

Foundation for Child Development 2008 Child Well-Being Index Report: Remarks

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Categories of Remarks

- “Multiple America’s”
- Age Cohort Differences
- Importance of Child Indicators/Experiences for Life-time Health Outcomes
- What Works

“Multiple America’s” by Race, Ethnicity, Region

- Demographic Imperative (2007)
 - 1 in 3 US residents is from minority group
 - 57% children – white, non-Hispanic
 - 21% Hispanic
 - 15% Black
 - 4% Asian/NHPI
 - 4% Other
- Projected Percentage Growth: 1995-2015
 - Asians, 74%; Hispanics, 59%; AI/AN, 17%, African American, 19%; White, -3%
 - 2020: 1 in 4 children Hispanic

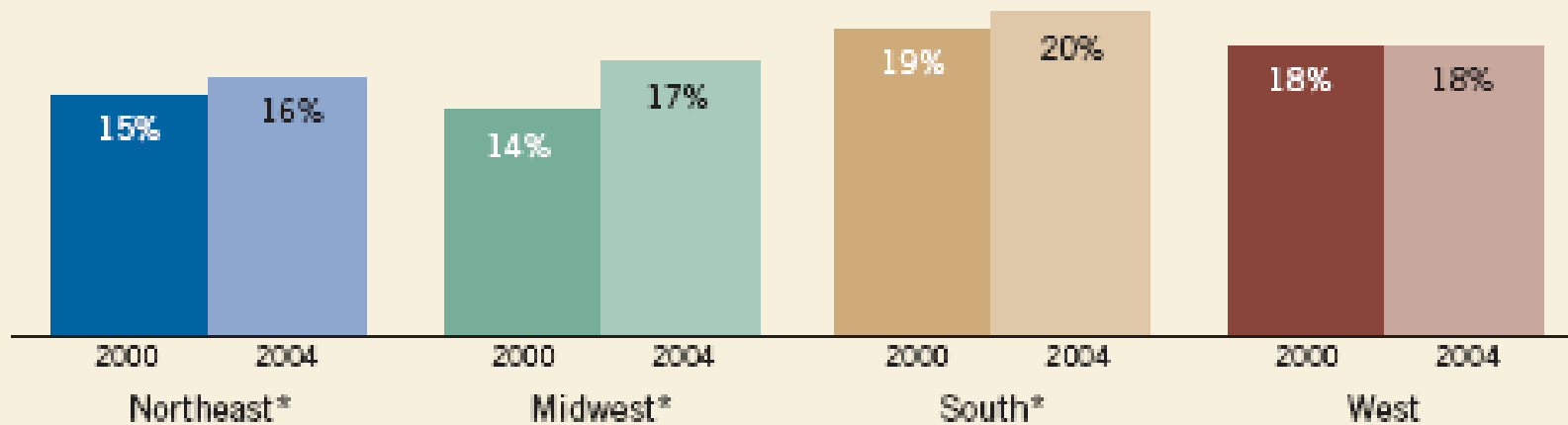
Percentage Children in Poverty, by Race, Region (2004 NCCP)

	White	African American	Latino	Asian
Northeast	9%	34%	32%	10%
South	12%	32%	32%	12%
West	10%	29%	28%	9%
Rural		46%	41%	AI/AN 43%

Changes in Child Poverty Rates/Region

(National Center for Children In Poverty, 2004)

Changes in child poverty rates, by region, 2000 and 2004



* Indicates a significant change in poverty rates within the Northeast, Midwest, and South between 2000 and 2004 at the 0.10 level.

Physical Health:

e.g., Asthma in Children (2006)

■ Rates:

- Black, non-Hispanic 13%
- Puerto Rican 26%
- White, non-Hispanic 9%
- Asian 6%

■ Social Determinants:

- Los Angeles Depts of Health and Education
- Relation of schools proximity to freeways associated with asthma rates

