and younger try their first cigarette and more than 3,000 become daily smokers. Tobacco is considered a "gateway" to the use of certain hard drugs – researchers have found a correlation between underage tobacco use and later use of cocaine and heroin.

These risk-taking years are also the time that many teenagers begin having sex, often without understanding the responsibilities that go with the act. More than half of girls and three quarters of boys under age 18 are sexually active. Each year, three million American teens are infected with AIDS, HIV and other sexually transmitted diseases. And each year, thousands of girls are faced with unwanted pregnancies. One study found that almost half of teen parents had been drinking or using drugs prior to the episode of sex that resulted in the pregnancy. The use of drugs and/or alcohol often causes behavior that would not happen under sober circumstances. (See [Part 5, Children Having Children](#).)

Searching for solutions:

Parents, teachers and responsible community members must be ever-vigilant to support children through the difficult teen years and help them to avoid risk-taking behavior. Parents should educate themselves on the signs that their child may be thinking of committing suicide, take threats seriously and consult a psychiatrist. The most effective way of preventing drug, alcohol and tobacco abuse is by educating parents, teachers and school-aged children about the signs, symptoms and dangers. Parents can influence their children by not using harmful substances themselves. Youth should receive information from their parents and their communities that supports their decision to abstain from sex, and should be encouraged to direct questions about sex to their parents or other trusted family member, a school counselor or a member of their religious organization. Parents, schools and communities must offer quality comprehensive after-school programs to keep children occupied while parents work.

⁽¹⁾Rate of Teen Deaths By Accident, Homicide, and Suicide, 1999 Kids Count Data Online, Summary and Findings, www.aecf.org/kidscount/kc1999/findings.htm.

⁽²⁾Teen Suicide, the American Academy of Child and Adolescent Psychiatry, November 1998, www.mentalhelp.net/factsfam/suicide.htm.

⁽³⁾Annual National Drug Survey Results Released; Youth Drug Use Decreases; Overall Rates Remain Level, U.S. Department of Health and Human Services, August 17, 1999.

⁽⁴⁾America's Drug Use Profile, Youth Drug Use: A Problem with Profound Implications, Office of National Drug Control Policy, www.whitehousedrugpolicy.gov/.

⁽⁵⁾Ibid.

⁽⁶⁾Annual National Drug Survey Results Released; Youth Drug Use Decreases; Overall Rates Remain Level, U.S. Department of Health and Human Services, August 17, 1999.

⁽⁷⁾AAP Releases New Findings On Inhalant Abuse, American Academy of Pediatrics, September 30, 1999, www.aap.org/advocacy/releases/octinh.htm.

⁽⁸⁾America's Drug Use Profile, Youth Drug Use: A Problem with Profound Implications, Office of National Drug Control Policy, www.whitehousedrugpolicy.gov.

Part 5 – Children Having Children

When teenage girls have babies it is doubly problematic for society because the pregnancy often diminishes the future opportunities for both the child and the young mother. Despite a slow, steady decline during the 1990's in overall teen birth rates, the United States still has the highest teen pregnancy and birth rates among western industrialized countries.

Every year in America, one million teenage girls become pregnant and more than half give birth.⁽¹⁾ Studies have suggested that 43 percent of all teenage girls in this country will become pregnant at least once before they reach the age of 20.⁽²⁾ And according to a report by the National Academy of Sciences' Institute of Medicine, more than 80 percent of teenage pregnancies are either mistimed or unwanted.

Teenage parents and their children often face a lifetime of disadvantages. Teenage girls who are most likely to have a child are those who come from low-income families and neighborhoods, those who are not doing well in school or who have low educational aspirations, those who come from dysfunctional families, and those who have substance abuse or behavioral problems.⁽³⁾

Teenage mothers have an above average chance of having complications with their pregnancies such as toxemia, anemia, bleeding, cervical trauma and premature delivery. Seven out of 10 teenage mothers will drop out of high school and during their first 13 years of parenthood earn an average of about \$5,600 annually, less than half the poverty level. Teenage mothers typically spend much of their early adult years (ages 19 to 30) as single parents.⁽⁴⁾

In general, teenage fathers have lower incomes, less education and more children than men who postpone having children until their 20s. Notably, however, 51 percent of the fathers of children born to girls under 18 are in their 20s. Thus, if teen pregnancy prevention programs focus solely on teenagers, they may miss an important population of the fathers involved in this problem.⁽⁵⁾

Nationally, the teen birth rate increased from 31 per 1,000 girls ages 15 to 17 in 1985 to 34 per 1,000 girls in 1996. That's an increase of 11 percent. However, the rate has edged downward during the past several years.

