



YMCA

We build strong kids,
strong families, strong communities.

**NATION'S REPORT CARD
MEDIA KIT**

**PHOTOCOPY
PRESERVATION**



YMCA

We build strong kids,
strong families, strong communities.

Kristin Hurdle
Media Relations Manager

Public Policy

YMCA of the USA
1701 K Street, N.W., Suite 903
Washington, D.C. 20006

direct 202-835-9043
toll-free 800-932-9622
fax 202-835-9030
e-mail khurdle@erols.com

Nation's Report Card

Assessing Risks to the American Family

Overall Grade D

Child Care and Education D-

Child Care

Academic Education

Morals and Values Instruction

Health D+

Physical Health

Mental Health

Health Care

Violence D

Media Violence

Community Violence

Family Violence

Economic Conditions C-

Income

Shelter

Jobs



YMCA of the USA's National Report Card

Grading Criteria

Indicators

Statistical Trends: Published statistics indicate the situation is improving, remaining the same or worsening.

Current Climate: Available statistics, research and/or survey information suggest the status of the issue is positive, negative or neutral for the family.

Public Awareness: Status of the public's awareness of the issue or problem.

Efforts and effectiveness in addressing the issue or problem.

Grade Definitions

- A** Excellent: All indicators are positive, signaling excellent status/climate for the family.
- B** Very Good: While there are areas of concern, overall indicators are very hopeful, and the outlook for the family looks very good.
- C** Average: Indicators show that there is room for improvement if the family is expected to thrive.
- D** Poor: There is need for considerable concern. A great deal of improvement is needed in one or more areas.
- F** Failure: Sound the alarm! This signals a critical situation for our families.
- I** Incomplete: Insufficient information to reach a conclusion.





YMCA

We build strong kids,
strong families, strong communities.

December 3, 1998

Ms. Shirley Sagawa
Deputy Assistant to the President
Old Executive Office Building, Room 100
Washington, DC 20501

Dear Shirley:

As a leading policymaker on issues affecting our nation's families, we wanted you to receive an advance copy of the YMCA of the USA's soon-to-be-released *National Report Card: Assessing Risks to the American Family*. This YMCA report evaluates government, business and community support for America's families – based on current studies and analyses – and contains nearly 30 specific recommendations to improve the conditions impacting our nation's children and families.

The National Report Card is the first of its kind from one of the nation's leading child and family advocacy organizations and represents the collaborative efforts of the YMCA of the USA and a panel of national experts to assess the condition of families. The report focuses on the critical areas of morals and values; education and child care; physical and mental health and the provision of health care services; public and domestic violence; and the economy – including income, shelter and jobs.

It is our sincere hope that you and your staff will review the report in an effort to identify solutions to the many problems facing the American family. **Please note that this report is embargoed until Wednesday, December 9th at 10:00 a.m.** If you have any questions regarding the report or the YMCA of the USA, please contact Kristin Hurdle at (202) 835-9043, or e-mail: khurdle@erols.com.

Sincerely,

David R. Mercer
National Executive Director

Enclosure

YMCA of the USA • Public Policy • 1701 K Street, N.W., Suite 903 • Washington, D.C. 20006
202-835-9043 • toll-free: 800-932-9622 • fax: 202-835-9030 • <http://www.ymca.net>

YMCA mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.



YMCA

We build strong kids,
strong families, strong communities.

NEWS RELEASE

EMBARGOED FOR RELEASE until Wednesday, December 9, 1998, at 10 a.m. (ET)

YMCAs GIVE NATION A "D" ON ITS SUPPORT OF AMERICAN FAMILIES

Report card assesses risks in education, child care, health, violence and economy

WASHINGTON, D.C.—As American families come together for the holidays this year, many will have much less to celebrate, according to a leading child and family advocacy organization. "The 1998 holiday season will be a bleak time for many American families," said David R. Mercer, national executive director of the YMCA of the USA. "More families are hurting and just scraping by. They're uncertain how they'll survive any further setbacks. In evaluating how this country is supporting its families, we can't give the nation more than a 'D' this year."

Mercer spoke as his organization unveiled its "report card" at the National Press Club, here in Washington, this morning. The YMCA "Nation's Report Card: Assessing Risks to the American Family" evaluates government, business and community support of American families, as found in hundreds of recent studies and reports. A panel of national experts, brought together by YMCA of the USA, assessed the situation of families in areas of morals and values, education and child care; physical and mental health and the provision of health care services; public and domestic violence (including violent media "entertainment"); and the economy, including income, shelter and jobs.

The panel agreed that, based on statistical trends, current climate, public awareness and efforts to redress critical problems, the nation should be given the following marks in major categories affecting families:

Morals and values, education and child care:	D-
Health and health care	D+
Violence	D
Economic conditions	C-

YMCA of the USA • Public Policy • 1701 K Street, N.W., Suite 903 • Washington, D.C. 20006

202-835-9043 • toll-free: 800-932-9622 • fax: 202-835-9030 • <http://www.ymca.net>

YMCA mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Based on grades in those four areas, the nation earned only an overall "D" in its support of families. According to the panel's grade definitions, a "D" signifies "poor," creating concern and with a need for a great deal of improvement in one or more areas.

The YMCAs' Report Card comprises more than 50 pages of corroborating statistics, and a Call to Action of nearly 30 recommendations. Summarizing these broadly, Mercer called on the nation, its leaders and public-private partnerships to take the following corrective actions:

- **Provide developmental assets children need to thrive.**
- **Federal government should increase the Child Care and Development Block Grant to provide more subsidies for low-income working families.**
- **Parents should significantly increase participation in children's academic and moral education.**
- **Families should be involved in community volunteer programs.**
- **Partnerships should address social/environmental health factors and increase access to health care.**
- **Federal, state and local governments should increase funding of community-based juvenile delinquency prevention and youth development programs, as a cost-effective option to incarcerating at-risk youth.**
- **Policymakers should increase their efforts to help poor and working poor families.**

"Let's make today the day we take greater responsibility for the future of American families," Mercer said. "There is hope for children and families if, as a nation, we form the partnerships and make the commitment and all pull together for positive change—so that next year's report card shows the kind of support of the family that will make us all proud."

YMCA of the USA is the Chicago-based national resource office for the nation's 2,227 YMCAs. Collectively, YMCAs are the nation's foremost community-based service organization and the largest provider of child care to American children, with services to 8 million adults and 8 million children annually.

#

The "Nation's Report Card" can be found on the Internet December 9, at www.ymca.net.

For further information, contact YMCA of the USA:

Arnold Collins (312) 269-1151
collins@ymcausa.org
Kristin Hurdle (202) 835-9043
khurdle@erols.com



Embargoed for release until December 9, 1998, at 10:00a.m. (ET)

CHILD CARE AND EDUCATION

SUBJECT INCLUDES: **Morals and Values Instruction**
 Child Care
 Academic Education

GRADE: **D-**

SUMMARY OF STATUS: Evidence conclusively shows that America's youth are getting too little, too late, in terms of morals and values instruction. High-risk behaviors are practiced by an overwhelming majority of teens. Excessive television watching remains a chronic problem, and regular participation in religious activity or community service is low. With regard to education, our nation's children are not equipped to academically compete with their peers in other industrialized countries. Millions of adults in our country are functionally illiterate. Finally, millions of children are involved in child care programs that are evaluated as poor quality or inadequate. Millions more are spending their out-of-school time unsupervised and in many cases, practicing high-risk behaviors.

The poor grade for this section is also due largely to the inconsistency in current state policies regulating the quality of child care and education. Although there has been a marked increase in both public awareness and commitment level shown by government, there remains much to be done to bring child care and education to a more consistent and acceptable level in this country.

Governmental focus on more stringent education standards has produced groups that exist to monitor progress on this front. Namely, the National Education Goals Panel, which produces annual reports on the progress of education initiatives, places a distinct emphasis on quality and reform. Additionally, community grassroots efforts have fostered the growth of many "family advocacy" organizations, creating widespread public awareness of the enormous lack of affordable, accessible and high-quality child care and the need for parental involvement in children's education.

Child care and education in the United States need an overhaul.

Morals and Values Instruction

Our nation's families are hurting. "Family time," the time families spend interacting together as a unit, is shrinking. Religious attendance among teens is markedly down from 20 years ago. Four out of 10 teens are having sex regularly. Violent crime committed by youth has skyrocketed compared with 30 years ago.

Studies reveal that teens are twice as concerned with making money as they are with being a leader in the community. Teens are not spending their free time in community service or with family, but rather with friends, alone or in front of the television. Teachers and child experts agree that today's young people know little about government and are not civic-minded.

Generally, schools have shown little commitment to character education. Most states do not provide character education training for teachers.

On the upside, communities have led the struggle to reunite the family with local initiatives aimed at getting families to spend more or better time together. Specifically, America's Promise—The Alliance for Youth, chaired by Gen. Colin Powell, encourages families and businesses to work together to provide safe environments in which our nation's kids can grow and succeed. Additionally, the Character Counts! Coalition works to raise awareness about ways schools, employers and communities can inject character into their programs. Overall, however, our nation's priorities do not seem to include instruction in morals and values.

Child Care

High-quality child care is a highly debated topic in this country. Current administration focus has brought much needed attention to the issue of child care. Within this report, when we speak of quality, we are referring to a child care program that provides a safe, healthy environment for the child, with diversity in program content, time for learning and play, low staff turnover, low child/staff ratios and trained professionals on staff.

Statistics point to the conclusion that improvements are needed in all aspects of child care in this country—quality, accessibility and affordability. With more than 13 million preschoolers in child care every day, and almost double that amount (approximately 24 million) school-age children with parents who either work or go to school, child care is a priority issue for millions of American families. Yet many cannot find or afford high-quality care for their children. Typically, child care teachers earn less than \$12,000 per year, even though many are college-educated. Because of the low pay and lack of benefits associated with child care workers, staff turnover is high. To pay teachers better wages and provide program diversity, child care programs must charge higher tuition fees, which in turn, makes these programs unaffordable for many families. When nearly half of America's families who use child care make less than \$35,000 per year, and the average cost for child care can run between \$4,000 and \$10,000, it's easy to see why finding affordable, high-quality care is such a problem.

Families who are coming off welfare and into the workforce are not getting the assistance needed to successfully make this transition. Few children eligible for assistance are actually receiving it. Employers are helping but not enough. Although more than half allow some type of flex-time work arrangement for their employees, very few are actually partnering with local government to help locate child care assistance for their employees or to provide on- or near-site child care. Additionally, families with nontraditional work hours find it nearly impossible to access child care.

Responsibility for the child care crisis also falls on the public school system. The Administration's increased commitment to child care reform includes financial assistance to schools involved in the 21st Century Community Learning Centers initiative, which will provide children with school-based enrichment and learning opportunities during out-of-school hours. However, schools have not done enough to provide these after-school opportunities to school-age children, especially in low-income areas. Almost three-fourths of public schools in our country do not currently offer after-school enrichment programs.

Child care regulations are determined at the state and local levels and vary widely from state to state. In many states, the certification regulations are far below what studies have deemed necessary to provide high-quality programs. In fact, family day care homes are typically exempt from regulation or subject to more flexible rules. And the majority of states do not require home-based child care providers to have early childhood training, making enforcement of high-quality standards not only unnecessary but impossible.

Education

There is not great news to report on the education front. However, advocacy for education reform at the community, civic and government levels has bolstered the efforts to increase the level of performance of U.S. schools.

Our current education system is failing in many areas. Our high schoolers cannot compete effectively with their peers in most other industrialized nations. Although the dropout rate for high schoolers has not increased in 20 years, one in eight American children never graduates from high school.

The cycle of illiteracy continues to churn. Nearly half of all American adults perform at the bottom rung of the literacy ladder. Children of high school dropouts are twice as likely to drop out of school as their counterparts with parents who have had at least some college education. The impact of this is great: Dropouts are three times more likely to receive public assistance income than those who graduate high school.

Vast race disparity is found in education attainment (high school diploma) levels and literacy rates for adults, with Hispanics falling far behind blacks, whose levels rank below those of whites. Additionally, attainment levels appear to be directly proportionate to income levels and welfare subsidies, as reported above.

With more than 75 percent of urban school districts revealing that they hire teachers without proper teaching qualifications, parents are increasingly leery of their children's educational opportunities. "Charter" and "magnet" schools—publicly-financed education facilities often started by concerned parents and educators, and in growing numbers, businesses—are becoming more popular as parents grapple with an education crisis that forces them to choose between supporting a crumbling but reforming public system and the immediate opportunity to affect change for their children by placing them in an "alternative" education facility. Home schooling is also experiencing dramatic increases. Researchers estimate that five times as many children are home schooled today (approximately 1.5 million) as were in 1990.

Parents' involvement in their children's education drops off dramatically in the high school years, when many kids are more susceptible to peer pressure and participation in high-risk behavior. Consequently, students with low parental involvement exhibit much higher levels of high-risk behavior.

There is some promising news. The national spotlight has been placed on this issue, and federal monies have been earmarked for education reform. The U.S. Department of Education's "National Education Goals" outlines eight areas in which improvement is greatly needed. Progress in each of these areas is monitored, and annual updates are mandated, with a goal of attainment set for the year 2000. Two agencies have been organized specifically for this purpose, the National Education Goals Panel and National Council on Education Standards and Testing.

Grassroots efforts to increase awareness and affect change are making a difference in communities across the country. Numerous national initiatives, including the "America Reads Challenge," "Goals 2000" and "Making After-School Count!" support the aforementioned National Education Goals, foster literacy and encourage government, schools, communities and families to take action in small but cumulatively productive ways.

Although somewhat associated with income and parent education levels, more parents are enrolling their children in preprimary school programs than ever before, and many parents are taking time to read to their small children.

Conclusion

Although the current diagnosis for these areas is bleak, awareness is high, with many initiatives that point towards progress. The YMCA of the USA will continue to monitor trends and statistics relevant to child care and education throughout the next year. YMCAs believe that all citizens are responsible for providing safe places in which our children can grow and learn. We encourage involvement at all levels—parental, community, business and governmental—to ensure high-quality educational opportunities for all American children.

YMCA CALL TO ACTION

- Government should significantly increase the investment in the Child Care and Development Block Grant (CCDBG), which will allow more child care subsidies for low-income working families and would also increase the quality of child care and school-age care. Within this, it should provide incentive grants for quality enhancement, professional training, salary enhancement and staff turnover reduction initiatives.
- Government should increase the child care tax credits to low- and middle-income working families. Government should explore a tax base that supports the thinking of early care/early education in the same light as elementary, secondary and higher education.
- States should examine child care licensing regulations to make them more consistent with accreditation standards that define and help ensure quality.
- More businesses should offer job sharing, compressed work weeks, telecommuting and flexible work schedules -- more options for working parents -- and/or provide corporate-sponsored on-site and near-site high-quality child care for company employees.
- Businesses should view youth as assets and provide them with opportunities to have a useful role in the community through service to others and reflection on the meaning of that service. Conversely, parents should talk to their employers to explore ways they can support families in their need for high-quality child care for their families.
- Families should take time to research the indicators of high-quality child care -- low child to staff ratios, small group size, an experienced administration, a well-trained, stable staff and opportunity for parental involvement -- and select only high-quality programs for their children.
- Families should become active advocates. Talk to or write your legislators, both state and federal. Ask for additional funding for child care and education training. Additionally, families should support and vote for candidates who have earned a reputation for strong character and who support character development efforts.
- Families should become involved in volunteer service-learning opportunities in their community so that children will learn the value of serving others and giving back to their communities.
- Parents and caregivers should be directly involved in their children's education— participate in school events, attend school board and PTA meetings and parent/teacher conferences, review homework and volunteer at school, if possible.

FACTS ON MORALS/VALUES INSTRUCTION

"In a world where the average kid spends more than five hours a day watching T.V. and just five minutes daily with Dad, our priorities certainly seem skewed."