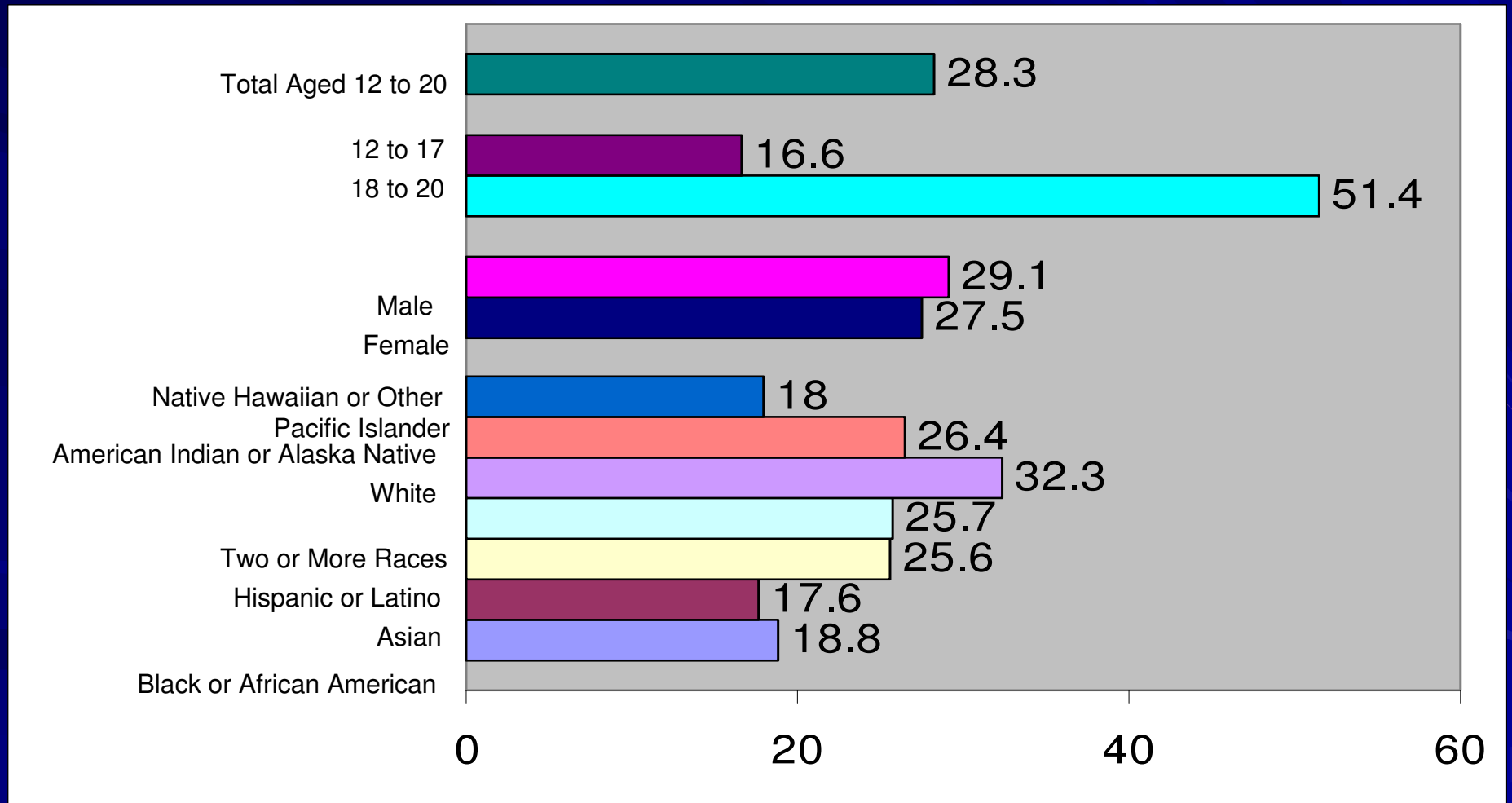
Safety/Behavioral Indicators

- CWI 2004-2005: domain slightly improved
- 2005: among adolescents, deaths due to homicides increased for first time since 1993
- Homicide rate among Black males increased from 55 deaths per 100,000 adolescents ages 15-19 in 2005 → 60 deaths per 100,000 in 2006.
- Minority youth = 39% of juvenile population; 60% of committed juveniles