During 1996, the birth rate for girls aged 15 to 17 was less than half the rate for girls aged 18 and 19, which stood at about 85 per 1,000. Between 1991 and 1996, the number of births to girls aged 10 to 14 decreased from 1.4 to 1.2 per 1,000, despite the growing number of children in this age group.⁽⁶⁾

Research has shown that teenage pregnancy prevention programs and assistance to young parents are not only morally appropriate but good investments of taxpayers' dollars as well. Every tax dollar spent on contraceptive services saves about \$4 that would otherwise be spent to provide medical care, welfare benefits and other social services to young mothers and their children.⁽⁷⁾

Without access to family planning services, an estimated 386,000 more girls would become pregnant each year. And of these, about 155,000 girls would give birth, which would increase the number of teen births by about 25 percent. An estimated 183,000 additional girls would have abortions, increasing the abortion rate among teenagers by 58 percent.⁽⁸⁾

Searching for solutions:

Although teen pregnancy and birth rates have declined in America, they are still far too high. Youth should receive information from their parents and their communities that supports their decision to abstain from sex. Teens should be encouraged to direct questions about sex to their parents or other trusted family member, a school counselor or a member of their religious organization. Human service professionals must be better trained in issues of teen pregnancy prevention. A full array of programs and services should be available to young pregnant women and young mothers to assure the well-being of them and their children. Programs for young men should focus on family planning, parenting and job opportunities.

⁽¹⁾U.S. General Accounting Office. (November 1998). Teen pregnancy: State and federal efforts to implement prevention programs and measure their effectiveness. GAO/HEHS-99-4. Washington, D.C.

⁽²⁾Forrest, J.D. Proportion of U.S. women ever pregnant before age 20: A research note in C. Hayes (Ed.), *risking the future: Adolescent sexuality, pregnancy, and childbearing*. Vol. 1. Washington, D.C. National Academy Press.

⁽³⁾1999 Kids Count Data Online, Anne E. Casey Foundation, www.aecf.org/kidscount/kc1999/findings2.htm.

⁽⁴⁾Child Welfare League of America, December 1998, Basic Trends in teen sexual activity: pregnancy and births.

⁽⁵⁾1999 Kids Count Data Online, Anne E. Casey Foundation, www.aecf.org/kidscount/kc1999/findings2.htm.

⁽⁶⁾Office of Juvenile Justice and Delinquency Prevention, Teenage birth rates by age, 1980-1996, www.ojjdp.ncjrs.org/ojsstatbb/qa029.html.

⁽⁷⁾Children '99, Child Welfare League of America.

⁽⁸⁾Forrest, J.D., & Samara, R. (1996) Impact of publicly funded contraceptive services on unintended pregnancies and implications for Medicaid expenditures. *Family Planning Perspectives*. 28:188.

Part 6 – Inadequate Child Care

The availability of affordable, quality child care is critical to the safety and development of millions of American children, from infants to teenagers. In an era when both parents are usually working, quality child care contributes to the early brain development of infants, prepares small children for school, and helps older kids stay off the street and away from bad influences in the afternoon.

Yet for many low-income families, affordable, quality child care is out of reach, and for many working families, it is barely affordable. Additionally, recent studies have shown that many child care facilities in the United States are of poor to mediocre quality, and are staffed with workers who are inadequately trained and paid.

Every day, more than 13 million children younger than six – including six million babies and toddlers – spend some or all of their day being cared for by someone other than their parents.⁽¹⁾ That's three out of five young children. And nearly five million "latchkey" children are left home alone after school while mom and dad work.

The financial and career pressures facing families today has resulted in most moms working, rather than staying home with their children. About 65 percent of mothers with children under 6 years old, and 78 percent of women with children between the ages of 6 and 17 are in the labor force. Almost 60 percent of mothers with infants under the age of 1 are working.⁽²⁾

Numerous research studies have shown that the quality of child care has an ongoing impact on a child's overall well-being and capacity to learn. It has been found that children in low quality care have delayed reading and language skills and exhibit more aggression toward other children and adults. For abused and neglected children, quality child care may help to reduce social, emotional and health problems they face.⁽³⁾

However, many children in low-income families are denied the opportunity to participate in quality programs. In 1997, about 800,000 children – or 40 percent of all those eligible – participated in Head Start, which serves children and families below the federal poverty line. One study found that only 45 percent of 3- to 5-year-old children from low-income households were enrolled in preschool programs, while three-quarters of children from higher-income families took part in such programs.⁽⁴⁾ This disparity has held steady since the early 1990s. In the struggle to pay rent and buy food, many low-income families must forego quality early learning experiences for their kids.