Stephen R. Covey

The Seven Habits of Highly Effective Families, 1997

- At age 15, less than half of youth (45%) have avoided all risk behaviors, and 30% have experienced two or more risks. By age 17, an age at which most youth are still in high school, the proportion with no risks has dwindled to less than one-quarter, and the majority have now experienced two or more risk behaviors. By age 18, only 16 percent report having engaged in no risk behaviors, while 62% report two or more such behaviors. (A youth is defined as having no risks if he or she is: in school or has graduated from high school, has never had sexual intercourse, has never used illegal drugs, has not had five or more alcoholic beverages in a row in the past month and has not stayed out all night without permission in the past year.) ¹
- The percentage of 12th grade students who report weekly religious attendance has declined from 41% in 1976 to 32% in 1992, where it has remained constant through 1995. ²
- Research relating religion to children's day-to-day conduct suggests that teens who are religious are more likely to avoid high-risk behaviors. ³
- In 1997, 75% of high school seniors reported consuming alcohol during the previous year. Concurrently, 75% of eighth-graders and 89% of 10th-graders report that it would be "very easy" or "fairly easy" to obtain alcohol. ⁴
- "Working to correct social and economic inequalities and being a leader in the community" are important goals for only small percentages of high school seniors -- 10% and 12%, respectively, in 1995. Conversely, "having lots of money" ranked as important among 25% for the same age group. ⁵
- The rate of youth arrests for violent crimes quadrupled between 1965 and 1994, from 58 to 231 per 100,000 persons under age 18. Violent crimes, as defined by the FBI, include murder, forcible rape, robbery and aggravated assault. ⁶
- U.S. teenagers have a lot of discretionary time available, and for most, that time is not being filled with activities that build their skills or characters. For example, today's 10th grade students devote on average only one-half hour per day to homework. Less than 20% of them read for pleasure almost every day; only 15% work daily on hobbies, arts or crafts; and just 5% routinely use personal computers for schoolwork or recreation. Less

than a third attend religious activities once a week or more; about a fifth participate in youth groups or organized recreational programs that often; and a similar fraction take weekly classes outside of school in music, art, language or dance. One in eight takes weekly sports lessons outside of school, while one in fourteen volunteers or performs community service activities. ⁷

- Among all high school seniors, 28% are currently doing some type of community service; however, only 11% do this work at least once a week. ⁸
- There is general agreement among educators and other experts that young people have little knowledge of government and rather poor attitudes toward their responsibilities as citizens. ⁹
- The majority of U.S. states (38 out of 50) do not provide teacher training in character education. ¹⁰

FACTS ON CHILD CARE

“Quality child care enables a young child to become emotionally stable, socially competent, and intellectually capable. Children who receive inadequate or barely adequate care are more likely to later feel insecure with teachers, to distrust other children, and to face possible later rejection by other children. Rejection by other children appears to be a powerful predictor of unhappy results, including early dropping out of school and delinquency.”

Carnegie Corporation of New York

“[M]any children living in poverty receive child care that, at best, does not support their optimal development and, at worst, may compromise their health and safety.”

New Findings on Children, Families, and Economic Self-Sufficiency
National Research Council, Institute of Medicine

- Currently, no state can afford to serve all eligible families under federal guidelines. Nationally, only one in 10 eligible children who need help is getting any assistance. ¹¹
- Professional, high-quality child care is hard to find in a marketplace in which child care teachers and providers earn an average of only \$11,780 per year, and preschool teachers — many of whom are employed in the public schools — have an average annual salary of just \$15,580. ¹²
- Child care training does not only benefit child care workers, it benefits working parents and their employers as well. Companies gain their competitive edge from having engaged, committed employees. When employees have help in balancing work and family -- when they know their children are safe and well cared for -- absenteeism and turnover go down, and morale and productivity improve. Employers are coming to

recognize that they have a bottom line interest in providing high-quality child care options.¹³

- Thirty-nine states and the District of Columbia do not require child care providers to have any early childhood training prior to serving children in their homes.¹⁴
- Most state child care regulations address “minimal” criteria for the legal operation of child care facilities and do not reflect high-quality standards.¹⁵
- Children in poor-quality child care have been found to be delayed in language and reading skills, and display more aggression toward other children and adults.¹⁶
- Every day, 13 million preschoolers in the United States -- including 6 million babies and toddlers -- are in child care. This is three out of five young children.¹⁷
- Seventeen million young children live in single-parent families where working is essential to avoid dependence on welfare.¹⁸
- Roughly two-thirds of employers permit flex-time job arrangements for their employees.¹⁹
- Only 5% of companies with 100 or more employees are engaged in some type of partnership with local or state government to assist employed people in the community with finding child care programs to meet their family responsibilities.²⁰
- Additionally, only 9% of these companies provide on- or near-site child care for their employees.²¹
- Nearly 5 million children are home alone after school each week, during the afternoon hours when juvenile crime peaks, between 3 p.m. and 7 p.m.²²
- Only one-third of schools in low-income neighborhoods offered before- and after-school programs in 1993.²³
- According to the National Center for Education Statistics, in 1993-94, 70% of public schools did not offer extended learning programs.²⁴
- Full-day child care easily costs \$4,000 to \$10,000 per year — at least as much as college tuition at a public university.²⁵ Yet, about half of America's families with young children earn less than \$35,000 per year.²⁶
- Families with annual incomes under \$14,400 that pay for care for children under age 5 spent 25% of their income on child care, compared with 6% for families with incomes of

\$54,000 or more. ²⁷

- Smaller group sizes, higher teacher/child ratios and higher staff wages result in high-quality child care. Outcomes for children are also better when they attend programs that include a curriculum geared to young children, well-prepared staff and parental involvement in programming. ²⁸
- More people than ever are working nontraditional hours, nearly one in five workers. ²⁹

FACTS ON EDUCATION

"America's future prosperity depends on our ability to provide a sound education to all of our children."

Vice President Albert Gore

February 2, 1998

"...too often, standards don't count. Students are passed from grade to grade often regardless of whether they have mastered required material and are academically prepared to do the work at the next level. It's called 'social promotion.'"

Memorandum for the Secretary of Education

U.S. Department of Education, February 23, 1998

"We continue to spend on average \$26,000 a year to incarcerate a prisoner and spend \$6,000 a year to educate a child in public school."

Harold Hodgkinson

Center for Demographic Policy

- In 1996, 37% of 3-year-olds, 58% of 4-year-olds, and 90% of 5-year-olds were enrolled in preprimary education. For each age group, the enrollment rate in 1996 was higher than that in 1991. Additionally, 3- and 4-year-olds from families with incomes greater than \$50,000 were more likely to be enrolled in preprimary education than children from families with lower incomes. Enrollment rates for 3- and 4-year-olds have been associated with parents' education level over time: between 1991 and 1996, as parents' educational attainment increased, so did the preprimary enrollment rates of their children. However, enrollment rates of 5-year-olds were similar, regardless of their parents' educational attainment. ³⁰
- U.S. 12th-graders performed below the international average and among the lowest of the 21 Third International Mathematics & Science Study (TIMSS) countries on the assessment of mathematics general knowledge. U.S. students were outperformed by those in 14 countries. U.S. 12th-graders also performed below the international average and among the lowest of the 21 TIMSS countries on the assessment of science general knowledge. U.S. students were outperformed by students in 11 countries. ³¹

- Since 1980, the rate of youth completing high school has remained relatively stable at around 85%. ³²
- One in eight American children never graduates from high school. ³³
- Between 1992 and 1996, high school students whose parents did not complete high school were more than twice as likely to drop out of school as students whose parents had at least some college education (3.9% for those students with parents who have had at least some college education, as compared with 10.2% for students whose parents did not complete high school graduation requirements). ³⁴
- Returns, or benefits, of investing in education come in many forms. While some returns accrue for the individual, others benefit society and the nation in general. Returns related to the individual include higher earnings, better job opportunities and jobs that are less sensitive to general economic conditions. Returns related to the economy and society include reduced reliance on welfare subsidies, increased participation in civic activities and greater productivity. ³⁵
- In 1996, 25- to 34-year-olds who had dropped out of high school (those who had completed 9 to 11 years of school) were about three times as likely as high school completers who had not gone to college to receive income from Aid to Families with Dependent Children (AFDC) or public assistance income (12% versus 4%). ³⁶
- Some 90 million adults—about 47% of the U.S. population—performed at the two lowest levels of literacy in 1992 on a national survey of adult literacy. Literacy was defined as "using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential." Three scales were developed measuring different aspects of literacy: prose, quantitative and document. ³⁷
- About 1.5 million students in the United States are currently home schooled. There were about 300,000 students home schooled in 1990. ³⁸
- Family participation in literacy activities provides valuable developmental experiences for young children. In addition to developing an interest in reading, children who are read to, told stories and visit the library may start school better prepared to learn. Engaging young children in literacy activities at home also enables parents and other family members to become active participants in their children's education at an early age. ³⁹
- Seventy-two percent of parents whose children are ages 3 to 5 indicate they read to their children or tell them stories regularly. ⁴⁰

- During the 1993-1994 school year, 28% of public school teachers reported that lack of parental involvement was a serious problem in their schools, a slight increase from 25% in school year 1990-1991. ⁴¹
- The percentage of students whose parents were moderately or highly involved in school activities declined from 73% or more at ages 8 to 11, to 67% at age 12, 57% at age 13; and around 50% at ages 16 and above. ⁴²
- Students whose parents showed low school involvement were twice as likely to have repeated a grade (25% versus 11%) and three times as likely to have been suspended or expelled from school (21% versus 7%) as students with highly involved parents. ⁴³
- Seventy-five percent of urban school districts admit hiring teachers without proper teaching qualifications. Nearly one-fourth (23%) of all secondary teachers do not have even a minor in their main teaching field. This is true for more than 30% of mathematics teachers. In schools with the highest minority enrollments, students have less than a 50% chance of getting a science or mathematics teacher who holds a license and a degree in the field he or she teaches. ⁴⁴
- The U.S. Department of Education is responding to the need for community involvement in the education of America's youth by spearheading various initiatives aimed at getting communities to take ownership in youth education. Some of these include the "America Reads Challenge," "America Goes Back to School," "Making After-School Count!," "National Education Goals 2000" and "21st Century Community Learning Centers." ⁴⁵

Notes:

1. "Trends in the Well-Being of America's Children and Youth," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1998.
2. Ibid.
3. National Commission on Children. 1991. *Beyond Rhetoric: A New American Agenda for Children and Families*. Final Report of the National Commission on Children, page 352. Washington, D.C.: U.S. GPO.
4. University of Michigan, Survey Research Center, Institute for Social Research, *Monitoring the Future Study*, 1998.
5. Bachman, J.G., Johnston, L.D., and O'Malley, P.M. "Monitoring the Future": Questionnaire responses from the Nation's High School Seniors, 1995.
6. Uniform Crime Reporting Program, Federal Bureau of Investigation. 1993. *Age-Specific Arrest Rates and Race-Specific Arrest Rates for Selected Offenses, 1965-1992*. U.S. Department of Justice. Special analysis of 1993 and 1994 data by Program Support Section, Criminal Justice Information Services Division, Federal Bureau of Investigation.
7. *Adolescent Time Use, Risky Behavior and Outcomes: An Analysis of National Data*, Nicholas Zill, Christine Winquist Nord, and Laura Spencer Loomis, Westat, Inc. For the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, September 11, 1995.
8. National Education Longitudinal Study of 1992 (NELS:92), U.S. Department of Education, Office of Research, 1992.
9. "Student Outcomes from Participation in Community Service," U.S. Department of Education, Office of Research, Martha Naomi Alt and Elliott A. Medrich, June 1994.
10. "Character Educator," Character Education Partnership, Lynn Nielsen, University of Northern Iowa, 1998.
11. *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*. (1998, March). Washington, DC: CDF.
12. National employment and Wage Data from the Occupational and Employment Statistics survey, 1996. (1997, Dec.). Washington, DC: Bureau of Labor Statistics.
13. "Facts on Working Women," U.S. Department of Labor, Women's Bureau, No. 98-1, November 1997.
14. Azer & Capraro. (1997). *Data on Child Care Licensing*. Boston: Center for Career Development in Early Care and Education, Wheelock College.
15. Gnezda and Smith, *Child Care and Early Childhood Education Policy*, 3.
16. Testimony by Deborah Phillips before the Senate Committee on Labor and Human Resources, March 1, 1995.
17. *Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers*. (1996, Oct.). Washington, DC: National Center for Education Statistics.
18. Census Bureau. (1997). *Money Income in the U.S., 1996*. Washington, DC.
19. 1998 Business Work-Life Study (BWLS), Families and Work Institute, 1998.
20. Ibid.
21. Ibid.
22. *FACT SHEET on School-Age Children*. (1996, Sept.) Wellesley, MA: Center for Research on Women, Wellesley College.
23. *The Condition of Education: 1993*. (1993). Washington, DC: National Center for Education Statistics.
24. National Child Care Information Center. "Child Care Bulletin," September/ October 1997, Issue 17.
25. *Data on child care expenses from Child Care Information Exchange*. (1996, July). Data collected from resource and referral agencies in each city. Data on average university costs cited in *Statistical Abstract of the United States*. (1994). Washington, DC: Census Bureau. Original data from the *Annual Survey of Colleges*. (1993). New York: College Board.
26. *Money and Income in the United States: 1996*. Current Population Reports P60-197. (1997). Washington, DC: Census Bureau.
27. National Child Care Information Center. "Child Care Bulletin," September/October 1997, Issue 17.

28. Early Childhood Care and Education: An Investment That Works, National Conference of State Legislatures (1997).
29. U.S. Department of Labor, 1998.
30. U.S. Department of Education, National Center for Education Statistics, National Household Education Survey (NHES), 1995 (Early Childhood Program Participation File)
31. Pursuing Excellence: A Study of U.S. 12th-Grade Mathematics & Science Achievement in International Context" (February 24, 1998).
32. "America's Children: Key National Indicators of Well-Being," July 1997.
33. "The State of America's Children Yearbook 1997," Children's Defense Fund, 1997.
34. U.S. Department of Commerce, Bureau of the Census, October, 1997
35. "The Condition of Education 1998," National Center for Education Statistics, 1998.
36. U.S. Department of Commerce, Bureau of the Census, March, 1998.
37. National Center for Education Statistics, 1995.
38. Home Education Research Institute, 1998.
39. U.S. Department of Education, National Center for Education Statistics, National Household Education Survey (NHES), 1996 (Parent and Family Involvement in Education File).
40. Institute for Educational Leadership/Martila & Kiley, A Study of Attitudes Among the Parents of Primary-School Children, 1995.
41. U.S. Department of Education, National Center for Education Statistics, Schools and Staffing Survey, 1987-88, 1990-91, and 1993-94 (Public School, Private School, Public School Teacher, and Private School Teacher questionnaires).
42. "Running in Place: How American Families are Faring in a Changing Economy and Individualistic Society," Nicholas Zill and Christine Winquist Nord, 1994.
43. Ibid.
44. "What Matters Most: Teaching & America's Future," National Commission on Teaching and America's Future, September, 1996.
45. Source: "Community Update," U.S. Department of Education, May 1998.



Embargoed for release until December 9, 1998, at 10:00 a.m. (ET)

HEALTH

SUBJECT INCLUDES: **Physical Health (Children)**
 Physical Health (Adults)
 Mental Health
 Provision of Health Care

GRADE: **D+**

SUMMARY OF STATUS: As a nation, Americans continue to benefit from the spectacular advances made in medical research and technology during the current decade and, indeed, during the last quarter century. Several indicators show an improving picture of the well-being of most children. And old killers such as cancer, heart disease and stroke are succumbing to new diagnostic and treatment techniques. New interventions have given hope to Americans who suffer from Alzheimer's and Parkinson's diseases and multiple sclerosis. New drug therapies have shown promise in holding at bay more recent killers, such as AIDS. Studies show that:

- **81 percent of children are reported in very good or excellent general health.**
- **Infant mortality has fallen to a record low of 7.1 deaths per 1,000 births.**
- **The number of children born with HIV infection dropped 43 percent since 1992.**
- **Deaths from AIDS decreased by 46.4 percent in 1997.**
- **77 percent of children ages 19-34 months were up-to-date on immunizations.**
- **81.9 percent of women received prenatal care in the first trimester.**
- **The number of children with high blood-lead levels has declined dramatically.**
- **Teenage childbearing declined in all 50 states.**
- **Life expectancy reached an all-time high of 76.6 years.**

In the area of mental health as well, the 1990s have seen a revolution in molecular medicine and advances in the ability to investigate brain functions. During this "Decade of the Brain," new drugs and treatment regimens allow patients to live increasingly productive, independent lives within a more accepting, understanding community.