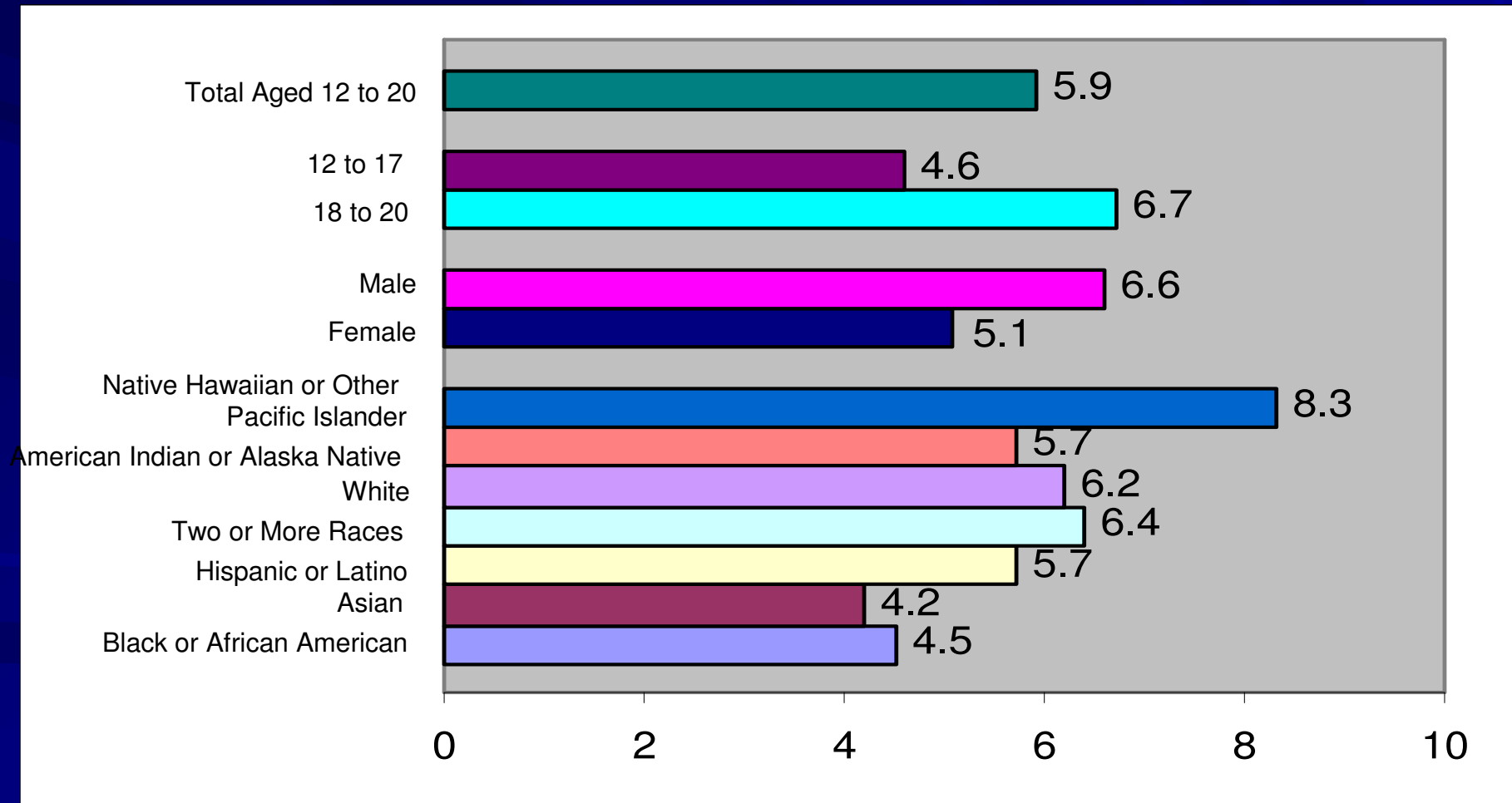
Underage Drinking: Trend Analyses

- Decreased since 1970s
- Stability or decrease in 1990s and early 2000s
- Greater prevalence and heavy episodic drinking among older adolescents
- Although not increasing – UAD remains at unacceptably high levels
- 37% of alcohol sales to youth: \$22.5 billion – 17% of total consumer expenditures (2006)

Percentages of Past Month Alcohol Use among Persons Aged 12 to 20, by Demographic Characteristics: 2005-2006



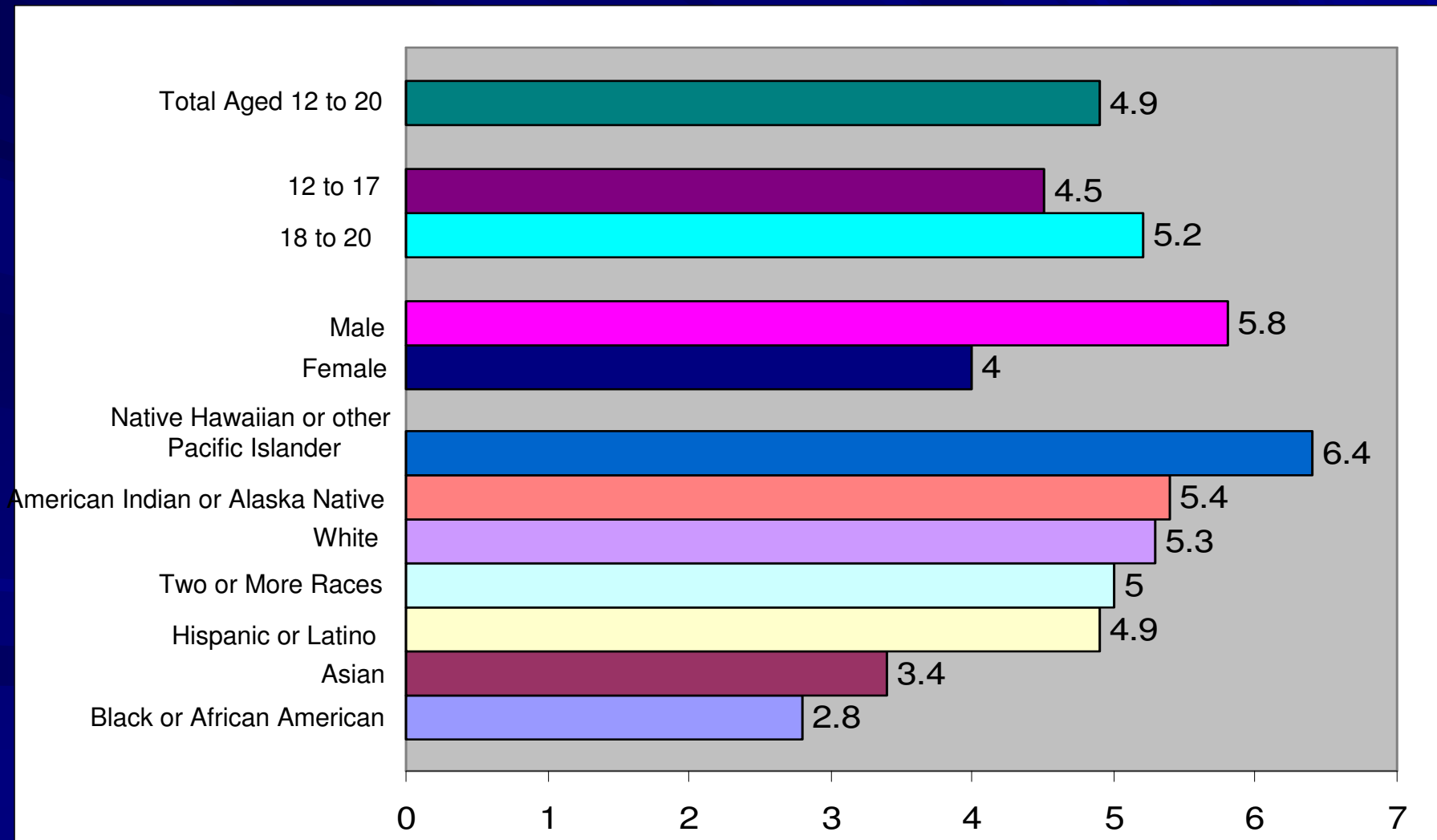
Average Number of Days of Alcohol Use in the Past Month among Past Month Alcohol Users Aged 12 to 20, by Demographic Characteristics: 2005 - 2006