Each year, as many as one-third of the millions of children heading off to kindergarten are unprepared.⁽⁵⁾ Studies have shown that low-income children are read to or told stories by adults less often than kids from higher income families. By the time low-income children reach first grade, they have amassed 5,000-word vocabularies. Children from higher income families enter kindergarten with 20,000-word vocabularies.

Full-day child care easily costs \$4,000 to \$10,000 per year, which in many states is more than the cost of public college tuition. By contrast, one out of three families with

young children earns less than \$25,000 a year and a family with both parents working at minimum wage earns slightly more than \$21,000 annually.

Against this backdrop, some child care subsidies are available for low-income families, but these funds are severely limited. Nationally, only 1 in 10 children eligible for subsidized child care assistance is receiving help.⁽⁶⁾ Eligible families that don't participate are either unaware of the available assistance, unwilling to enroll their children or are afraid they will be stigmatized for accepting government assistance.

Quality child care can be difficult to find. Recent studies have determined that an alarming percentage of the child care in America is poor to mediocre. One four-state study found that 40 percent of the rooms serving infants in child care centers were so poorly run that they actually put at risk children's health, safety and development.

The quality and training of child care workers has also been called into question. Hairdressers and manicurists are usually required to attend 1,500 hours of training at an accredited school in order to obtain a license. While many states require child care providers to be licensed, 40 states fail to require child care providers to have any training before accepting children into their homes.⁽⁷⁾ Child care workers earn an average of \$11,780 per year – working either part-time or for minimum wage – which is less than bus drivers, garbage collectors or bartenders.

Searching for solutions:

There are many opportunities to improve the affordability and availability of child care in America. Polls show many Americans support additional tax breaks for enrolling their children in child care. Schools and communities can also establish scholarship funds to assist families who need help paying for child care. Child-care centers can be located in places where they best serve communities: in schools, community recreation centers, transportation centers, retail and senior centers, to name a few. Communities also must adopt and enforce licensing regulations that support high quality child care and support efforts to provide adequate training to child care providers. Communities should also work to improve the pay and benefits of child care workers.

⁽¹⁾ Carnegie Corporation of New York. (1996). Years of promise: A comprehensive learning strategy for America's children. New York.

⁽²⁾ U.S. Bureau of Labor Statistics, unpublished data from March 1997.

⁽³⁾ Children '99, Child Welfare League of America, CWLA Press, Washington, D.C.

⁽⁴⁾ National Educational Goals Panel, (1997), The National Education Goals Panel Report: Building a Nation of Learners, 1997. Washington, D.C.: U.S. Government Printing Office, pg. 38.

⁽⁵⁾ Carnegie Corporation of New York. (1996). Years of promise: A comprehensive learning strategy for America's children. New York.

⁽⁶⁾ Adams, Schulman, and Ebb, Locked Doors: States Struggling to Meet the Child Care Needs of Low Income Working Families (Washington, D.C.: Children's Defense Fund, March 1998).

⁽⁷⁾ Azer and Eldred, Training Requirements in Child Care Licensing Regulations: 1998 (Boston: The Center for Career Development in Early Care and Education, Wheelock College, 1998).

Part 7 – Lack of Health Care

The problems facing America's children will be hard to resolve without first addressing the failures of our country's health care system. Providing children access to affordable, quality health and mental health services can address problems that, if left untreated, often rupture into severe family and community problems.

Despite the exceptionally strong economy in the United States during the 1990s and the billions of dollars of new federal money made available for children's health care, the ranks of uninsured children in our country continues to grow.

In 1998, an estimated 44.3 million Americans had no health insurance and 11.1 million – or 25 percent – were younger than 18, according to U.S. Census Bureau statistics.⁽¹⁾ The number of uninsured children in America grew by 330,000 in 1998 alone.