But as the nation's general health improves, pockets of Americans are left behind. There are economic and social reasons for this, including a rise in the number of families living in extreme poverty. Two recent studies have shown strong associations between levels of income inequality and mortality, and suggest that the disparity with which income is distributed within a population may be as important a health factor as absolute income itself. Socioeconomic factors such as

race, ethnicity and the education and employment status of parents are also linked to health by a new study, with Hispanic children shown most at risk in today's society. Studies show that:

- Children living below the poverty line are:
 - less likely to be in good or excellent health.
 - more likely to have high levels of blood lead.
 - less likely to be immunized.
 - less likely to have a usual source of health care.
- 43.4 million Americans (10.7 million children) are without medical insurance.
- About 6 percent of American children do not get enough to eat.
- Low birthweight rates have been the highest in two decades.

Meanwhile, Americans continue to engage in high-risk behavior that jeopardizes their health and may shorten their lives. Teenage drug use is once again on the rise, led by a rise in marijuana smoking and a diminished sense of risk. In 1997, 11.4 percent of youth, ages 12-17, reported using some illicit drug within the past month, up 2.4 percent from the previous year. More than two and a half million American teenagers used marijuana for the first time in 1996.

Smoking cigarettes is considered a "gateway" to the use of illicit drugs and, of itself, constitutes the leading cause of death in the United States, claiming an estimated 430,700 lives each year. That figure includes those affected indirectly, such as babies born prematurely and other victims of secondhand exposure to tobacco carcinogens.

Alcohol abuse remained a major risk behavior in 1997, with some 111 million Americans, ages 12 and over (51 percent of the population), using alcohol. There were 9.5 million teenaged drinkers in 1996, with 4.4 million of them self-described "binge drinkers." On average, teens drink alcohol on more than five days each month, and very many teens report using alcohol from age 11. And a new study shows that the number of young people who say that they "drink to get drunk" has gone up by a third since 1993, with students reporting more alcohol-related problems in 1997 affecting their health, education, safety and relationships.

As teenagers court these and other risk behaviors, they are also becoming overweight -- in percentages twice as great as 30 years ago. More than half (55 percent) of American adults are either overweight or obese, putting them at greater risk for hypertension, diabetes, coronary heart disease, stroke and other life-threatening conditions. We have created, says one researcher, "the heaviest society in the history of the world."

A new study suggests that fewer young people are engaging in sexual risk behaviors and more sexually active students are practicing safe sex, reversing trends of the past two decades. Nonetheless, national rates for sexually transmitted diseases are 50 to 100 times higher than the rest of the industrialized world, and intensive efforts will be needed to sustain our recent, modest successes.

A new age of medical technology and techniques remains beyond the reach of too many

Americans. Mental illnesses still lag behind physical illnesses in terms of research and insurance coverage. And as our health care system changes and as many as a quarter of our population enters health maintenance organizations, some 43.4 million Americans, or 16.1 percent of the population, including 10.7 million children, are left behind -- without any medical insurance at all. The increase of 1.7 million uninsured during the last year constitutes the largest increase in a decade. Many of those uninsured, including those entering the work force from the welfare system, hold jobs with small companies that are less likely to offer medical insurance. And many of the poor who are eligible for Medicaid do not enroll in it, out of lack of information or fear. Meanwhile, traditional employer-provided, fee-for-service medicine continues to decline, as do full funding of medical care by employers and coverage of dependents.

And efforts to give patients more control under managed care proved illusory when the Senate in October rejected legislation to define patients' rights and to regulate Health Maintenance Organizations. At the same time, dozens of H.M.O.s pulled out of Medicare in at least 22 states, leaving 400,000 people to find new physicians and arrange for new insurance, sometimes at higher cost.

On top of this, a new government study appearing in the September/October 1998 issue of *Health Affairs* suggests that health care costs will double over the next decade, ending a five-year period of near-stable growth, and likely to marginalize further those with limited access to the health care system. Add to this the increasing health care needs of an aging population and the responsibilities that families carry in caring for children -- and aging parents. The picture that emerges is gloomy, despite a boom economy and congressional action to extend medical coverage for children and make insurance job-portable.

We are living in a decade of the most exciting medical breakthroughs. Science is turning a spotlight on areas that have been beyond our ability to see or make meaningful speculation. But at Thanksgiving time 1998, the good news is marred by unacceptable deficits still with us -- because of poverty, ignorance, violence, risk-taking and the national patchwork of resources and programs through which our health care is delivered.

YMCA CALL TO ACTION

- As a nation, we need to look at health broadly, and address the social and environmental factors that affect communities and affect quality of life. We can improve physical health and become a more healthy nation by making it a priority to combat poverty, improve education and job skills training, and increase access to health care. Preventive care (research, health services delivery and health policy) should receive increased attention and funding.
- In our communities, we should have active collaboration among physicians and other health care provider groups, health systems agencies and corporations, insurance and business firms, the voluntary health sector and public health agencies. Bringing everyone

to the table, we should (1) collaborate to identify and prioritize community health issues, (2) act individually and in coalitions to improve community health, and (3) become a force working for health at local, state and federal government levels.

- We should move more preventive medicine and primary care services into discrete neighborhoods, school settings, church settings and community centers to serve the neighborhood and engage in case-finding. We can then begin more outreach and awareness-building of the programs that are already out there, and find new strategies to address the population that is falling through the cracks; an early priority should be getting children enrolled in available programs.
- As a nation, we should decrease the societal stigma attached to those with mental illnesses, including substance abuse. The serious disorders (schizophrenia, bipolar disorder and so on) are clearly brain illnesses and should be thought of as similar to multiple sclerosis, stroke, Parkinson's disease, and others.
- There should consider full mental health coverage parity for all ages, again not making the artificial distinction between the mental and the physical.
- We should increase the support for mental health research, particularly into understanding the causes of mental illnesses and how to prevent them.
- We should foster more consumer empowerment. We should give consumers more knowledge about the issues, place more emphasis on people acquiring healthy lifestyles, know where health resources are and where to find promotional information. We should foster an environment in which people take more responsibility for their own health.
- As individuals and as parents, we should educate ourselves and our families about health matters, ask our physicians to engage us as partners in health and seek better patient information/education from them and others. We should provide and eat more healthy foods, exercise more, avoid excess alcohol use, and avoid drugs or tobacco because these factors can determine our state of health early in life, often beyond the ability of modern medicine to provide positive outcomes.

FACTS ON PHYSICAL HEALTH (CHILDREN)

"We have some good progress to report -- more children are surviving their first year of life, with infant mortality at an all-time historic low."

**Duane Alexander, M.D., Director
National Institute of Child Health
and Human Development**

"Health is improving in America along many fronts, and our challenge is to share that progress as widely as possible. There is a role for everyone in every community in eliminating disparities in health and health care in America. The best solutions to closing this gap are strong, effective partnerships which build on the latest and best knowledge."

**Donna E. Shalala, Secretary
U.S. Department of Health and Human Services
July 30, 1998**

"Substance abuse and cigarette smoking are at unacceptable levels. Since the early 1990s, we have seen a gradual increase in drug use, which we know is tied to a decrease in the perception of risk."

**Alan I. Leshner, Ph.D., Director
National Institute on Drug Abuse**

- Eighty-one percent of children were reported by their parents to be in very good or excellent general health. But the health of poor children compared unfavorably, with poverty being an indicator for hunger and lack of medical care. While 85% of those at or above the poverty line were reported in very good or excellent health, only 65% of those below the poverty line were similarly healthy.¹
- In 1996, low birthweight rates, one of the most important predictors of infant mortality, were the highest in two decades, with 63% of all infant deaths among low birthweight babies.²
- Thanks to advancing technology, infant mortality continued to decline despite low birthweights. Infant mortality fell to a record low of 7.1 deaths per 1,000 births in 1997, according to a report released October 7, by the National Center on Health Statistics.³ Low birth weight and infant mortality rates were higher among the children of less-educated mothers. Infants born to mothers who did not finish high school were about 50 percent more likely to be of low birth weight than infants whose mothers finished college. Poor, less-educated Americans are more likely to have underweight babies and are less likely to have them vaccinated.⁴
- Infant mortality rates were highest for teens and women in their 40s and lowest for women in their 20s and early 30s. The infant mortality rate was twice as high for unmarried

women as for married women.

- A greater proportion of infants dying within the first year of life, die from birth defects. As infant mortality fell 39.8% between 1980 and 1995, deaths from birth defects fell only 34.2% with cardiovascular defects being the single largest cause of death, and central nervous system defects, second. An official with the CDC's National Center for Environmental Health cited a correlation between infant birth defects and poverty.⁵
- Children living below the poverty line also tended to show high levels of blood lead, to have no usual source of health care and to experience housing problems and hunger. And though 77% of children ages 19 to 34 months were up-to-date on immunizations, those in poor families were less likely to be so (69% compared to 80% above the poverty line).⁶
- Lack of insurance is not the only critical issue affecting children's health, according to a new study. *Health Affairs* reports that health problems among children are strongly linked to such socioeconomic factors as race and ethnicity and the education and employment status of their parents, with Hispanic children far more likely than those in other groups to be uninsured and without a usual source of health care, and to be in fair or poor health.⁷
- Some 27.7% of Hispanic children have no health insurance, compared with 17.7% of blacks and 12.2% of whites; 17.2% of Hispanics have no usual source of health care compared with 12.2% of black children and 6.0% of white children.⁸
- Happily, there has been a 25% decrease in the rate of Sudden Infant Death Syndrome (SIDS), apparently related to a successful national campaign promoting placement of infants on their backs.⁹
- Children under 18 living in families with annual incomes below \$10,000 report a higher percent limited in activity, higher percents with fair or poor health status and higher percents with a hospitalization in the past 12 months than children in households with higher incomes.¹⁰
- About 6% of American children (almost 4 million) do not get enough to eat, according to new findings from the Third National Health and Nutrition Examination Survey. According to the survey, many low-income, uninsured Americans may have to make a choice between paying for health care and paying for food.¹¹
- Children 1 to 5 years old, living in families with low income are more than seven times as likely to have elevated blood lead levels as children in high-income families. Poor, non-Hispanic black children are at the greatest risk with more than 20% having high blood lead levels, compared with 8% of poor non-Hispanic white and 6% of poor Mexican American children.¹²

- Despite factors traditionally linked with high lead levels, there has been a dramatic decline in the number of children affected over the past two decades. The number of affected preschoolers dropped from 88% to 6%, reportedly due to the aggressive removal of lead from paint, plumbing supplies and gasoline.¹³
- Parental smoking is an important preventable cause of morbidity and mortality among American children, annually resulting in 2,800 perinatal deaths, 2,000 cases of sudden infant death syndrome, 1,100 deaths from respiratory syncytial virus bronchiolitis, 250 fire-related deaths and others. Parental smoking results in annual direct medical expenditures of \$4.6 billion and loss of life costs of \$8.2 billion.¹⁴
- Children's diets reflect some of the food consciousness of American families over the past two decades, according to the Food, Nutrition and Consumer Services office of the U.S. Department of Agriculture. Of all age groups, children ages 2 to 3 score the highest on the USDA's Healthy Eating Index. Teenage boys are a group singled out by nutritionists as not eating a sufficiently rounded and healthy diet.
- Children are consuming less fat but less milk, more noncitrus fruit juices, a large amount of grain-based combinations such as pasta with sauce and rice dishes with pizza, grain-based snack foods, some vegetables and not enough fruits. Only about half of teens drank milk in 1994 compared to three-fourths in the late 1970s. The daily consumption of soft drinks by boys has nearly tripled in the last two decades.
- One factor preventing adults from properly supervising children's diets is the fact that roughly two-thirds of school-aged children consume food that's provided outside the home; the same is true of food consumption by nearly half of 3 to 5 year olds. Overall, children and teenage boys meet the Recommended Dietary Allowance for most nutrients, though girls are lacking in foods containing calcium, magnesium, zinc and vitamin E.¹⁵
- About 15% of young people aren't physically active at all; almost half of young people and more than a third of high school students do not participate in vigorous physical activity on a regular basis.¹⁶
- From ninth grade to 12th grade, students' participation in vigorous physical activity drops off from 72% to only 55%, and the time students spend being active in physical education is decreasing -- those who were active for at least 20 minutes during an average class dropped from 81% in 1991 to 70% in 1995. Daily participation in physical education classes by high schoolers dropped from 42% in 1991 to 25% in 1995.¹⁷ Nonetheless, 63.8% report that they have performed vigorous physical activity three or more days during the last week.¹⁸
- Children living with a single parent or adult and children in the poorest families report a higher prevalence of activity limitation and higher rates of disability. They are also more

likely to be in fair or poor health and more likely to have been hospitalized, according to a new report from the National Center for Health Statistics.¹⁹

- Between 1991 and 1996, teenage childbearing declined in all 50 states. The preliminary U.S. birth rate for teenagers in 1996 was 54.7 live births per 1,000 women aged 15 to 19 years, down 4% from 1995 and 12% from 1991 when the rate was 62.1. These recent declines reversed the 24% rise in the teenage birth rate from 1986 to 1991.
- Still, teen birth rates are higher today than in the mid-1980s when the rate was at its lowest point, 50 to 53 births per 1,000 teens. The national teen birth rate was at its highest in 1957 at 96 births per 1,000 women ages 15 to 19. However most teenagers giving birth in the 1950s, and for the next two decades, were married, while the vast majority of teenage mothers today are unmarried.²⁰ Each year almost 500,000 American teenagers give birth.²¹
- Teenage mothers are much less likely than older women to receive timely prenatal care, are more likely to smoke and less likely to gain the recommended weight during pregnancy -- and are more likely to have a low birth weight infant, as shown in annual reports from NCHS' National Vital Statistics System.²²
- As children reach their teen years, they are engaging in a number of activities that threaten their health. A new nationwide study, appearing in the Journal of the American Medical Association, found that between 1993 and 1997, smoking among college students increased 28%. Students surveyed in 1997 had a higher smoking prevalence at college entry than did those who responded in 1993, indicating that increased smoking, first seen in middle school and high school students, has reached the college population, those considered *most resistant* to smoking. Among high school students, cigarette use increased by 32% between 1991 and 1997.²³ The number of teenagers taking up smoking as a daily habit jumped 73% from 708,000 in 1988 to 1.2 million in 1996. In 1996, 77 of every 1,000 non-smoking teens picked up the habit.²⁴ The percentages of eighth, 10th and 12th graders who smoked daily, drank heavily or used illicit drugs have increased, with 25 percent of 12th graders smoking on a regular basis.²⁵
- Use of marijuana is on the rise again among young people 12 to 17, and teen-aged attitudes towards drugs show a significantly diminished sense of risk, typically a forerunner to higher rates of abuse. In 1997, 11.4% of youth ages 12 to 17 reported using some illicit drug within the past month, up 2.4% from the previous year. More than two and a half million American teenagers used marijuana for the first time in 1996.²⁶
- The use of cocaine powder inched up steadily in the first half of the 1990s with no perceived advance in the year 1996 to 1997. The percentage of students reporting its use in the prior 12-month period was 2.2% in eighth grade, 4.1% in 10th grade and 5.0% in the 12th grade. The use of crack cocaine followed a similar trend. Students reported its

use at 1.7%, 2.2% and 2.4% in the eighth, 10th and 12th grades. Taking heroin by snorting or smoking has sparked a rise in heroin use, although its use by teenagers remains quite low. Use by eighth-graders may have declined, but we may be witnessing a gradual increase in its use in upper grades. The rate of first-time heroin use among teenagers has increased from below 0.4% per 1,000 in 1991 to 3.9% per 1,000 in 1996.²⁷