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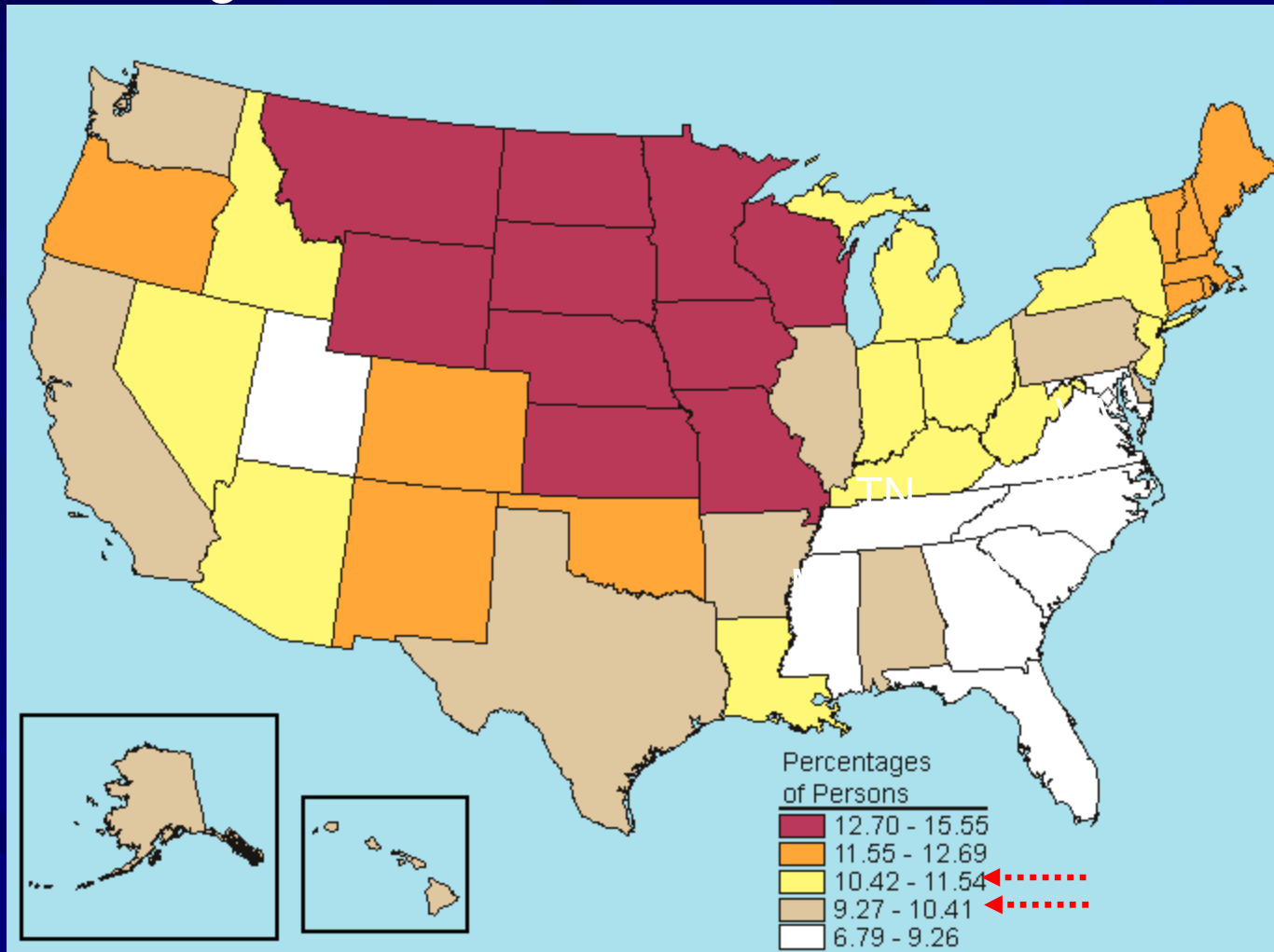
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Average Number of Drinks Consumed per Day on the Days Used Alcohol in the Past Month among Past Month Alcohol Users Aged 12 to 20, by Demographic Characteristics: 2005-2006



Source: SAMHSA, 2005 and 2006 NSDUH Short Report 2008)

Binge Alcohol Use in Past Month among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2004 and 2005 NSDUHs