The percentage of children not covered by health insurance has been on the rise. In 1998, 15.4 percent of children had no health insurance; in 1992, 12.4 percent of children were not covered, according to Physicians for a National Health Program, a Chicago-based group.⁽²⁾

While both Democratic presidential candidates – Vice President Al Gore and former Senator Bill Bradley – have unveiled proposals in recent weeks to expand health insurance for children, neither is as sweeping as the failed health care overhaul President Clinton proposed in his first term. Since then, Clinton and Congress have adopted more modest initiatives, such as a 1997 effort to encourage states to improve coverage for children and a 1996 law making it easier for workers to keep insurance for themselves and their children when changing jobs.

As recently as 1980, most employees at medium-to-large companies had employers who paid 100 percent of their family health insurance. Today, fewer than 25 percent do. More than 75 percent of workers pay for some or all of their insurance, with the employee's share averaging \$1,900 annually for HMOs offered by large employers. (3) About one out of every four workers today has no access to any health insurance through their employer, at any price.⁽⁴⁾

This health care system breakdown means that uninsured children are at risk of preventable illnesses. Most uninsured kids with asthma and one out of three with persistent ear infections never see a doctor during the year. In New York City, an astounding 38 percent of more than 8,000 children in the city's shelter system have asthma. Doctors say it is the highest prevalence of asthma they have ever seen reported in a specific group of children that has been studied.⁽⁵⁾

Children suffering from untreated illnesses often are not ready to learn, and thus, struggle to keep up in school. One study conducted in Florida found that uninsured children were 25 percent more likely to miss school than kids who were insured.⁽⁶⁾

The lack of health insurance is particularly devastating to abused and neglected children, along with those from poor or troubled families. Many of these children start off life with low birth weights, are prenatally exposed to alcohol or drugs, or are exposed to HIV, AIDS or other diseases. Often they lack immunizations or are suffering from untreated developmental disorders.

Physical health problems –such as delayed growth and development, neurological disabilities and malnutrition –affect 30 to 40 percent of kids in America's child welfare system. Mental health problems are especially widespread. Experts say anywhere from 30 percent to 85 percent of children in out-of-home care have serious emotional disturbances. Despite this widespread phenomenon, less than one-third of kids in the child protective system receive mental health services, in part because caseworkers fail to recognize problems exist.⁽⁷⁾

One recent study found there were 21.3 million children covered by Medicaid – making up 55.5 percent of the country's Medicaid population –but that they accounted for only 15.6 percent of Medicaid expenditures. As many as 4.7 million children are eligible for Medicaid but are not enrolled.⁽⁸⁾ Again, many poor parents do not realize they are eligible for Medicaid benefits, simply fail to enroll their children, or are afraid they will be stigmatized for seeking government help.

Searching for solutions:

Accessible, affordable and comprehensive health care for all children is critical to ensuring the societal health of America in the next millennium. Universal health care coverage for all Americans must remain the ultimate objective. Until that becomes reality, we must preserve the federal guarantee of Medicaid for all poor children, and take additional steps to enroll those children who are eligible yet not participating. We must increase the availability of high-quality, community-based mental health services for children. We must improve Medicaid benefits and broader health insurance coverage for uninsured children, and oppose efforts to sacrifice good coverage for wider, inadequate coverage.

⁽¹⁾"Ranks of those without health insurance swell," October 4, 1999, Janet Hook, the Los Angeles Times

⁽²⁾Ibid.

⁽³⁾Jensen, et al. (1997) The New Dominance of Managed Care: Insurance Trends in the 1990s (pp. 130-131). Health Affairs, 16.

⁽⁴⁾U.S. General Accounting Office. (February 1997) Employment-based Health Insurance: Costs Increase and Family Coverage Decreases, GAO/HEHS-97-35.

⁽⁵⁾"Children in Crisis," Op-Ed, June 10, 1999, Bob Herbert, The New York Times.

⁽⁶⁾Florida Healthy Kids Corporation (February 1997) Healthy Kids Annual Report.

⁽⁷⁾Health Care, 1999, Child Welfare League of America, www.cwla.org/health/healthcare.html.

⁽⁸⁾The Kaiser Commission on Medicaid and the Uninsured (June 1998).

Part 8 – Absent Parents

Being a parent has never been easy. But as America prepares to enter the next millennium, being a responsible parent has never been more important.