- With tobacco considered a “gateway” drug leading to other abuse, an estimated 4.5 million youth, ages 12 to 17, were smoking in 1997. Youths who smoke are considered 12 times as likely to use illicit drugs and 23 times as likely to drink heavily, as nonsmoking youth.²⁸
- Of the 9.5 million current alcohol drinkers aged 12 to 20 in 1996, 4.4 million were “binge drinkers” (consuming about five or more drinks on one occasion), including 1.9 million heavy drinkers. From 1996 to 1997, the percentage of 10th graders reporting having been drunk daily in the month prior to survey increased, although the percentage of eighth graders reporting having been drunk at least once in the past month decreased.²⁹
- A new study by the American Academy of Pediatrics found that, on average, teens drink alcohol more than five days in a given month. The study also found that those who drink on six or more days in a month average 5.6 drinks at a setting, while those who drink on one day per month, average three drinks at a setting. And teens who drink more frequently are more likely to have ridden in a car with someone who had also been drinking. Some 89% of teenagers between the ages of 16 to 19 had their first alcoholic beverage at age 11, according to the same study.³⁰
- Many more American students were, by their own report, “drinking to get drunk” in 1997 than in the group last questioned in 1993. The new study was performed by Harvard University’s School of Public Health, which reveals that 52% of college drinkers “drink to get drunk,” up from 39% in 1993. “Binge drinking” declined only slightly on college campuses in 1997, but those engaged in binge drinking were doing so more intensely. Two out of five students (42.7%) described themselves as binge drinkers -- down from 44.1% in 1993; but half of that group, one in five students, or 20.7%, said they were frequent binge drinkers, up from 19.5% in 1993.³¹
- Collegiate drinkers experienced more alcohol-related problems in 1997 than those questioned in 1993. Problems affected their health, education, safety and personal relationships, and included driving after drinking, damaging property, getting injured, missing classes and getting behind in school work. More than one third of students who used alcohol (35.8%) reported driving after drinking, up 13% from 1993.³²
- Motor vehicle crashes remain the leading cause of death (30%) of youth ages 5 to 24, with homicide ranking third (18%) and suicide fourth (12%). A group of “other causes” is ranked second at 27%.³³ About 24% of 15- to 20-year-old drivers killed in traffic crashes

had a blood alcohol content of .10 or higher, usually considered the threshold of drunken driving.³⁴

- Teen pregnancy rates declined significantly across the country between 1991 and 1996, as did teen birth and abortion rates. Nonetheless, up to 1 million teens still become pregnant every year, and America's teen pregnancy rate remains high in comparison with other industrial nations.³⁵
- Nearly half of the nation's students are sexually active, and 7 percent admit to trying sex before the age of 13, according to a study released this summer. Of the 48% who say they've had sex, 16% say they've had four or more sex partners. Slightly more than half, 56.8%, say that they or their partner used a condom on last encounter.³⁶
- The United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world -- 50 to 100 times higher than other industrialized nations. Among an estimated 12 million new cases in this country each year, 3 million occur among teenagers, 13 to 19 years old. STDs result in infertility, cervical cancer, pregnancy-related deaths and fetal or neo-natal deaths, and add \$17 billion to the nation's health care costs each year.³⁷
- Reversing trends of the past two decades, somewhat fewer young people are engaging in sexual risk behaviors. A new report shows that from 1991 to 1997, the proportion of high school students who have ever had sexual intercourse decreased from 54.1% to 48.4%, while the proportion who have had sex with multiple partners showed a similar steady decline. The proportion of sexually active teens using condoms increased from 46.2% to 56.8% during the same period.³⁸
- Girls who play high school sports tend to begin sex later in adolescence, are less than half as likely to get pregnant, are more likely to have fewer sex partners and more likely to use contraceptives than girls who don't, a new study discovered.³⁹
- Trends in AIDS incidence among children continue to demonstrate the dramatic success of efforts to reduce HIV transmission from mother to child. From 1992-1996, the number of children with perinatally acquired AIDS dropped 43%, but the majority of such cases continue to occur in African American and Hispanic children.⁴⁰

FACTS ON PHYSICAL HEALTH (ADULTS)

- Life expectancy reached an all-time high of 76.6 years in 1997, according to a report released Oct. 7 by the National Center on Health Statistics.⁴¹
- A number of the leading causes of death showed declining death rates in the 1990s. Heart disease, the leading cause of death, continued its long downward trend, with the death rate

down 12% from 1990 to 1996. In the same period, the death rate for cancer -- the second leading cause of death -- declined by 5%, after increasing steadily for the previous 20 years.⁴²

- Between 1993 and 1996, the death rate for firearm-related injuries and the homicide rate declined by about 20% after increasing steadily since the mid-1980s. However, the death rate for stroke, the third leading cause of death, which, like heart disease has had a long downward trend, has shown little improvement since 1992.⁴³
- Two new studies show that, in a country with the highest levels of income inequality in the world⁴⁴, both absolute income and the relative disparity with which incomes are distributed are factors critical to the likelihood of health or mortality. Higher income inequality is associated with increased mortality at all income levels.⁴⁵
- More than 60% of all adults are not regularly active⁴⁶, and according to researchers on a major new study of obesity, "the United States is not just the heaviest society in the world, but probably the heaviest society in the history of the world."⁴⁷
- For adults 20 to 74 years old, overweight prevalence has increased from 26% in 1976 to 1980, to 34% in 1988 to 1991. Among women 20 to 34 years of age, overweight prevalence increased by 49%. There has been a 42% increase in overweight prevalence among men ages 55 to 64 and a 70% increase among men ages 65 to 74.⁴⁸
- Fully 55% of American adults are either overweight or obese, putting them at greater risk for hypertension, diabetes, coronary heart disease, stroke and other life-threatening conditions.⁴⁹ The good news is that the number of adults engaging in moderate activity increased from 22 to 24% during the last half of the 1980s, and those adults over 65 reporting no physical activity decreased from 43% to 29% during that period.⁵⁰
- The rates of timely, prenatal care have improved for women in all race and ethnic groups in the 1990s. The proportion of women who received prenatal care in the first trimester climbed to 81.9% in 1996.⁵¹
- The birth rate for unmarried women in 1996 was 1% lower than in 1995 and 4% lower than the highest level, recorded in 1994.⁵²
- The number of Americans who died from AIDS fell to 16,865 in 1997, almost half (46.4%) the number of deaths in 1996. The annual rate of new infections remained stable at about 40,000.⁵³ Because of the impact of new combination therapies, estimated AIDS incidence dropped for the first time in 1996. If AIDS cases continue to decline, an increase in HIV prevalence can be expected. There are currently 650,000 to 900,000 Americans currently living with HIV.⁵⁴

- Even as AIDS deaths decline, researchers and advocacy groups are expressing concern that the number of people infected has not declined. They fear that new therapies are causing complacency in populations most susceptible to HIV infection and they report a surge in unsafe sexual practices.⁵⁵
- In 1997, an estimated 64 million Americans reported smoking tobacco within 30 days prior to interview.⁵⁶
- Smoking-related diseases claim an estimated 430,700 American lives each year, including those affected indirectly, such as babies born prematurely and some of the victims of “secondhand” exposure. Cigarettes contain at least 43 distinct cancer-causing chemicals, are responsible for 87% of lung cancer cases and most emphysema and chronic bronchitis. They are a major factor in coronary heart disease and stroke and may be related to malignancies in other parts of the body and other conditions. Smoking costs this country an estimated \$97.2 billion each year in health care and lost productivity.⁵⁷
- Cigarette smoking among adults 25 years of age and over declined between 1974 and 1995, but declines were greater for more educated adults. In 1995, the least educated men and women were more than twice as likely to smoke as the educated. Poor, less-educated Americans are more likely to smoke and less likely to avoid heart disease, lung cancer and diabetes.⁵⁸
- In 1997, 111 million Americans ages 12 and over, or about 51% of the population, used alcohol during the 30 days prior to interview. About 31.9 million engaged in binge drinking (consuming about 5 or more drinks on one occasion in the past month). That’s about 15.3% of the population. Some 11.2 million, or 5.4% of the population, were heavy drinkers (binge drinking on five or more days in the past month). Percentages of alcohol abuse have remained about the same since 1988.⁵⁹
- In 1997, an estimated 13.9 million Americans were current users of illicit drugs, down from 25 million in 1979, the all-time high. An estimated 1.5 million Americans were current users of cocaine, not significantly changed from 1996. An estimated 325,000 Americans were past-month users of heroin, up from 68,000 in 1993.⁶⁰
- Americans have been improving their nutrition knowledge and their diet but could do more, according to nutrition experts at the U.S. Department of Agriculture. Already eating less fat and consuming a wider variety of foods, we still need to eat more fruit, drink more milk and reduce sodium intake. Women are more nutrition-conscious than men, and the elderly begin to set aside their healthy-eating habits. Americans living in the Northeast are more careful about diet than other Americans, and those who live in the South score lower than others for diet-consciousness.⁶¹
- A new report from the National Center for Health Statistics found that people living with

a spouse and children in two-parent households and those in families with higher education were the healthiest. Married men and women in all age groups are less likely to be limited in activity due to illness than single, separated, divorced or widowed individuals. Middle-aged adults 45 to 64 who live alone have higher rates of doctor visits, acute conditions and short and long-term disability.

- Ten million Americans, including almost 4 million children, do not get enough to eat, according to new findings from the Third National Health and Nutrition Examination Survey. Some 4% of Americans, including 14% of America's low-income population, live in families who say that they do not have enough to eat -- either sometimes or often. These include 4.5 million non-Hispanic whites, 2.4 million non-Hispanic blacks and 2.4 million Mexican Americans. One in four low-income Mexican Americans do not get enough to eat.⁶²

FACTS ON MENTAL HEALTH

- In the last decade, research has laid the groundwork for many of today's promising new clinical trials, technologies and drug treatments. Scientists, physicians and patients hope that today's progress means tomorrow's cure and prevention.
- One in five children suffers from diagnosable mental, emotional or behavioral disorders, according to the National Mental Health Association. Mental illnesses remain underdiagnosed and undertreated, and approximately 4 million children and adolescents 9 to 17 years old suffer from a serious emotional disturbance; more than two-thirds of these children do not receive mental health services. Left untreated, these disorders can lead to school failure, substance abuse, delinquent behavior, violence and even suicide. The vast majority of children with serious emotional disturbances, though, are not violent.⁶³
- Of the 100,000 teenagers in juvenile detention, estimates indicate that 60 percent have behavioral, mental or emotional problems.⁶⁴
- One in four families will have a member with a mental illness.⁶⁵ One in 10 Americans experience some disability from a diagnosable mental illness in the course of any given year.⁶⁶ More than 51 million Americans have a mental disorder in a single year, although only about 8 million (16%) seek treatment.⁶⁷
- Six-and-a-half million Americans are disabled by severe mental illness. Mental illnesses impose a multibillion dollar burden on the economy each year. Total economic costs amounted to \$147.8 billion in 1990.⁶⁸ But among a number of successful treatments, lithium therapy for manic depressive illness has saved the U.S. economy an estimated \$145 billion since 1975. Clozapine for schizophrenia saves an average \$23,000 in treatment costs per patient, annually.⁶⁹

- Managed care insurance plans typically limit annual mental health care at \$25,000, quickly reached by the sickest patients. Insurance parity would primarily benefit families with seriously mentally ill children. Removing typical reimbursement limits would increase mental health care costs by about one dollar per managed care enrollee per year, according to a study performed by RAND, Santa Monica.⁷⁰

FACTS ON PROVISION OF HEALTH CARE

- Health care continues to change. HMO enrollment continues to rise so that in 1997, one quarter of the U.S. population was enrolled in HMOs. But at the same time, more than 1 million Americans join the rolls of the uninsured every year; that number is now at 43.4 million for 1997 (16.1%), up 1.7 million over the previous year, the highest increase for one year in a decade. That number without medical insurance equals about one-sixth of the population.⁷¹
- Following the Clinton Administration's failure to create universal health care in a comprehensive, regulatory system, efforts to extend coverage, piecemeal, have failed because:
 - a 1996 law to make health care job-portable has been thwarted by insurers who, according to a GAO report, have charged as much \$15,000 a year for new coverage.
 - 1997 legislation that budgeted \$24 billion over five years to expand health care for children, saw the number of uninsured children hold steady at 15%, offset by children losing Medicaid.⁷²
- Other reasons given for the major increase in uninsured during a boom economy are: shrinking welfare rolls, with those leaving welfare taking low-paying jobs with no health benefits; small businesses, which are creating most of the nation's new jobs, are far less likely to offer health insurance; and health care costs and insurance costs are on the rise, preventing individuals and employers from buying insurance.⁷³
- About one-half, or 49.2% (2.6 million), of poor, full-time workers were uninsured in 1997. Medicaid notwithstanding, 11.2 million poor people, nearly one-third (31.6%) of all poor people, had no health insurance in 1997.⁷⁴
- Efforts in 1998 to give patients more control under managed care ended when the Senate rejected a move to define patients' rights and to regulate Health Maintenance Organizations.⁷⁵
- In October, the Administration was moving to help as many as 400,000 Medicare beneficiaries. They had been dropped from HMOs recently, in part because costs were higher, and Medicare payments lower, than HMOs expected. HMOs had reportedly

pulled out of more than 300 counties in 22 states, leaving patients to scramble for new doctors and arrange new insurance, often at higher cost.⁷⁶

- The most recent government study to examine health care spending trends shows that the outlay for health care is expected to double over the next decade, reaching \$2.1 trillion by 2007 and ending a five-year span of near-stable growth. For the first time in years, private sector expenditures, driven by increases of use and intensity of services, will be the main force ratcheting up per capita national spending. Private health insurance premiums are expected to rise an average of 7% to 8 % per year during the decade, and HMOs and other forms of managed care are expected to play a smaller role in controlling costs.⁷⁷
- More children lacked coverage in 1997 than in 1996. The number of uninsured children under 18 grew to 10.7 million (15.0%) in 1997, up from 10.6 million (and 14.8%) the previous year.⁷⁸
- Nearly one-fourth of all children eligible for Medicaid are not enrolled in the program and have no health insurance benefits, according to a new study conducted by the Agency of Health Care Policy and Research. The study finds that despite efforts to extend health coverage to children through expansions of Medicare, 4.7 million children -- a much greater number than previously reported -- remain eligible but uninsured, and welfare reforms could exacerbate the problem.⁷⁹
- During the 1990s, the use of traditional fee-for-service medical care benefits by employees in private companies declined sharply. Also during the 1990s, the full funding of medical coverage became less common in both small and large firms, and many employers no longer offer coverage for employees' dependents.⁸⁰
- Many employees of small businesses decline company-offered coverage because employee contributions are too high.⁸¹
- Most children in the United States who lack health insurance go uninsured because their parents do not have access to employer-sponsored coverage, according to a report from the Center for Studying Health System Change.⁸²
- Children in higher income families are less likely than poor children to be without a regular source of health care. However, insurance coverage makes a real difference for poor children in terms of access to health care. Among all poor children under 6 years of age, 21% of those without health insurance had no usual source of care in 1997, compared with 4% of poor children covered by insurance.⁸³
- Low income adult men were seven times as likely to be uninsured as high-income men, and low income women eight times as likely to be uninsured as their high-income counterparts.⁸⁴