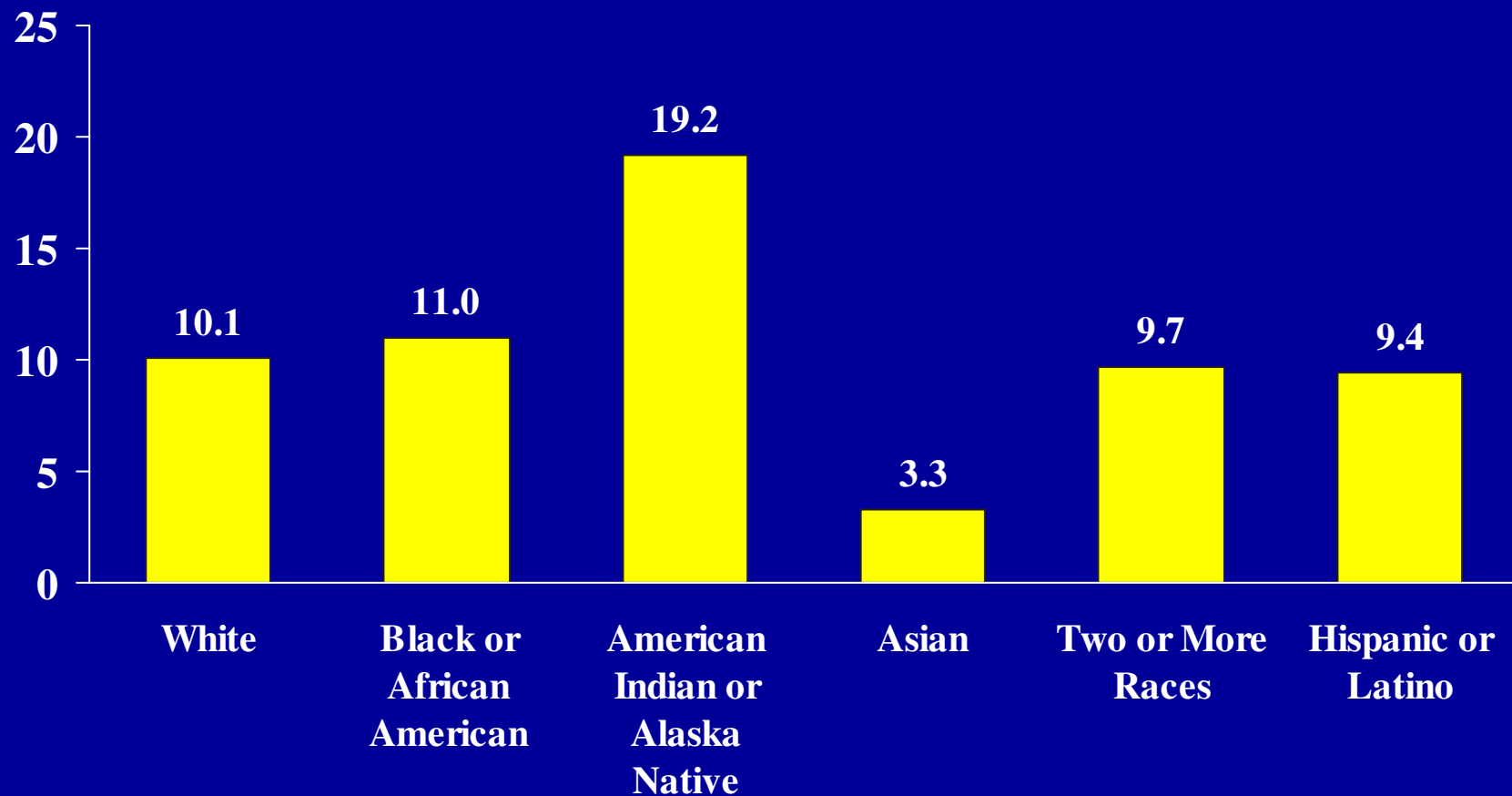
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005

Patterns of Drug Use

- Up to 1997: steady increases in illicit drug use among youth; since then decrease in overall drug use but new patterns
- Since 2000: largest increase in methamphetamine, club drugs, and prescription meds
- Increase in deaths/overdose rate (113%) primarily due to abuse of prescription narcotics
- CDC Report: from 1999-2005: from 849-2355 “accidental poisoning deaths”

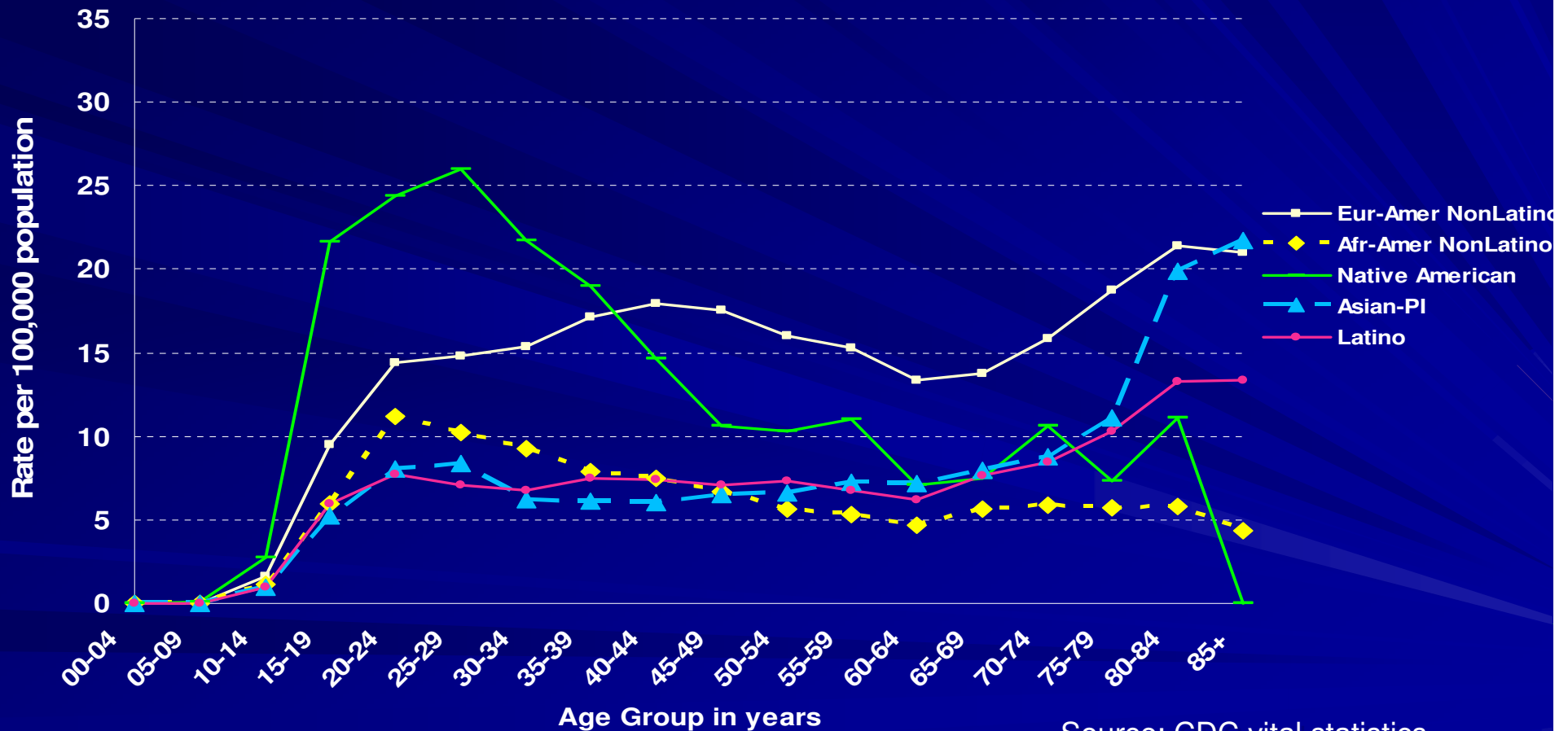
Past Month Illicit Drug Use among Persons Aged 12 to 17, by Race/Ethnicity: 2005