In a society permeated with conflicting messages about violence, drugs and sex, children have never needed their parents more. But in too many instances, parents have been too busy with work or their own pursuits, or simply too uncaring, to provide their children with the guidance and support that they need.

To be fair, in most families, both parents must work. The days of the stay-at-home mom are largely over. Every day, nearly 5 million children come home to an empty house because their parents are working. Many of these children are unsupervised during the 3-7 p.m. period when juvenile crime and victimization peaks in America. In many instances, there's nothing parents can do about that.

Still, parents must have a better grasp on what their children are doing, who they are hanging around with and what they are thinking. They must understand what messages in the media are influencing their children and be prepared to talk through sensitive subjects. They must take the time to ensure, as best as possible, that their children are engaged in supervised, healthy activities.

They must also lead by example – a parent who abuses drugs, alcohol or tobacco can hardly expect a child to listen to preaching about the dangers of drugs, alcohol or tobacco.

A recent survey of children and parents conducted by the Kaiser Family Foundation and Children Now produced some startling results concerning topics that children ages 10 to 12 wanted to personally know more about.

Fifty percent of the children said they wanted more information on how to protect themselves against AIDS and HIV, and what to do if someone brings a gun to school. Forty-four percent wanted to advice on how to handle pressure to have sex. Forty-three percent wanted to know how one knows when they're ready to have sex, and how alcohol and drugs might influence decisions to have sex.⁽¹⁾

The survey found that at least three out of four parents had talked with their 10 to 12 year olds about drugs and alcohol, violence, drinking and driving, AIDS and how girls get pregnant. But fewer parents had discussed the sensitive topics of peer pressure to have sex, how drugs and alcohol affect decisions to have sex, or how to prevent pregnancy or sexually transmitted diseases.

So where do children get their information? Among 10 to 12 years olds, television and movies are already tied with moms and schools or teachers as a place where they get "a lot" of their information. Dads follow. But by the teen years, friends, television and movies become a much more dominant source of information.⁽²⁾

Another recent study shows that the earlier that parents and teachers encourage a young child's interest in school, promote their self-esteem, and teach them to be socially active, the less likely children are to become involved in violence, drug abuse, pregnancy and other unhealthy activities.⁽³⁾

The study, published in the journal Archives of Pediatrics & Adolescent Medicine, studied the effects of intervention programs for children in grades one to six. By age 18, children who participated in these intervention programs were 19 percent less likely to have committed violence, 38 percent less likely to drink heavily, 13 percent less likely to have sexual intercourse, and 35 percent less likely to have caused a pregnancy or become pregnant than children who did not participate in the programs.⁽⁴⁾

Maintaining good communication with your child is one of the first steps toward being a more responsible parent. Experts say that starting to talk about sensitive topics at an early age, initiating conversations with your child, communicating your values, listening to your child, and being honest with them in your answers are among the important steps parents can take to help their children through the difficult moments of adolescence.

Searching for solutions:

Parents must take every measure to ensure they know what their children are up to, who they are spending time with, and what they are thinking. The earlier that parents disseminate positive values and ideals to their children, the better. Communities and schools must work to provide quality after-school programs for children whose parents work, and provide parenting programs to help guide parents through difficult issues. There are many sources of information, via the Internet and parent associations, on how to discuss sensitive issues with your child. Parents must also be aware of the messages that children are receiving through television, movies, music and other media. Ultimately, parents must remember that they are the chief role models for their children, and behave as they wish their children to act.

⁽¹⁾"Kids ready to talk about today's tough issues before their parents are: sex, AIDS, violence, drugs and alcohol," March 1, 1999, the Kaiser Family Foundation and Children Now, www.talkingwithkids.org.

⁽²⁾Ibid.

⁽³⁾"Study says early social interaction averts risky teen-age behavior," March 15, 1999, Jane E. Brody, The New York Times.

⁽⁴⁾Ibid.

Part 9 – New Pressures in the Classroom

America's elementary and secondary schools head into the new millennium facing a complex array of challenges. Among them are improving academic performance, reducing overcrowded classrooms, meeting the needs of a growing number of children with disabilities, curtailing dropout rates and ensuring the safety of students and teachers.

Today, there are roughly 51.5 million public and private school students and 3 million teachers in the United States. Although overall educational levels of Americans have increased over the past three decades, on the national level, student achievement in the core subjects of reading, mathematics and science has been mixed, based on periodic assessments of 9, 13 and 17 year olds.