Notes

1. "America's Children: Key National Indicators of Well-Being, 1998," Federal Interagency Forum on Child and Family Statistics and the National Institute of Child Health and Human Development, Rockville, MD, July 1998.
2. MacDorman, MF., Atkinson, JO., "Infant Mortality Statistics from the Linked birth/Infant Death Data Set," National Center for Health Statistics, Feb. 26, 1998.
3. National Center for Health Statistics, Oct. 7, 1998.
4. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
5. Honein, M, CDC National Center for Environmental Health, cited in *USA Today*, "Decline in infant deaths masks troubling factors," Sep. 25, 1998.
6. "America's Children: Key National Indicators of Well-Being, 1998," Federal Interagency Forum on Child and Family Statistics and the National Institute of Child Health and Human Development, Rockville, MD, July 1998.
5. Weinick, RM., "Children's Health Problems Linked to Race, Ethnicity, Education and Employment," Data from the Medical Expenditure Panel Survey, Agency for Health Care Policy and Research, Health Affairs, Mar. 9, 1998.
6. Ibid.
9. "Progress Review: Healthy People 2000, Maternal and Infant Health," Public Health Service, Dept. of Health and Human Services, July 2, 1996.
10. "Health and Selected Socioeconomic Characteristics of the Family: United States, 1988-90," National Center for Health Statistics, Centers for Disease Control and Prevention, June 1997.
11. *American Journal of Public Health*, March 1998.
12. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
13. "America's Children: Key National Indicators of Well-Being." Federal Interagency Forum on Child and Family Statistics and the National Institute of Child Health and Human Development.
14. Aligne, CA, Stoddard, JJ., "An Economic Evaluation of the Medical Effects of Parental Smoking," *Archives of Pediatrics & Adolescent Medicine*, July 1997.
15. Mickle, S., "What and Where our Children Eat -- 1994 Nationwide Survey Results," Beltsville Human Nutrition Research Group, U.S. Department of Agriculture, Riverdale, MD., 1994.
16. "Promoting Lifelong Physical Activity," Centers for Disease Control and Prevention, Atlanta, March 1997.
17. Ibid.
18. "Surgeon General's Report on Physical Activity and Health," Dept. Of Health and Human Services, Wash. D.C., July 11, 1996. Youth Risk Behavior Surveillance -- United States 1997, Centers for Disease Control and Prevention, Atlanta August 14, 1998.
19. "Health and Selected Socioeconomic Characteristics of the Family: United States, 1988-90," National Center for Health Statistics, Centers for Disease Control and Prevention, June 1997.
20. "National Vital Statistics System, Teenage Births in the United States: National and State Trends, 1990-1996," Public Health Service, DHHS, April 30, 1998.
21. "Teenage Births in the United States: State Trends, 1991-96, an Update," National Center for Health Statistics, June 30, 1998.
22. "National Vital Statistics System, Teenage Births in the United States: National and State Trends, 1990-1996," Public Health Service, DHHS, April 30, 1998.
23. Wechsler, H., "Harvard School of Public Health College Alcohol Study," *Journal of the American Medical Assn.*, Nov. 18, 1998.
24. "Youth Smoking Rises 73% in 9 years," *Associated Press* from CDC figures, Atlanta, Oct. 8, 1998.
25. "America's Children: Key National Indicators of Well-Being," National Institute of Child Health and Human Development.
26. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
27. "Monitoring the Future" Study, Institute for Social Research, University of Michigan, Ann Arbor, MI, December 20,

1997.

28. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
29. "Substance Abuse - A National Challenge/ Fact Sheet," Data from 1997 Monitoring the Future Survey and the 1996 National Household Survey on Drug Abuse, Dept. of Health and Human Services, 1997.
30. "Child Health Month" Survey, American Academy of Pediatrics, Sept. 30, 1998.
31. Wechsler, H., "The College Alcohol Study," Harvard School of Public Health, American Journal of College Health, September 10, 1998.
32. Ibid.
33. "Assessing Health Risk Behaviors Among Young People: Youth Risk Behavior Surveillance System.
34. "MADD Statistics," Mothers Against Drunk Driving, 1993, MADD Internet home page.
35. "State-Specific Adolescent Pregnancy Rates, United States, 1992-1995," Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, June 25, 1998 and Dept. of Health and Human Services, April 1998.
36. Kann, L., "Behavior Leading to Injury Survey," National Center for Chronic Disease Prevention and Health Promotion, CDC, Atlanta, August 13, 1998.
37. "The Challenge of STD Prevention in the United States," National Center for HIV, STD & TB Prevention, Centers for Disease Control and Prevention, Atlanta, Nov. 1996.
38. Kolbe, L., "Trends in Sexual Risk Behaviors Among High School Students - United States, 1991-1997," Morbidity and Mortality Weekly Report, Vol. 47, No. 36, National Center for Chronic Disease Prevention & Health Promotion, CDC, Atlanta, Sept. 18, 1998.
39. Women's Sports Foundation, based on analysis of data from the Centers for Disease Control and Prevention and the New York State Research Institute on Addiction.
40. "Trends in the HIV and AIDS Epidemic, 1998," CDC National AIDS Clearinghouse, Rockville, MD, July 9, 1998.
41. National Center for Health Statistics, Oct. 7, 1998.
42. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
43. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
44. Gottschalk, P, Smeeding, TM, "Cross-national comparisons of earnings and income inequality," Journal of Economic Literature, 1997, 35:633-686.
45. Lynch, JW, Kaplan GA, et al., "Income Inequality and Mortality in Metropolitan Areas of the United States," American Journal of Public Health, Vol. 88, No. 7, July 1998.
46. Surgeon General's Report on Physical Activity and Health, Dept. Of Health and Human Services, Wash. D.C., July 11, 1996.
29. Stevens, J., Research from University of North Carolina, New England Journal of Medicine, Jan. 1, 1998.
48. "Healthy People 2000: Progress Report for Nutrition," Public Health Service, Dept. of Health and Human Services, July 5, 1994.
49. "Federal Obesity Clinical Guidelines," National Institutes of Health, Bethesda, MD., June 17, 1998.
50. "Progress Report for Physical Activity and Fitness, Healthy people 2000," Centers for Disease Control and Prevention, Atlanta, April 26, 1995.
51. Venturam, S., Martin, J., Curtin, S., Mathews, TJ., "Report of Final Natality Statistics, 1996," National Center for Health Statistics, DHHS, June 1998.
52. Venturam, S., Martin, J., Curtin, S., Mathews, TJ., "Report of Final Natality Statistics, 1996," National Center for Health Statistics, DHHS, June 1998.
53. Holmes, S.A., "1997 AIDS deaths down almost half in U.S. from 1996," *New York Times*, Oct. 8, 1998, from National Center for Health Statistics data.
54. "Trends in the HIV and AIDS Epidemic, 1998," CDC National AIDS Clearinghouse, Rockville, MD, July 9, 1998.
55. Holmes, S.A., "1997 AIDS deaths down almost half in U.S. from 1996," *New York Times*, Oct. 8, 1998.
56. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
57. "Smoking Fact Sheet," American Lung Assn., August 1997 Update.
58. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
59. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.

60. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
61. "Healthy Eating Index, 1994-1996," Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Washington, D.C., July 2, 1998.
62. American Journal of Public Health, March 1998.
63. Children's Mental Health Services Dept., National Mental Health Assn., Rockville, MD., 1997
64. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention, 1994.
65. NMHA Information Center, General Mental Health, National Mental Health Assn., Rockville, MD, 1995.
66. Mental Illness in America: The National Institute of Mental Health Agenda, National Institute of Mental Health, Bethesda, MD.
67. National Institute of Mental Health, 1994.
68. Rice, DP., Miller, L., "The Economic Burden of Affective Disorders," 1993.
69. "Mental Illness in America: The National Institute of Mental Health Agenda," NIMH, Bethesda, MD, 1995.
70. Sturm, R., "Minor Costs Projected to Improve Mental Health Coverage under Managed Care," RAND, Santa Monica, Calif., Journal of the American medical Assn., Nov. 12, 1997.
71. "Health Insurance Coverage: 1997," U.S. Census Bureau, Sept. 28, 1998.
72. "1 in 6 Americans now lack protection; who's next?" Editorial, *USA Today*, Oct. 1, 1998
73. Pear, R., "Americans Lacking Health Insurance put at 16 Percent," New York Times, Sept. 26, 1998.
74. "Health Insurance Coverage: 1997," U.S. Census Bureau, Sept. 28, 1998.
75. Pear, R., "Senators reject bill to regulate care by H.M.O.'s," *New York Times*, Oct. 10, 1998.
76. Pear, R., "Clinton to announce help as H.M.O.'s leave Medicare," *New York Times*, Oct. 8, 1998.
77. Smith, S., "Health Spending: The Next Decade," Health Care Financing Administration, Dept. Of Health and Human Services, Wash., D.C., Sep. 14, 1998.
78. "Health Insurance Coverage: 1997," U.S. Census Bureau, Sept. 28, 1998.
79. Selden, TM, Banthin JS, Cohen, JW., "Medicaid's Problem Children: Eligible but Not Enrolled," Data from Medical Expenditure Panel Survey, Agency for Health Care Policy and Research, Wash., D.C., May 1998.
80. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
81. Pear, R., "After the Revolution: The Uninsured," New York Times, August 9, 1998.
82. Reschovsky, JD, Cunningham, PJ, "CHIPping Away at the Problem of Uninsured Children," Center for Studying Health System Change, Issue Brief #14 Aug. 1998.
83. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
84. Ibid.



Embargoed for release until December 9, 1998, at 10:00 a.m. (ET)

VIOLENCE

SUBJECT

**INCLUDES: Media Violence (TV, movies, cyberspace, video games, music)
Public Violence (homicide, guns, juvenile, gangs, schools)
Family Violence (child abuse, suicide, domestic/intimate)**

GRADE:

D

SUMMARY OF STATUS:

Media Violence

Widespread concern about the proliferation of media violence is ongoing. Despite a national outcry and public and private efforts to address the problem, it seems the explosion of technology is sending a continuous flood of violent images into our homes.

Of greatest concern is the impact on our young. Violence on television, a new generation of "so real you can touch them" video games, "gangsta" rap and the threat of child abduction through the Internet make it clear that there is still much work to be done. The deleterious effects of media on our kids has been proven time and again -- most recently when it was discovered that the juveniles charged in six separate school shootings had one thing in common, they were, by all reports, media junkies -- from violent movies to violent video games and music.¹

"Children may have a basic understanding of what is right and wrong but may not understand why," said Kathleen Heide, Professor of Criminology, South Florida University. "And even if they set out to hurt someone, children reared on video games and Saturday morning cartoons can seldom comprehend the reality that death lasts forever," she said.

The three-year National Television Violence Study has shown virtually no reduction in the amount of violence we are exposed to on television. In fact, there has been an increase in the amount of violence seen in prime time.² Perhaps worse is that in 75 percent of violent scenes, there is no remorse shown, and no criticism or penalty for violent acts.³

The first independent look at the new television rating system by the National Institute on Media and the Family indicates that parents do not feel industry-assigned ratings adequately fit the programs.⁴ Not only are the main ratings questionable, a study by the Kaiser Family Foundation found that the industry is not adding the rating suffixes to indicate violence, sex and language, to the main age ratings.

The V-chip blocking device is scheduled to go into all new TV sets within the next year. Experts predict it will take at least 10 years before this new generation of sets is found in the majority of homes.

Rating systems are now in place, not only for TV and movies, but also for music and video games. However, it is unclear how reliable the ratings are, and any effectiveness they may have is certainly hampered by shop clerks who very rarely enforce the rating systems. Blocking technologies for video games have come a long way.

The Internet is proving to be a double-edged sword. This largely unregulated sea of information and communications network is ripe romping ground for those looking to exploit children in a relatively anonymous way. The National Center for Missing and Exploited Children (NCMEC), which has been aggressively working with law enforcement to combat these crimes, reports that criminal misuse of cyberspace to target and victimize children is a widespread and growing problem. In turn, they say, specialized units are popping up at the state and local levels to target Internet offenses.

In contrast, the Internet is also proving to be a powerful tool in helping to locate missing children. NCMEC's website grew from 3,000 hits to 1.5 million hits per day in little more than a year. In March, the NCMEC launched a new CyberTipline with the help of the online industry and federal law enforcement agencies, including the FBI's Innocent Images Task Force/Crimes Against Children Unit. Since March 9, the CyberTipline has received 2091 leads, constituting a 350 percent increase over normal volume.⁵

While most would agree that censorship is not the answer to reducing media violence, we must continue to find ways to reduce Internet crime and exposure to violence that are harming our children and, in turn, our society.

Public Violence

The United States continues to be one of the most violent nations in the world. The news in this section is not good for the American family. Violence has permeated every aspect of our lives -- our homes, schools and communities -- creating a very difficult environment for law-abiding Americans, who are working hard to provide a good life for their families.

The perception and very real threat of violence leave many wondering what precautions are necessary to insulate themselves and their loved ones. Meanwhile, an increasingly complex web of societal problems, such as poverty, drug abuse and untreated mental illness, is turning an enormous number of Americans to lives of crime.

Recent reports indicate that the violent crime rate has been in decline since 1992 following a rapid escalation between 1985 and 1992.⁶ Despite this decline, incidence of violent victimization and property crime, especially among our nation's youth, remain staggering. It is clear we still do not have a handle on violent crime in the United States. It is important to note that the downward trend in violent crime is not nationally uniform. Many cities, such as Minneapolis, have seen dramatic escalations in crime.

It seems each piece of hopeful news is met by an equally powerful piece of bad news. Consider this: While the national crime rate fell 10 percent between 1996 and 1997, U.S. residents (12 years and older) experienced 37 million criminal victimizations in 1996.⁷ Further, while the homicide rate among juveniles ages 15 to 24 has declined, it is still 71 percent higher than it was in 1985.⁸ And, while 69,000 handgun sales were blocked during 1997 due to presale background checks,⁹ guns appear to be increasingly used in homicide at a rate of over 80 percent.¹⁰

It is unclear whether these reported reductions are attributable to a real drop in crime due to new policing strategies, demographic changes, stabilizing of drug markets or improved economic conditions.¹¹ One way or another, demographic experts, who see reductions in juvenile crime as the key to the overall drop in violence, predict an explosion of juvenile crime by 2010, given population growth and trends in juvenile arrests.¹²

Further, in August, the *New York Times* reported the demotion and dismissal of senior police officials in three U.S. cities after they falsely reported crime statistics to the FBI crime tracking system, in the face of mounting pressure to reduce crime in their jurisdictions. According to *USA Today*, this widespread underreporting and downgrading of numbers forced one state to withdraw its 1996, 1997 and some 1998 crime numbers from the FBI's national registry. "Experts say they do not believe these incidents mean the nationwide drop in crime is illusory. But they are beginning to question whether politicians seeking office, the news media and the public should attach so much importance to the annual and sometimes monthly release of the latest crime figures."¹³

Credit should be given for significant efforts being made by government and advocacy groups to fund and assist in the development of programs aimed at reducing the epidemic of violence in our country. A recent National Institute of Justice (NIJ) survey on crime in eight U.S. cities found that law enforcement resources are being used more efficiently than in the past. All cities reported targeting police efforts to "hot spots" as well as developing community-oriented policing strategies and enforcing mandatory arrest for domestic violence offenses. However, in most cities, these programs were started too recently to judge their impact.¹⁴

Community policing has received fairly wide praise. In a survey among agencies that had implemented a program for at least a year, 99 percent reported improved cooperation between citizens and police; 80 percent reported reduced citizens' fear of crime; and 62 percent reported fewer crimes. However, 81 percent fear that the strategy could displace crime to noncommunity policing areas.¹⁵

Other new initiatives include the FBI's Safe Streets Violent Crime Initiative, which will put special agents in FBI field offices to investigate and reduce swelling gang and drug activity. In addition, the Coordinating Council on Juvenile Justice and Delinquency Prevention has developed "The National Juvenile Justice Action Plan" to serve as a model to help state and local leaders mobilize to reduce juvenile delinquency and crime.