Percent Using in Past Month



Suicide Rates by Ethnicity and Age Group United States, 1997-2001

(Aguilar-Gaxiola, 2008)

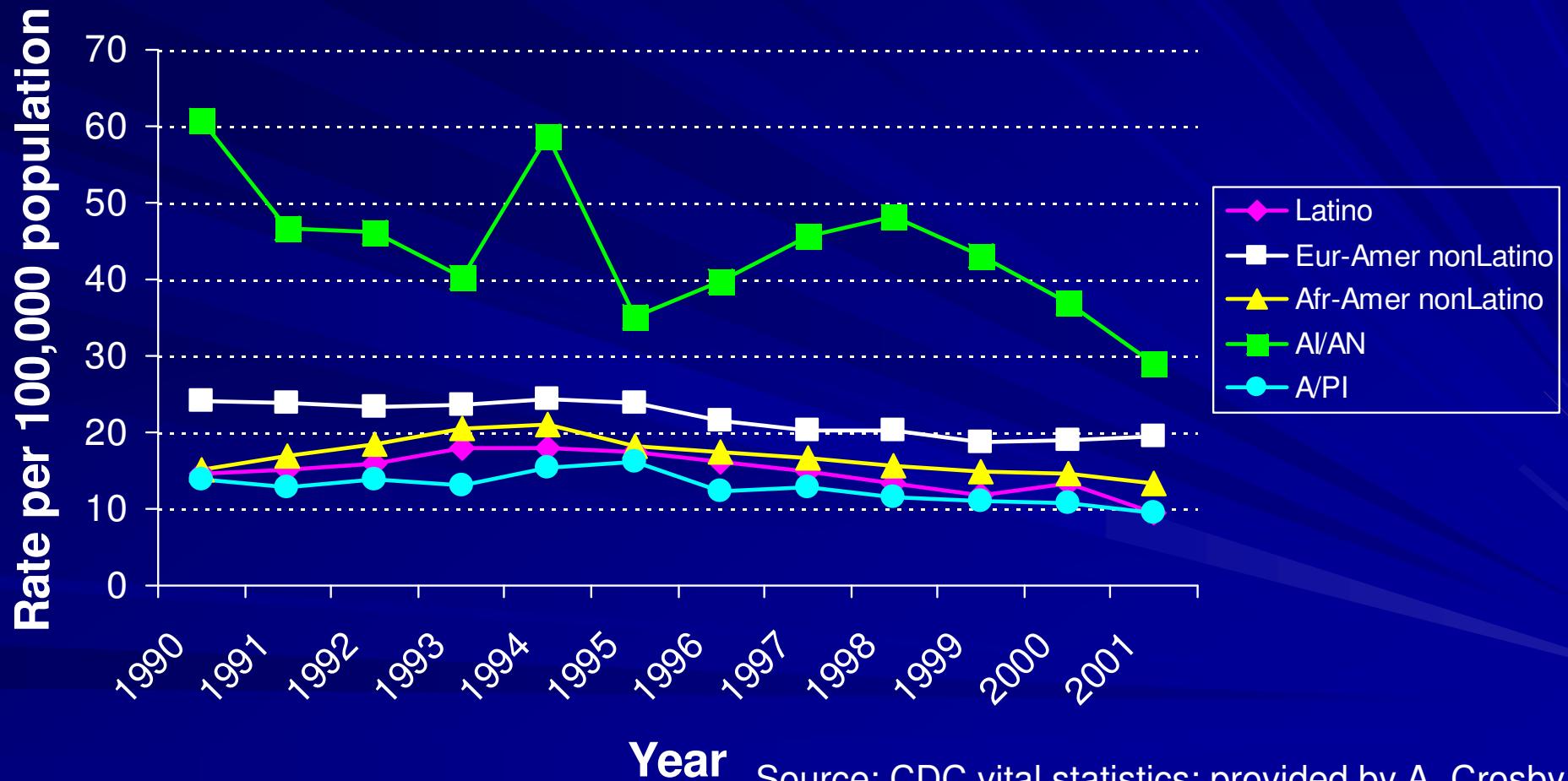


Source: CDC vital statistics

Provided by A. Crosby 15

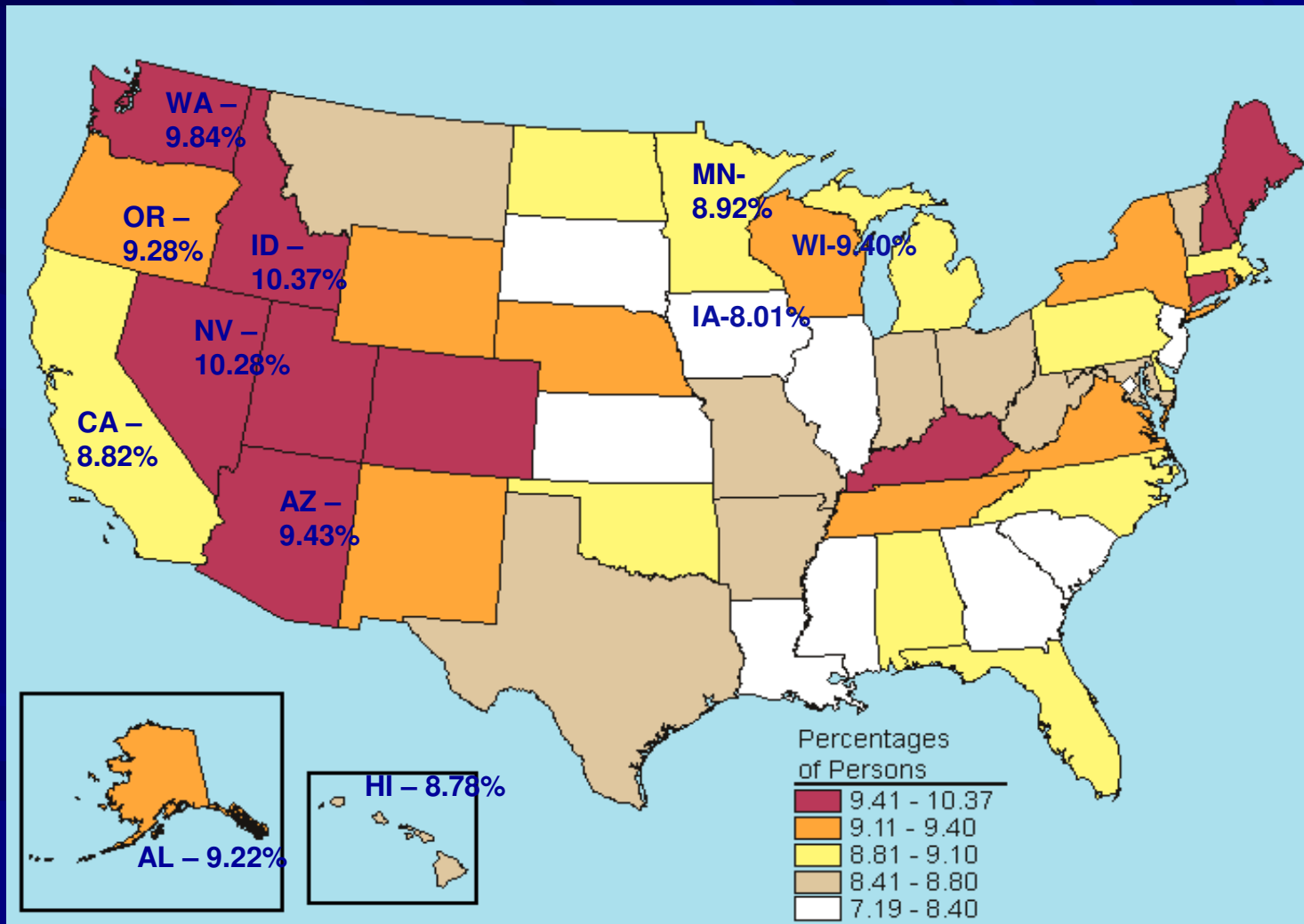
Suicide Rates, Males Aged 15-24 Years by Ethnicity: United States, 1990-2001

(Aguilar-Gaxiola, 2008)



Source: CDC vital statistics; provided by A. Crosby
 AI/AN = Amer. Indian/Alaskan Native
 A/PI = Asian/Pacific Islander

Having at Least One Major Depressive Episode in Past Year among Youths Aged 12 to 17, by State: Percentages, Annual Averages Based on 2004 and 2005 NSDUHs