In reading, 9 and 13 year olds have shown increases since 1971 while black 17-year-olds were the only members of that age group to achieve an increase. In mathematics, proficiency improved between 1978 and 1996 for all age groups. In science, achievement scores rose for all three groups between 1982 and 1996. However, compared with scores from the 1970s, the 1996 average scores in science were higher at age 9, about the same for age 13, and lower at age 17.⁽¹⁾

While class sizes have not dramatically increased in recent years, because an increase in the number of teachers has been coupled with a decline in student enrollment, a push is on nationally to reduce the ratio of teachers to pupils. The Council of Chief State School Officers, for example, advocates a maximum of 18 students in all classes in grades one to three. Research has confirmed that smaller class sizes in early elementary grades contributes to increased student achievement.⁽²⁾

America's schools are addressing an increasing array of children's special needs. In 1995-96, about 5.6 million children, or 12 percent of all public school children, were enrolled in special education programs. The number of students involved in federal programs for children with disabilities increased by 47 percent between 1977 and 1995. Most students in these programs have specific learning disabilities or language impairments or have serious emotional disturbances.⁽³⁾

Nationwide, there was very little change in the dropout rate between 1985 and 1996. In 1985, 11 percent of teens ages 16-19 were high school dropouts, compared to 10 percent in 1996. Yet in 14 states the dropout rate actually rose and it was unchanged in five others.⁽⁴⁾

Teens who drop out of high school face enormous barriers in becoming financially successful in life. The likelihood of slipping into poverty is about three times higher for dropouts than those who have finished high school. Youths living in families with incomes in the lowest 20 percent of all family incomes are nearly seven times as likely as students in the top 20 percent of family wealth to drop out of high school.

Over the last decade, some 300,000 to 500,000 10th through 12th graders left school each year without successfully completing a high school program.⁽⁵⁾ Hispanic young adults in the United States continue to have higher dropout rates than whites or blacks. In 1997, 25.3 percent of Hispanic young adults were dropouts, compared with 13.7 percent of blacks and 7.6 percent of whites.

Although the overall school crime rate for students ages 12 to 18 declined through the 1990s, crime and the fear of crime remain critical issues for children and teachers. In 1996, 5 percent of all 12th graders reported they had been injured with a weapon such as knife, gun or club during the prior year at school, and 12 percent said they had been injured without a weapon. On average, each year between 1992 and 1996, there were 123,800 violent crimes against teachers and 192,400 thefts from teachers at school.⁽⁶⁾

While the school massacre in Littleton, Colorado focused national attention on school homicides, they are in fact quite rare – there's less than a one in a million chance of suffering a school-related violent death. Still, the percentage of students who fear being attacked or harmed at school has risen, as has the percentage of students who have avoided one or more places at school, fearing for their own safety.

Meanwhile, gang activities at schools have soared. The percentage of students reporting gangs in their schools leaped from 15 to 28 percent between 1989 and 1995. Forty-one percent of urban students, 26 percent of suburban students and 20 percent of rural students said there were street gangs in their schools.

Searching for solutions:

Improving the quality of schools remains high on most Americans' list of priorities. Schools must receive adequate levels of state and federal funding to improve academic scores for all students and reduce class sizes. Schools must be provided adequate resources to provide for the increasing numbers of students enrolled in special education programs. Although high school dropout rates have changed little, parents, schools and communities must work cooperatively to identify at-risk students and direct them to alternative learning programs to prevent them from leaving school. Schools, communities and local law enforcement officials must work closely to rid schools of weapons and gangs and make students and teachers feel safer in the classroom.

⁽¹⁾ Student achievement (national), National Center for Education Statistics, www.nces.ed.gov.

⁽²⁾ Reduced Class Size, The Council of Chief State School Officers, www.ccsso.org.

⁽³⁾ Children with disabilities, National Center for Education Statistics, www.nces.ed.gov.

⁽⁴⁾ 1999 Kids Count Data Online, Summary and Findings, Anne E. Casey Foundation, www.aecf.org.

⁽⁵⁾ Dropout rates in the United States, 1997, Education Statistics Quarterly, National Center for Education Statistics, www.nces.ed.gov.

⁽⁶⁾ Annual Report on School Safety – October 1998, National Center for Education Statistics, www.nces.ed.gov.