A 1997 congressionally mandated review of more than 500 impact evaluations of local crime prevention programs and practices, commissioned by the NIJ, found that some programs work, some don't and some have not been adequately tested. However, the effectiveness of programs depends on where they are placed. "Substantial reductions in national rates of serious crime can only be achieved by prevention in areas of concentrated poverty, where the majority of all homicides in our nation occur (where homicide rates are 20 times the national average).¹⁶

An unacceptably high rate of juvenile crime seems to be the central contributor to our country's overall epidemic of violence. In 1995, law enforcement agencies made more than 2.7 million arrests of people under age 18.¹⁷ Currently, the "juvenile courts are so overwhelmed by the increase in violent teenage crime and the breakdown of the family, that judges and politicians are considering abolishing the system and trying most minors as adults."¹⁸ Already, legislatures in 47 states and Washington, D.C., have enacted laws toughening their juvenile justice system, and 41 states have passed laws making it easier for juveniles to be tried as adults.¹⁹ Many question if this is the answer or whether we will only be turning juvenile offenders into hardened criminals.

The United States has by far the highest rate of gun deaths (murders, suicides and accidents) among the world's 36 richest nations.²⁰ And while most agree that gun laws work, as proven by the Brady law that stopped 242,000 felons and fugitives from purchasing handguns,²¹ proposed laws too often become political ping-pong balls. The good news is that as of November 1998, presale checks are required for the purchase of all firearms, and new technology is emerging that will "personalize" guns so that only the owners can use them. But currently, we are still faced with two huge problems: licensed guns that are stored unlocked, loaded and within easy reach of children, and unlicensed gun trafficking, those weapons that are bought illegally or stolen.

In the wake of school shootings that have killed more than 20 people and injured many more, serious questions have been raised about our children's access to weapons. According to the *New York Times*, "In all of the recent (school) shootings, acquiring guns was easier than buying beer, or even gas. These children armed themselves with small arsenals, as if preparing for battle."²² Some of these assailants were carrying semi-automatic weapons obtained from their family homes. One million of our children took a gun to school last year.²³

We have to ask ourselves where we are missing the boat with our young people. Permanently reducing the rate of violent crime in the future depends on what we do to curb violence among our youth today.

Family Violence

There is no doubt that the Violent Crime Control and Law Enforcement Act of 1994, the largest crime bill in U.S. history, has had an enormous positive impact on the funds and programs available to fight crime. This is especially true in the area of domestic violence, which has benefited greatly from the crime bill's Violence Against Women Act.

According to the Family Violence Prevention Fund (FUND), this law established a federal hotline that has already directed hundreds of thousands of battered women to local services for protection. It has also created protections for immigrant women who were previously forced by our immigration laws to stay in abusive relationships. And most importantly, it has encouraged law enforcement to take domestic violence seriously.²⁴

Currently being considered by Congress is the Violence Against Women Prevention Act of 1998, which advocates consider a badly needed next step. Not only would it reauthorize the national hotline and \$200 million per year to support programs and shelters, it would also expand services to underserved areas and provide for research to study the impact of programs and services now in place.²⁵

A 1998 report from the Department of Justice indicates that, during 1996, an estimated 840,000 women were victims of crimes inflicted by intimates, compared to 1.1 million in 1993. By contrast, reported intimate violence against males, about 150,000 in 1996, showed no fluctuation. So while reported incidence appears to be declining, still 990,000 people reported being victimized in 1996 by a loved one.²⁶ Some estimates are as high as 3.9 million women abused each year.²⁷ But a completely accurate measure is impossible to obtain as this crime is often not reported out of fear of social stigma or retaliation.

And as 1998 comes to an end, a new survey found that women are victims of some 765,000 rapes annually, and more than three out of four victims were raped by a present or former domestic partner.²⁸

Although there are now more than 1,700 domestic violence programs nationwide,²⁹ work is still needed to assess the effectiveness of programs and to reshape public attitudes toward domestic violence. "Today, the cultural climate in this country is one in which people say that domestic violence is wrong, but in which they nevertheless look the other way from the problem, subtly reinforcing its continuation through disrespect and devaluation of women," said Marissa Ghez of FUND.

The overlap between domestic violence and child abuse is well documented. In one survey of more than 6,000 American families, 50 percent of men who frequently assaulted their wives also frequently abused their children.³⁰

According to the National Committee to Prevent Child Abuse (NCPCA), child abuse and neglect continue to be major threats to the well-being of our nation's children. Incidence reports continue to climb at a steady rate. In 1997, more than 3 million children were reported victims of child abuse and neglect.³¹

The persistence of violence in our homes rocks the very foundation of our society. Children who are exposed to violence at home or who experience abuse themselves are much more likely to perpetuate the cycle of violence by abusing someone else. A study of males who had been sexually abused as children showed that 31 percent had violently victimized others.³²

On a more positive note, the FUND and the Edna McConnell Clark Foundation are collaborating on a project aimed at addressing child abuse and domestic violence through a community partnership between local child welfare agencies, domestic violence programs and the courts. In addition, the NCPCA has had success in reducing child abuse with their Healthy Families America program (HFA). According to NCPCA Director Sidney Johnson III, "Although statistics of child abuse reports are chilling, we know that states that have embraced home visitation services for new parents are seeing a decline in overall reports of child abuse. Increases in reporting are attributed to an increase in public awareness and a willingness to report child maltreatment as well as changes in how states collected reports." Not all home visitation programs are as successful as HFA.

During 1995, suicide took the lives of 31,284 Americans, shattering not only the lives of those killed, but also the lives of those left behind.³³ And while overall incidence remains steady, there have been dramatic increases among individuals 10 to 19, elderly males and young black males. Among young black males, in fact, the suicide rate has doubled. Suicide is still a terribly under-addressed problem in our country.

YMCA CALL TO ACTION

- There should be immediate governmental steps to reduce illegal access to handguns by de-politicizing the issue and activating laws and programs to reduce the epidemic of gun violence in the U.S. Place emphasis on safe storage of weapons as a means of keeping these weapons out of the hands of children.
- Identify model anti-violence and juvenile delinquency prevention programs through organized data collection and analysis of the problem as well as rigorous program analyses. Make a national commitment (financial and otherwise) to expand successful programs and fund innovative new ones.
- Implement a multidisciplinary approach to reducing violence, in which advocates, medical professionals, law enforcement professionals and others pool their efforts and resources at the local, state and national levels to address problems of youth violence and delinquency.
- Increase federal, state and local funding of community-based juvenile delinquency prevention and youth development programs as a cost-effective option to incarcerating at-risk youth.

- Parents should protect their children from media violence by actively monitoring their exposure to media and by educating themselves about the latest movies, television shows, Internet sites, video games and music. In addition, parents should use available rating systems.
- Increase the availability of programs to teach conflict resolution and problem solving skills as a preventive means to reduce violence and juvenile delinquency in our communities. This is a critical tool in a society in which tremendous stresses lead to violence.

FACTS ON MEDIA VIOLENCE

"To varying degrees, each of the attackers (in six deadly U.S. school shootings since 1996) seemed to have been obsessed by violent pop culture. A 14-year-old in West Paducah, Ky., was influenced by a movie in which a character's classmates are shot during a dream sequence, according to detectives. Violent rap lyrics may have influenced one of the boys in the Jonesboro, Ark., case, his mother says. In particular, a song about a stealth killing that eerily matches what occurred. The killer who has confessed in Pearl, Miss., says he was a fan of violent fantasy video games and the nihilistic rock-and-roll lyrics of Marilyn Manson, as was the boy charged in the Springfield, Ore., shootings last month. The Springfield youth was so enmeshed in violent television and Internet sites that his parents recently unplugged the cable television and took away his computer, a close family friend said."

Tim Egan, "From Adolescent Angst To Shooting Up Schools," *New York Times*, June 14, 1998

Television and Movies

- In 1950, only 10% of American homes had a television. Today 99% of American households have a television³⁴
- Since 1955, research has overwhelmingly concluded that the mass media are significant contributors to the aggressive behavior and aggression-related attitudes of many children, adolescents and adults. Violent programming causes children to become desensitized and more aggressive and to develop a fear of the world.³⁵
- Children spend more time learning about life through media than in any other manner. The average child spends approximately 28 hours a week watching television, which is twice as much time as they spend in school, figured on an annual basis.³⁶
- By the time the average American child finishes elementary school, he or she has typically witnessed 8,000 murders and 10,000 acts of violence on television. By the time that same child reaches 18, the number of exposures to violent acts increases to 200,000, including 40,000 murders.³⁷
- Longitudinal studies which track viewing habits and behavior patterns of a single individual over time found that 8-year-old boys who viewed the most violent programs growing up were most likely to engage in aggressive and delinquent behavior by age 18 and serious criminal behavior by age 30.³⁸
- Studies suggest that higher rates of television viewing are correlated with increases in tobacco usage and alcohol intake as well as increasing obesity levels and contributing to a younger onset of sexual activity.³⁹
- In one day, there are about five to six violent acts per hour on prime time television and 20 to 25 acts of violence on Saturday morning children's television.⁴⁰

- Three-quarters (75%) of Americans with children have walked out of a movie or turned off the television due to violence.⁴¹
- The three-year *National Television Violence Study*, which analyzed not only the amount of violence on television, but also the context in which it was depicted, found:⁴²
 - Fully 61% of programs contained violence, the same as the previous year but up from 58% during 1994-1995.
 - In prime time, shows with violent content on the broadcast networks increased 14% (to 67% of all shows examined). Shows on cable with violent content increased 10% (to 64% of those examined).
 - Nearly 75% of violent scenes on television showed no remorse, criticism or penalty for violence. "Parental discretion" advisories and "PG-13" and "R" ratings made the programs and movies more attractive to boys.
 - Children whose parents generally exerted guidance over their TV viewing were less likely to choose programs labeled as problematic.
- The first independent study of the current television rating system by the National Institute on Media and the Family compares the new industry ratings with parental evaluations of the same shows. It found:⁴³ fewer than half the shows rated TV-G were deemed suitable by parents for 3- to 7-year-olds; fewer than half of shows rated TV-Y7 were deemed suitable by parents for children 8 to 12; only 12% of parents found programs rated TV-14 appropriate for teenagers; shows rated TV-M [programs considered inappropriate for all children] were the only shows on which parents and industry raters agreed.
- A new study found that age-group rating codes are being applied to approximately 96% of programs; however, 92% of shows with some sexual content did not carry the additional "S" label, 79% of violent shows did not carry a "V," and 81% of children's shows that contained violence did not have the "FV" notation for fantasy violence.⁴⁴
- Seventy-two percent of Americans think entertainment television has too much violence, and 57% think television news gives too much attention to violence.⁴⁵
- Ninety-four percent of adults support the notion that media violence contributes to crime in America.⁴⁶

Cyberspace and Video Games

- The Internet is a new stalking ground for child molesters who have moved from the playground to the Internet, attracted by the anonymity it offers. There is growing evidence of the criminal misuse of cyberspace to target and victimize children. The risks to children, particularly teenagers, in cyberspace include: use by predatory adults to entice children to leave home for the purposes of child

sexual exploitation; and exposure to child pornography and other unlawful sexual content on the Internet.⁴⁷

- In the past two years, the National Center for Missing and Exploited Children (NCMEC) has been involved in approximately 70 “traveler” cases in which a child has left home or been targeted by an adult via the Internet. In 60% of the cases the child was over age 15, and in 81% of the cases, the victim was female.⁴⁸
- To date, NCMEC is aware of at least 650 adults who have been convicted of Internet-related child sexual exploitation offenses in federal court. Through March 31, 1998, the FBI’s Innocent Images Track Force had produced 207 convictions. Since October 1991, Customs Services investigations have produced 443 convictions.⁴⁹
- This is a widespread problem that is spurring the development of a growing number of specialized units at the state and local level targeting these offenses.⁵⁰
- By the year 2002, more than 45 million children will have online access.⁵¹
- Since March 9, 1998, the NCMEC’s CyberTipline had received 2,091 leads, up nearly 350% over normal call volume. The leads break down as follows: 1,434 calls on child pornography, 64 on child prostitution, 40 on child-sex tourism, 196 on child sexual exploitation, and 357 on online enticement of children for sexual acts.⁵²
- The \$10 billion computer and video game industry continues to experience tremendous growth. Between 1996 and 1997, sales were up more than 36%.⁵³
- Sixty-nine percent of parents report owning or renting electronic games for their children. Ninety-one percent of parents feel the games influence their children.⁵⁴
- When asked to identify their preferences among five categories of games, seventh- and eighth-graders chose fantasy violence (32%), followed by sports (29%), general entertainment (20%), human violence (17%) and educational games (2%).⁵⁵
- Thousands of games have been produced that are appropriate for children, but on the top-seller list are a growing number that feature gory violence, inappropriate sex, language and antisocial themes.⁵⁶
- In 1994, the industry established a voluntary rating system. By 1997, virtually all computer games carried ratings, but only four in 20 stores surveyed had policies preventing children from renting or buying “mature” games.⁵⁷
- The widespread popularity of video games that emphasize the anonymity of the

character/player and the dehumanization of the enemy is a matter of some concern.

Music

- Fifteen percent of the music videos contained portrayals of individuals engaged in overt interpersonal violence. In 80% of violent acts, an attractive role model was portrayed as the aggressor. Males were more than three times as likely to be the aggressor and white females most likely to be the victims. Research indicates that music videos may be reinforcing and perpetuating stereotypes of aggressive black males and victimized white females, raising concern for the effect of these videos on adolescents' expectations about relationships, conflict resolution and violence.⁵⁹
- Only 10 of the top 40 popular CDs on sale during the 1995 holiday season were free of profanity or lyrics dealing with drugs, violence and sex.⁶⁰
- Teenagers listen to an estimated 10,500 hours of rock music between the 7th and 12th grades alone – 500 hours less than they spend in school over 12 years.⁶¹
- Seventy-five percent of 9 to 12-year-olds and 80% of 12- to 14-year-olds watch music videos.⁶²
- MTV has at least one occurrence of violence in more than 50% of its videos.⁶³ Because most music videos are three to four minutes long, even modest levels of viewing may result in substantial exposure to violence and weapon carrying, which is glamorized by music artists, actors and actresses.⁶⁴

FACTS ON PUBLIC VIOLENCE

"No corner of America is safe from increasing levels of criminal violence, including violence committed by and against juveniles. Parents are afraid to let their children walk to school alone. Children hesitate to play in neighborhood playgrounds. The elderly lock themselves in their homes, and innocent Americans of all ages find their lives changed by the fear of crime." Attorney General Janet Reno, speaking to Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996.