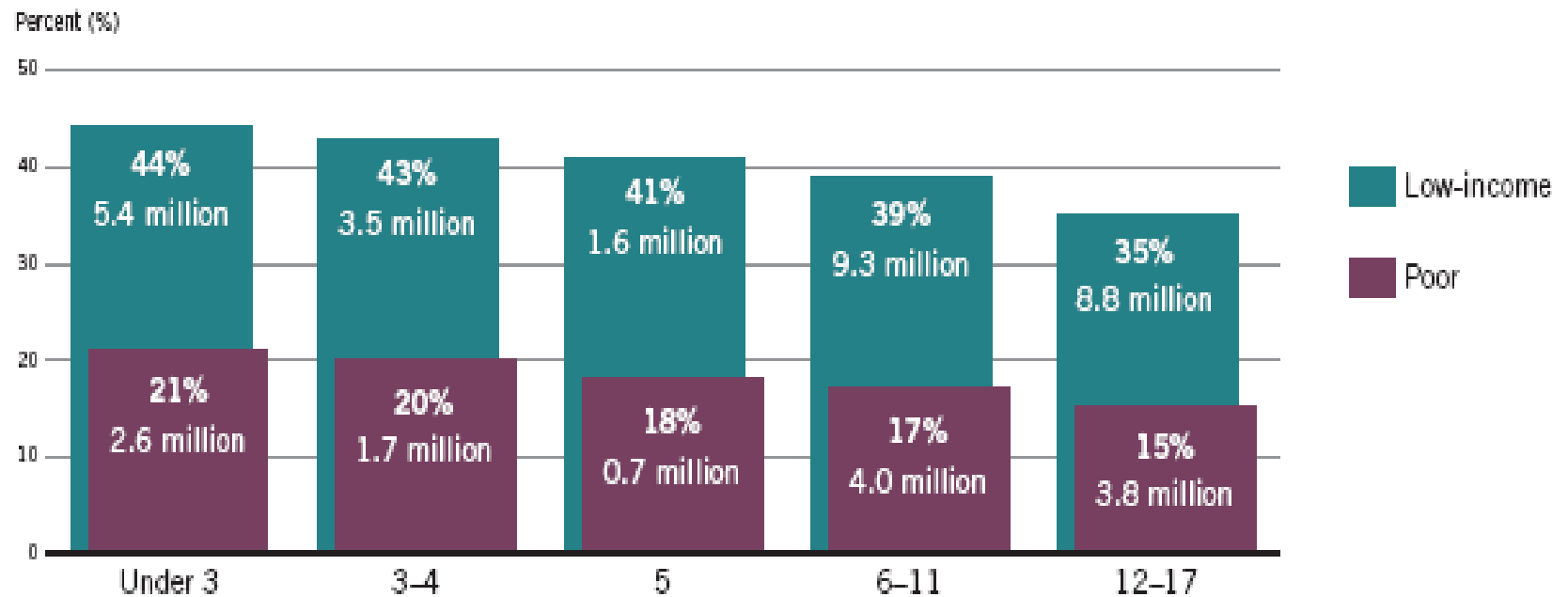
Source: SAMHSA, Office of Applied Studies, National Survey on Drug Use and Health, 2004 and 2005

Age Cohort Differences: Young Children

Child Poverty/Age Group

(National Center for Children in Poverty, 2007)

Children living in low-income and poor families, by age group, 2006



0-5 Year Olds Entering Foster Care

- An estimated 513,000 children were in the U.S. foster care system by the end of 2005.
- 32% of these children were age 0-5

*CWLA, 2006

Age	Percentage
<1 yr	6%
1-5 yrs	26%
6-10 yrs	20%
11-15 yrs	28%
16-18 yrs	18%
>18yrs	2%

Interplay of Factors Across Domains of Indicators

- Clusters of behaviors: illicit drug use, crime victimization; weapons and fights in schools
- Depression and initiation of drug and alcohol use
- Alcohol use and sexually transmitted diseases, e.g., high level of new cases HIV/AIDS among African American females adolescents, associated with substance use

Strategies for Intervention: Multi-Prong Partnerships with Behavioral and Environmental Approaches

- “Public’s” Health Approach – education/outreach, prevention, early identification, treatment, recovery care; transcend “public health system” (e.g. schools, faith-based, community centers, merchants, law enforcement, etc.)
- Substance Use – declines
 - Community-based Partnerships
 - Cross-Agency and Cross-Sector
 - Partnership Infrastructure
 - Evidence-based Prevention Practices/Programs (e.g., Life skills; Healthy Families; FAST; Mentoring, etc.)
 - Education/Awareness; School-based Prevention and Community-coalitions
 - Policy Changes: minimum age drinking act (1984)

Cross Sector Community-Based Prevention Partnerships

- **The Drug Free Communities**
Grants to community organizations that serve as catalysts for citizen participation in local drug prevention efforts. Coalitions include community leaders, parents, youth, teachers, religious and fraternal organizations, health care and business professionals, law enforcement, the media, etc.
- Currently 736 grantees
- Key outcomes: reductions in alcohol, marijuana, tobacco, age of onset, perception of risk
- Partnerships + Effective Intervention Practices/Programs
- **Safe Schools/Healthy Students**
SAMHSA/DHHS, Dept of Education and Dept of Justice
- 249 grantees since 1999
- Comprehensive community-wide planning to create safe and drug-free schools, promote pro-social skills and healthy development
- At community level: schools, law enforcement, mental health
- Focus: prevention of violence, alcohol and other drugs; connecting schools and communities; early childhood development
- Outcomes: Reduced tobacco, alcohol, bullying, feeling unsafe at school; improved feeling of community in school

Implications for Policy and Practice

- Underscores: Economic + social + health policies → Child Well-being
- Adverse Childhood Experiences Study: # ACEs associated with health and mental health/substance use outcomes in adulthood
- Context of Macro/Contextual Issues and Other Societal Determinants
- Behaviors/indicators “plateau” : need for new approaches and strategies, e.g. UAD