Part 10 – Dangers In The Environment

Besides the clearly visible and definable ills such as poverty, abuse and neglect, crime and hunger, America's children also are at risk from things unseen – hazards in our environment.

Every day, children are exposed to known carcinogens, neurotoxic substances such as lead and mercury and potentially dangerous pesticides. These substances can lead to serious developmental problems in children, and in extreme cases, even death.

Each year, approximately 8,000 children under the age of 15 in the United States are diagnosed with cancer.⁽¹⁾ The most prevalent forms of the disease in children are leukemia and brain cancer.

While the overall death rate from childhood cancer in America has declined dramatically in recent years thanks to improved treatment, the incidence of new cancers has increased. This has prompted government scientists to take a closer look at the role that environmental contaminants play. Among the suspects are secondhand tobacco smoke, radon, asbestos, ultraviolet light, hazardous wastes and some pesticides.

For example, infants and children who live in households with smokers involuntarily inhale tobacco smoke, a complex mix of more than 4,000 chemicals such as nicotine, tars, formaldehyde and hydrogen cyanide.⁽²⁾ Some of these substances are known human carcinogens.

Even something as common as excessive sunburns to children ages 10 to 15 increase by three-fold their chances of developing malignant melanoma, the most deadly form of skin cancer, later in life.⁽³⁾ And the U.S. Environmental Protection Agency estimates that as many as 12 million people – including 4 million children – live within one mile of one of the nation's hazardous waste sites.

Scientists are also examining the role that neurotoxic substances are having on harming the intelligence, language abilities and attention spans of children. Lead, mercury and polychlorinated biphenyls (PCBs) are among the substances suspected of having harmful and perhaps permanent neurological effects on children.⁽⁴⁾

Neurotoxics that may have only a temporary negative effect on an adult's brain can cause lasting damage to a child's brain. If the nerve cells of a child's developing brain are destroyed by lead or mercury, it may mean a loss of intelligence or alteration of normal behavior.

Lead is found in the paints of most older houses and in drinking water. It is a major environmental health hazard for small children. In 1997, the Centers for Disease Control and Prevention reported that between 1991 and 1994, 900,000 children under the age of six in the U.S. were found to have elevated lead levels in their bloodstream.

Lead poisoning in children can lead to lowered intelligence, reading and learning disabilities, hearing problems, hyperactivity and reduced attention spans, and antisocial behavior. About 75 percent of the homes in America built before 1978 contain some lead paint.

Mercury is another neurotoxic substance that can produce a wide range of health problems in children, depending on exposure levels. High levels of mercury in fish eaten by pregnant women have been linked to cerebral palsy and severe brain damage in newborns. Repeated exposure to low levels of mercury over time can lead to tremors, irritability, impulsiveness, drowsiness, impaired memory and sleep disturbances. These effects may occur at lower levels of exposure in children than in adults.

Children also are at greater risk of harmful effects from pesticide exposure than adults. That's because pound for pound, they breathe more, eat more and have higher metabolisms than adults. Additionally, children have more hand-to-mouth contact than adults, and are more apt to play on floors and lawns where pesticides are applied. Each year, the EPA receives 24,000 calls to its pesticide hot line, two-thirds of which are from parents concerned about their children's exposure to pesticides. Among the possible health hazards of accumulated exposure to pesticides are cancer, nervous system disorders, lung damage, reproductive dysfunction and disorders in the hormonal and immune systems.

Searching for solutions:

State and federal environmental agencies must devote additional research to childhood cancers and the potential links with environmental hazards. Communities should dedicate additional resources toward surveying older homes – particularly those of the poor – to determine if lead-based paints are endangering children. Pesticide makers should better educate parents about the potential health risks of common pesticides used indoors and on lawns, where small children at play could be at greater health risk of ingesting harmful chemicals. Parents should not subject their children to second-hand tobacco smoke.

⁽¹⁾Childhood cancer, Office of Children's Health Protection, U.S. Environmental Protection Agency, www.epa.gov/children/cancer.htm.

⁽²⁾National Institute of Occupational Safety and Health, 1991, Current Intelligence Bulletin 54: Environmental Tobacco Smoke in the Workplace.

⁽³⁾AAD. 1997. Melanoma Risk Factors Fact Sheet. American Academy of Dermatology.

⁽⁴⁾Developmental and neurological problems, Office of Children's Health Protection, U.S. Environmental Protection Agency, www.epa.gov/children/toxics.htm.