Public Violence: homicide, violent victimization and property crimes

- According to the 1997 National Crime Victimization Survey (NCVS), our nation's crime rate fell 10% between 1996 and 1997 and was 16% lower than in 1993. These findings reflect both reported and unreported offenses and are in line with statistics in the FBI's 1997 *Uniform Crime Reports* (UCR). The UCR reports offenses reported to police. The NCVS and the UCR are the two main measures of crime in the U.S.
- In 1996, U.S. residents 12 years and older experienced 37 million criminal victimizations. Of these, 27.3 million involved crimes against households, 9.1 million involved violent crimes of rape, robbery and assault, and 0.3 million involved thefts.⁶⁵
- The NCVS also found:⁶⁶
 - Property crime was down more than 8% between 1996 and 1997 and 17% lower than in 1993.
 - Rape and attempted rape dropped 44% between 1993 and 1996. During that time, other sexual assaults dropped by 37%, and aggravated assault declined 27%.
 - 48% of all victims of violence in 1996 knew the offender.
- Our country has a "crime tax" of roughly \$450 billion annually (\$1,800 per person).⁶⁷
- In 1996, the UCR reported 19,645 murders (a rate of 7.4 murders per 1,000 people). This represents a 10% drop from 1995, the largest decrease in four years. Among murder victims:⁶⁸ 48% were black, 48% were white, 77% were male, and 64% were under age 35.⁶⁹
- People between the ages of 12 and 15 and those 16 to 19 had a higher incidence of violent victimization. Blacks were more likely than whites to be victims of violence.⁷⁰
- Individuals who have never been married or who are separated or divorced had higher rates as victims of violent crime and personal theft than those who were married or widowed.⁷¹
- As crime rates rose during the late 1980s, so did Americans' perception of

crime as a problem. However, when the reported crime rate dropped sharply between 1994 and 1995, Americans' perception of crime remained the same.⁷²

- About 2 million people a year were victims of violent crime or threatened with violent crime in the workplace from 1992 through 1996.⁷³
- Homicide rates correspond closely with cocaine use levels, measured among the adult male arrestee population.⁷⁴

Guns

"On this day in America, as on every other day, children will die by gunfire, and many of them will be killed because other children are pulling the trigger. This is a stark and sad reality and a call to each of us, not only to raise public awareness of a national tragedy, but also to do everything within our power to end the killing." President William Clinton, November 6, 1997

- The United States has by far the highest rate of gun deaths (murders, suicides, accidents) among the world's 36 richest nations. In 1994, the U.S rate for gun deaths was 14.24 per 100,000 compared to Japan's 0.05 per 100,000.⁷⁵
- Of the 88,649 gun deaths reported by all countries, the United States accounted for 45%. Gun-related deaths are five to six times higher in the United States than in Europe.⁷⁶
- Nearly one-third of 10th and 11th grade males surveyed nationwide reported owning at least one firearm. Forty-three percent said their weapon is for protection.⁷⁷
- Between 1993 and 1996, the death rate for firearm-related injuries declined by about 20% after increasing steadily since the mid-1980s.⁷⁸
- In 1995, there were 35,957 firearm-related deaths in the United States, down from 38,505 in 1994, 39,595 in 1993 and 37,776 in 1992.⁷⁹
- The rate of firearm deaths among children 14 years old and younger is 12 times higher in the United States than in 25 other industrialized countries combined.⁸⁰
- The suicide rate for children 14 years old and younger is twice as high in the United States as in 25 other industrialized countries combined. However, there is no difference in the non-firearm suicide rate between the United States and the other 25 countries.⁸¹
- There are nearly 200 million guns in private hands in the United States.⁸² A gun in the home is 43 times more likely to kill a family member or friend than to kill in self defense.⁸³

- Since the effective date of the Brady Handgun Violence Prevention Act, there have been an estimated 242,000 potential purchases stopped because of background checks. In 1997 alone, 69,000 handgun sales were blocked -- 62% of rejections were based on a prior felony conviction or current felony indictment; 11% were based on domestic violence convictions or restraining orders; and 6% were because the applicant was a fugitive from justice. As of November 1998, presale checks are required for all firearms purchased from federally licensed dealers.⁸⁴

Juvenile Crime

"There is ample evidence that the level of violence involving our nation's youth, both as victims and perpetrators, remains unacceptably high. The data reminds us that there is still much to do in the areas of prevention and effective intervention to maintain positive trends and provide our youth with the support and direction they need to grow into healthy and productive members of society." Shay Bilchik, U.S. Department of Justice, Office of Juvenile Justice and Delinquency Prevention.

- Homicide rates have begun to decline among people ages 15 to 24. This group experienced the highest and most rapid increase in homicide rates from 1987 through 1991. Declines are occurring in firearm and non-firearm homicide; in metropolitan and non-metropolitan counties, and among white and black and males and females. Nevertheless, in 1995, the homicide rate for people ages 15 to 24 was 71% higher than a decade earlier.⁸⁵
- The proportion of firearm-related homicides increased from 66% in 1985 to 84% in 1995. Among black males 15 to 24 years old, firearms were used in 92% of all homicides in 1995.⁸⁶
- In 1996, 17 children under the age of 10 were arrested for murder.⁸⁷
- Serious violent crimes by juveniles dropped 25% between 1994 and 1995.⁸⁸
- Demographic experts predict that juvenile arrests will more than double by the year 2010, given population growth projections and trends in juvenile arrests.⁸⁹
- In 1995, law enforcement agencies made more than 2.7 million arrests of people under age 18.⁹⁰
- The juvenile arrest rate for drug abuse violations increased more than 70% from 1993 to 1996, while the rate for alcohol-related offenses increased 29% from 1995 to 1996.⁹¹
- The Canadian juvenile violent crime arrest rate is half the U.S. rate, but the property crime rate is similar.⁹²
- Between 1985 and 1995, murders of juveniles ages 12 through 17 increased 116%, while murders of younger juveniles increased 15%.⁹³

- In 1995, the nation's estimated 2,300 known juvenile murderers were geographically concentrated and were implicated in 1,900 murders. Twenty-five percent of all known juvenile homicide offenders were reported in just the five counties that contain Los Angeles, Chicago, Houston, Detroit and New York City.⁹⁴

Gangs

- A national survey of law enforcement agencies reported 23,388 known youth gangs and 664,906 members, the largest numbers reported to date. Youth gangs have been reported in all 50 states, and 90% of agencies reporting a gang problem felt the problem was staying the same or getting worse.⁹⁵
- Gangs are said to commit more than 600,000 crimes a year.⁹⁶
- Among all arrestees interviewed, 13% reported stealing a gun. Gang members and drug sellers were also 30% more likely than other arrestees to have stolen a gun.⁹⁷ Further, juveniles, drug sellers and gang members were more likely than arrestees in general to say they had used a gun to commit a crime: juveniles (33%), drug sellers (42%) and gang members (50%).⁹⁸

School Violence

- One million students (grades 6-12) carried a gun to school last year. Sixty-three percent of them threatened to harm another student. Over the past five years, there has been a 36% decrease in the number of students who brought guns to school.⁹⁹
- According to the Office of Juvenile Justice, one in 12 high schoolers were threatened or injured with a weapon at school during the previous school year. Ten percent reported carrying a weapon to school during the previous month and 5% reported staying home at least once afraid of school-related violence.¹⁰⁰
- Peak time for violent juvenile crime is on school days between 3:00 p.m. and 8:00 p.m.¹⁰¹
- The first national estimate on violence and crime in schools found that during the 1996-97 school year, 57% of schools surveyed had reported school crimes to police, including 188,000 fights without weapons; 116,000 thefts and larcenies; and 98,000 incidents of vandalism.¹⁰² About 10% of all schools reported serious crimes, including 4,100 rapes or sexual assaults, 7,100 robberies, and 11,000 fights with weapons.
- A national survey of students concerning violence in schools found:¹⁰³ an increase in the percent of students in 1995 likely to be victimized by violent crime; victimization was associated with the presence of street gangs; and students who reported street gangs in their schools rose from 15% in 1989 to 28% in 1995.

FACTS ON FAMILY VIOLENCE

"While awareness about the issue has been raised significantly in recent months, the epidemic of violence against women continues unchecked, with almost four million women abused in the last year alone." The Commonwealth Fund

Domestic Violence

- It is impossible to accurately measure the incidence of domestic violence because of factors such as underreporting and varying definitions of abuse. Estimates range from 960,000 incidents of violence against a current or former spouse, boyfriend or girlfriend per year¹⁰⁴ to a reported 3.9 million women physically abused each year.¹⁰⁵
- Ninety-two percent of women who were physically abused by their partners did not discuss it with their physicians; and 57% did not discuss it with anyone.¹⁰⁶ Only 5% of battered women are detected by emergency staff.¹⁰⁷
- One out of every four American women report that they have been physically abused by a husband or boyfriend at some point in their lives. Thirty percent of Americans say they know a woman who has been physically abused during the last year.¹⁰⁸
- A report released in November, found that 876,000 rapes are committed in a typical year in this country -- and more than three out of four female victims were raped by a present or former domestic partner. The Violence Against Women survey interviewed 8,000 women and 8,000 men. It estimates that one in seven women has been raped, 54% before their 18th birthday, and that men are victims of 111,000 rapes per year. The survey, performed for the first time, reports more than twice as many rapes as other recent surveys.¹⁰⁹
- Domestic violence is repetitive: one in 5 women victimized by their spouse or ex-spouse reported being the victim of a series of at least three assaults in the last six months.¹¹⁰
- Each year, at least 240,000 pregnant women in the U.S. are battered by their significant others.¹¹¹
- According to a 1998 report from the Department of Justice:¹¹²
Between 1976 and 1996, intimate murder fell by 36% and spousal murder, its largest component, by 52%.
During 1996, an estimated 840,000 women were the victims of crimes inflicted by intimates, compared to 1.1 million in 1993. By contrast, intimate violence against males, about 150,000 in 1996, showed no significant fluctuation.
In 1996, 65% of all intimate murders were committed with firearms – this represented a decline from previous years.

It's estimated that about half of the incidence of intimate violence experienced by women was reported. Fear of retribution was the most common reason for not reporting.

- More than half of inmates serving time for violence against an intimate had been using drugs, alcohol or both at the time of the incident. Nearly four in 10 offenders sentenced to local jail for intimate violence had a criminal justice status such as a restraining order at the time they committed the crime.
- The overlap between domestic violence and child abuse is well documented. In one survey of more than 6,000 American families, 50% of men who frequently assaulted their wives also frequently abused their children.¹¹³
- Domestic violence and child abuse account for 1/3 of the total \$450 billion cost of crime in the United States each year.¹¹⁴
- Ninety-four percent of corporate security directors surveyed rank domestic violence as a high security problem at their companies.¹¹⁵

Child Abuse

- A survey of the 50 states and D.C. showed that over 3 million children were *reported* victims of child abuse and neglect in 1997. This represents a 1.7% increase over 1996.¹¹⁶ Currently, 47 out of every 1,000 children are reported as victims of child maltreatment.¹¹⁷
- In 1997, 1,054,000 children were *confirmed* by CPS as victims of child maltreatment. This represents 15 out of every 1,000 children in the United States.¹¹⁸ Of these cases, 22% were physically abused; 8% were sexually abused; 54% were neglected; and 4% were emotionally maltreated. Twelve percent fell under other forms of maltreatment.¹¹⁹
- Child abuse reporting levels increased 41% between 1988 and 1997.¹²⁰
- More than three children each day die as a result of child abuse and neglect. There were 1,185 fatalities reported in 1996. Since 1985, the number of child abuse fatalities has increased by 34%.¹²¹
- Between 1995 and 1997, 78% of children who died due to abuse were under age 5, 38% were under one year.¹²²
- Forty-four percent of child abuse deaths are caused by neglect, 51% by physical abuse and 5% by a combination of neglectful and physically abusive parenting. Forty-one percent of these deaths happened to children known to child and protective services agencies as current or prior clients.¹²³

- Substance abuse was identified as a contributing factor by 88% of states.¹²⁴
- In a study of males who were sexually abused as children: 80% had a history of substance abuse; 50% had suicidal thoughts; 23% attempted suicide; and 70% had received psychological treatment. Thirty-one percent had violently victimized others.¹²⁵
- Forty-three percent of physicians surveyed indicated that multidisciplinary centers responding to child sexual abuse were occasionally, rarely or never adequate.¹²⁶
- A study of female adults sexually abused as children found that their abuse lasted an average of 7.6 years and began when they were 6 years old. Fifty-three percent were abused by biological fathers; 15% by step-fathers; 8.8% by uncles. In 77.2% of cases a disclosure was made during childhood and the abuse continued for at least a year.¹²⁷
- One in five violent offenders in state prisons reported having victimized a child.¹²⁸

Suicide

- Suicide is the ninth leading cause of death for all Americans and is the third leading cause of death for young people ages 15 to 24.¹²⁹
- Suicide took the lives of 31,284 Americans in 1995 (11.9 per 100,000 population).¹³⁰
- On an average day, 86 people die from suicide and 1,900 adults attempt suicide. More people die from suicide than from homicide in the United States. Over 60% of suicides are committed with a firearm.¹³¹
- Youth suicides involving a firearm increased 38% between 1979 and 1994, while nonfirearm suicides remained relatively stable.¹³²
- In 1995, 90% of suicides were among whites, with males accounting for 73%.
- Suicide among black youth, once uncommon, has increased sharply in recent years. In 1980, the rate of black suicide for teens 15 to 19 more than doubled. While white teens still have a higher rate of suicide, the gap is narrowing.¹³³
- Although the age-adjusted suicide rate has remained constant since the 1940s, suicide rates shifted between 1980 and 1992. Rates have increased among people ages 10 to 19, among black males, and among elderly males. Suicide rates for middle-aged adults declined during this period, but, for the first time since 1930, increased among Americans over age 60.¹³⁴

Notes

- ¹ Egan, T. "From Adolescent Angst to Shooting Up Schools." New York Times June 14, 1998
- ² National Television Violence Study (year 3) U of C/ Santa Barbara. As reported NYT, April 17, 1998
- ³ IBID.
- ⁴ National Institute on Media and the Family. "Parents rate the TV Ratings." Final Report, May 1, 1998
- ⁵ National Center for Missing and Exploited Children (NCMEC). "Child Sexual Exploitation on the Internet." August 18, 1998
- ⁶ Brown, R. "Violence in America: The Status Today" The American Medical Association's National Report Card on Violence 1996 (June).
- ⁷ US Department of Justice (DOJ), Bureau of Justice Statistics (BJS). "National Crime Victimization Survey (NCVS): Criminal Victimization 1996, Changes 1995-1996 with Trends 1993-1996." Nov. 1997.
- ⁸ L.A., Fingerhut, D.D., Ingram, J.J., Feldman. "Homicide Rates Among US Teenagers and Young Adults: Differences by Mechanism, Level of Urbanization, Race and Sex, 1987 through 1995." JAMA August 5, 1998, Vol 280, No. 5.
- ⁹ DOJ, Bureau of Justice Statistics news release. June 21, 1998.
- ¹⁰ National Institute of Justice (NIJ). "A Study of Homicide in Eight US Cities." November 1997.
- ¹¹ IBID.
- ¹² US DOJ, Office of Juvenile Justice and Delinquency Prevention (OJJDP). "Juvenile Offenders and Victims: 1996 Update on Violence." as reported in the American Medical Association's National Report Card on Violence 1996.
- ¹³ Butterfield, F. "As Crime Falls, Pressure Rises to Alter Data." New York Times, August 3, 1998
- ¹⁴ NIJ. "A Study of Homicide in Eight US Cities" Nov. 1997
- ¹⁵ NIJ. "Community Policing Strategies," November 1995
- ¹⁶ Sherman. "Preventing Crime: What Works, What Doesn't, What's Promising." University of Maryland, Department of Criminology and Criminal Justice and US DOJ Office of Justice Programs, February 1997.
- ¹⁷ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ¹⁸ Butterfield, F. "With Juvenile Courts in Chaos, Critics Propose Their Demise." NYT, July 21, 1997.
- ¹⁹ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ²⁰ Centers for Disease Control (CDC), reported by the Associated Press in the New York Times April 17, 1998. "US Easily Leads World in Gun-Related Deaths."
- ²¹ Handgun Control "Statement of Sarah Brady." August 6, 1998
- ²² Egan, T. "From Adolescents Angst To Shooting Up Schools." New York Times, June 14, 1998
- ²³ Time Magazine, June 29, 1998. "Numbers" section, pg. 25.
- ²⁴ Family Violence Prevention Fund (FUND). "The Violence Against Women Prevention Act of 1998" briefing paper. March 1998.
- ²⁵ FUND. "The Violence Against Women Prevention Act of 1998" briefing paper. March 1998
- ²⁶ US DOJ BJS Factbook. "Violence by Intimates" March 1998
- ²⁷ The Commonwealth Fund. "First Comprehensive National Health Survey of American Women." July 1993. Also reported by the Family Violence Prevention Fund (FUND).
- ²⁸ Tjaden, P., "National Violence Against Women Survey," CDC and DOJ, November 18, 1998.
- ²⁹ Ghez, M. "Communications and Public Education: Effective Tools to Promote A Cultural Change on Domestic Violence." Family Violence Prevention Fund. March 31, 1995.
- ³⁰ FUND. "Approaches to Child Abuse and Domestic Violence: Working Together to Make Peace at Home." 1998
- ³¹ National Committee to Prevent Child Abuse (NCPA). "Child Abuse and Neglect Statistics." July 98
- ³² Lisak, D. (1994). "The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors." Journal of Traumatic Stress, 7(4):525-548.
- ³³ CDC Fatal and Nonfatal Suicide Attempts Among Adolescents - Oregon, 1988-1993. MMWR1995;44:312-315,321-323
- ³⁴ Nielsen Media Research, 1995
- ³⁵ National Institute on Media and the Family, "FactSheet on Children and Media Violence," 1998
- ³⁶ Nielsen Media Research, 1993

- ³⁷ Litcher, R.S., Amundson D., "A Day of Television Violence," Washington, DC, Center for Media and Public Affairs.
- ³⁸ Eron, L., MD, University of Illinois at Chicago, Testimony before the Senate Committee on Commerce, Science and Transportation, Subcommittee on Communications, June 12, 1995.
- ³⁹ Gortmaker, S.L., Must A., Sobol A.M., et al. "Television Viewing as a Cause of Increased Obesity Among Children in the US, 1986-1990." *Archs of Pediatric and Adolescent Medicine*. 1996;150:335-62
- ⁴⁰ National Institute on Media and the Family, "Factsheet on Children and Media Violence," 1998
- ⁴¹ American Medical Association, "Violence in the Media" (National Survey by Global Strategy Group). September 9, 1996
- ⁴² National Television Violence Study, Mediascope, 1996 and the University of California Santa Barbara 1998. Also reported in the *New York Times*, April 17, 1998.
- ⁴³ National Institute on Media and the Family, "Parents Rate the TV Ratings," Final Rpt, May 1, 1998.
44. Kaiser Family Foundation, study as reported in *New York Times*, Sept. 25. "Study finds TV Networks Fail in Alerts to Sex and Violence."
- ⁴⁵ "TV Violence: More Objectionable in Entertainment Than in Newscasts." *Times Mirror Media Monitor*, March 1993. Also reported by Mediascope.
- ⁴⁶ V-Chip Backed with much Vigor by Americans." *The Hollywood Reporter*, Aug 8, 1996 reported by Mediascope.
- ⁴⁷ Natl. Ctr for Missing and Exploited Children. *Child Sexual Exploitation on the Internet* April 18, 98.
- ⁴⁸ IBID.
- ⁴⁹ IBID.
- ⁵⁰ IBID.
- ⁵¹ FIND/SVP's "Emerging Technologies Research Group and Grunwald Associates as reported by the National Center for Missing and Exploited Children.
- ⁵² Natl. Ctr for Missing and Exploited Children. *Child Sexual Exploitation on the Internet*. April 18, 98.
- ⁵³ National Institute on Media and the family. "Third Annual Video and Computer Game Report Card," November 25, 1997.
- ⁵⁴ IBID.
- ⁵⁵ Funk. J., Buchman, B., "Playing Violent Video Games and Adolescent Self Concept," *Journal of Communications*, 46(2), 19-32.
- ⁵⁶ National Institute on Media and the family. "Third Annual Video and Computer Game Report Card." November 25, 1997.
- ⁵⁷ IBID.
- ⁵⁸ Mediascope, "The Social Effects of Electronic Interactive Games,"
- ⁵⁹ AAP Pediatrics April 6, 1998
- ⁶⁰ Entertainment Monitor, December 1995.
- ⁶¹ IBID.
- ⁶² Peter G. Christenson, Donald F. Roberts, *Popular Music in Early Adolescents*, Carnegie Council on Adolescent Development Working Papers, 1990.
- ⁶³ National Institute on Media and the Family, "FactSheet on MTV," 1998
- ⁶⁴ DuRant, R., Rich, M., Emans, J. Rome, E. "Violence and Weapon Carrying in Music Videos," *Arch of Pediatr, Adolesc Med*, Vol 151, May 1997.
- ⁶⁵ US DOJ, BJS. "National Crime Victimization Survey: Criminal Victimizations 1996, Changes 1995-1996 with Trends 1993-96," November 15, 1997.
- ⁶⁶ IBID.
- ⁶⁷ NIJ. "The Extent and Cost of Crime Victimization: A New Look" Jan. 1996.
- ⁶⁸ US DOJ, BJS. "National Crime Victimization Survey: Criminal Victimizations 1996. Nov. 15, 1997
- ⁶⁹ US DOJ, BJS. "Victim Characteristics" November 15, 1997.
- ⁷⁰ US DOJ, BJS. "National Crime Victimization Survey: Criminal Victimizations 1996, Changes 1995-1996 with Trends 1993-96." November 15, 1997.
- ⁷¹ IBID.
- ⁷² US DOJ, BJS. "Perceptions of Neighborhood Crime, 1995." April 1998.
- ⁷³ US DOJ, BJS. "Workplace Violence, 1992-1996." July 26, 1998.
- ⁷⁴ NIJ. "A Study of Homicide in Eight US Cities." November 1997.

- ⁷⁵ CDC as reported by New York Times. April 17, 98. "US Easily Leads World in Gun-related Deaths."
- ⁷⁶ IBID.
- ⁴⁵ National Institute of Justice survey released October 12, 1998 as reported in USA Today October 13, 1998.
- ⁷⁸ US DHHS. "Health, United States, 1998: Socioeconomic Status and Health Chartbook." July 30, 1998.
- ⁷⁹ CDC, National Center for Injury Prevention and Control. "Overall Firearm Deaths" August 1, 1997.
- ⁸⁰ CDC 1997 and reported by handgun Control and the Center to Prevent Handgun Violence, Washington DC. News Release July 24, 1998. "Mother of Jonesboro Victim and Gun Control Advocates Ask Republicans Why They Won't Protect Kids From Guns."
- ⁸¹ CDC (1997) and reported by Handgun Control and the Center to Prevent Handgun Violence.
- ⁸² NIJ. "Guns in America: National Survey on Private Ownership and Use of Firearms." May 1997.
- ⁸³ IBID.
- ⁸⁴ US DOJ, BJS news release. June 21, 1998.
- ⁸⁵ L.A., Fingerhut, D.D., Ingram, J.J., Feldman. "Homicide Rates Among US Teenagers and Young Adults: Differences by Mechanism, Level of Urbanization, Race and Sex, 1987 through 1995." JAMA August 5, 1998, Vol. 280, No. 5.
- ⁸⁶ IBID.
- ⁸⁷ Kathleen Heide, professor of Criminology, University of South Florida as quoted in USA Today, August 14, 1998. "Shock Turns to Doubt in Chicago."
- ⁸⁸ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ⁸⁹ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1996 Update on Violence.," as reported in the American Medical Association's National Report Card on Violence 1996
- ⁹⁰ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ⁹¹ US DOJ, OJJDP. "Juvenile Arrests 1996: Bulletin Highlights." December 1997.
- ⁹² US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ⁹³ IBID.
- ⁹⁴ IBID.
- ⁹⁵ US DOJ, OJJDP. Fact sheet "Highlights of the 1995 National Youth Gang Survey." April 1997.
- ⁹⁶ NIJ. "Criminal Behavior of Gang Members and At-Risk Youths." March 1998
- ⁹⁷ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ⁹⁸ IBID.
- ⁹⁹ Time Magazine, "Numbers" section. June 29, 1998, page 25.
- ¹⁰⁰ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence"
- ¹⁰¹ IBID.
- ¹⁰² US Education Department, Center on Education Statistics. "National Violence and Discipline Problems in U.S. Public Schools 1996-1997."
- ¹⁰³ US Dept. of Education and US Dept. of Justice. "Student Reports of School Crime: 1998 and 1995 "
- ¹⁰⁴ US DOJ, Bureau of Justice Statistics: Factbook, "Violence Against Intimates," March 1998.
- ¹⁰⁵ The Commonwealth Fund. "First Comprehensive National Health Survey of American Women." July 1993. Also reported by the Family Violence Prevention Fund.
- ¹⁰⁶ The Commonwealth Fund, First Comprehensive National Health Survey of American Women, July, 93.
- ¹⁰⁷ Dearwater, S., Prevalence of Intimate Partner Abuse in Women Treated at Community Hospital Emergency Rooms." JAMA August 5, 1998.
- ¹⁰⁸ Lieberman Research Inc., "Tracking Survey conducted for the Ad Council and the FUND," July-Oct, 96.
- ¹⁰⁸ Tjaden, P., "National Violence Against Women Survey," CDC and DOJ, November 18, 1998.
- ¹¹⁰ Zawitz, M. et al. "Highlights from 20 years of Surveying Crime Victims: The National Crime Victimization Survey, 1973-1992." Washington, DC: US DOJ BJS October 1993.
- ¹¹¹ CDC as reported in the Atlanta Journal and Constitution, 1994.
- ¹¹² US DOJ, Bureau of Justice Statistics: Factbook, "Violence Against Intimates," March 1998.
- ¹¹³ Family Violence Prevention Fund
- ¹¹⁴ Miller, T., Cohen, M., Wiersema, B. "Victims Cost and Consequences: A New Look." NIJ. Feb, 1996
- ¹¹⁵ National Safe Workplace Institute survey, as cited in "Talking Frankly about Domestic Violence," Personnel Journal, April, 1995.

- ¹¹⁶ Wang, C.T., and Daro, D. (1998). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey." Chicago, IL: National Committee to Prevent Child Abuse.
- ¹¹⁷ IBID.
- ¹¹⁸ National Committee to Prevent Child Abuse. (April 1998) "Child Abuse and Neglect Statistics.
- ¹¹⁹ Wang and Daro (1997). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1996 Annual Fifty State Survey." Chicago, IL: National Center on Child Abuse Prevention Research, National Committee to Prevent Child Abuse.
- ¹²⁰ Wang, C.T., and Daro, D. (1998). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey." Chicago, IL: National Committee to Prevent Child Abuse.
- ¹²¹ IBID.
- ¹²² IBID.
- ¹²³ National Committee to Prevent Child Abuse. (April 1998) "Child Abuse and Neglect Statistics."
- ¹²⁴ Wang, C.T., and Daro, D. (1998). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey." Chicago, IL: National Committee to Prevent Child Abuse.
- ¹²⁵ Lisak, D. (1994). "The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors." *Journal of Traumatic Stress*, 7(4):525-548.
- ¹²⁶ Kerns, D., Terman, D., Larson, C., (1994) "The Role of the Physician in Reporting and Evaluating Child Sexual Abuse Cases." *The Future of Children*, 4(2):119-134.
- ¹²⁷ Roesler, T., Wind, Tiffany Weissmann. (1994) "Telling the Secret: Adult Women Describe Their Disclosures of Incest." *Journal of Interpersonal Violence*, 9(3):327-338.
- ¹²⁸ US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
- ¹²⁹ CDC, Center for Injury Prevention and Control. "Suicide in the United States. February 1998.
- ¹³⁰ CDC. Fatal and Nonfatal Suicide Attempts Among Adolescents - Oregon, 1988-1993. *MMWR* 1995;44:312-315,321-323.
- ¹³¹ CDC, National Center for Injury Prevention and Control. "Suicide in the United States. Feb 1998.
- ¹³² US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence.
- ¹³³ CDC, National Center for Injury Prevention and Control. "Suicide in the United States. Feb 1998.
- ¹³⁴ IBID.



Embargoed for release until December 9, 1998, at 10:00 a.m. (ET)

ECONOMIC CONDITIONS

SUBJECT INCLUDES: **Income/Poverty**
 Housing
 Jobs/Welfare

GRADE: **C-**

SUMMARY OF STATUS: America's economy is roaring. The stock market has hit record heights in 1998. Incomes are rising. Home sales are skyrocketing. Unemployment is at its lowest levels in 30 years.

But Americans are not benefiting equally from the nation's hot economy. The gulf between America's "haves" and "have-nots" is widening, and America's middle class is shrinking. While many Americans are reaping the rewards of the economy's five-year roll, many others are being left behind -- suffering from poverty, unable to afford high-quality housing and trying to make sense of a new welfare system.

Income/Poverty

While median household incomes have risen for three consecutive years¹, over the past 25 years average hourly earnings have declined by almost 12 percent.² Furthermore, a greater percentage of people who work full time now live in poverty. Over the past 30 years, the proportion of households classified as middle-income has shrunk while the proportion of those living in either high-income or low-income has increased.

Despite this country's much-heralded economic boom, more than 35 million Americans suffer in poverty. While the percentage of people, including children, living in poverty has not dropped significantly over the past 10 years, the number of people living in extreme poverty is growing. (The 1997 federal poverty line is drawn at an annual income of \$12,802 to support a family of three.)

Although they don't garner the headlines that the rising stock market does, one in every five children in this nation lives in poverty. In fact, the United States' child poverty rate is the highest among industrialized nations.

Children are disproportionately affected by poverty, and they begin life with the odds stacked against them, suffering in ever greater numbers from poor health, hunger and school difficulties. The number of children living in working-poor families is on the rise. Also increasing is the percentage of children growing up in single-parent households, and these children are much more

likely to live in poverty than children with married parents.

With more than 7 million families living in poverty, clearly much more needs to be done to ensure our country's economic success is shared by all families.

Housing

First the good news: a record number of Americans are now homeowners. A strong economy and low mortgage rates have sparked a home-buying boom. But despite these favorable economic conditions, more American families are facing housing problems.

Rising housing costs are consuming more and more of families' income, and the gap between the supply of affordable housing and the demand is growing. Not surprisingly, low-income families have been especially hard hit with a lack of affordable, high-quality housing. In fact, the shortage of low-cost housing is at record levels with nearly two low-income renters for every one low-cost unit.

There has been some improvement in the quality of housing, but still 7 percent of all American families live in overcrowded housing or housing with severe or moderate physical problems.

Jobs/Welfare

Unemployment in this country is dropping to record lows. Not since 1970 has the percentage of unemployed Americans sat below 5 percent, as it has for the past year.³ In addition, more than 16 million jobs have been added to the nation's payroll since 1990.⁴

More Americans are working thanks to the healthy economy and, in part, to the much-publicized overhaul of the welfare system. Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act in August 1996, the number of Americans on welfare has dropped by more than 30 percent. Since its peak in 1994, the percentage of welfare recipients has dropped by more than 40 percent.⁵

By this measure, welfare reform is working. But the number of welfare caseloads alone cannot truly measure the success of this reform. Formerly a federal, centralized program, states now control welfare and tie assistance to work requirements and time limitations. Programs vary widely from state to state and even from county to county, and most experts agree it is too early to fully understand the impact of welfare reform on families.

Questions have been raised about how many of those leaving the welfare rolls have found work versus those who have been taken off the welfare rolls for failing to meet administrative requirements. Questions have also been raised about how welfare reform will fare when the economy slows down.

It is clear that welfare recipients need a web of supporting social services to make the transition from welfare-dependency to self-sufficiency. Some need to find high-quality child care or transportation. Others must overcome health problems or lack of training.

Currently, the Administration's Welfare to Work Partnership encourages businesses to hire welfare recipients and the Welfare to Work Coalition to Sustain Success works with civic groups (including the YMCA of the USA) to help former welfare recipients stay in the workforce and succeed. In addition, the Administration has toughened child support enforcement laws and unveiled a program to prevent teen pregnancy. To further support welfare reform the Administration is proposing more funding to help former welfare recipients with housing and transportation.

Ultimately, the well-being of America's families and children will determine the success or failure of welfare reform efforts.

YMCA CALL TO ACTION

- Business, community organizations and government should work together to provide former welfare recipients with the web of social services needed to overcome barriers to self-sufficiency. Affordable child care, health care, transportation and housing, along with high-quality job training, are critical ingredients in making welfare reform work.
- The success or failure of welfare reform should be measured neither by the number of welfare caseloads nor the level of poverty. Although these are important indicators of the effects of welfare reform and general economic conditions, the most important goal of welfare reform should be the overall well-being of low-income children and families.
- More affordable housing should be created to meet overwhelming demand. Commitment on the part of the federal government, as well as state and local officials, to meet the housing needs of low-income families is more important than ever.
- Families can make an immediate difference in the fight against homelessness and poverty by volunteering in their own communities. By volunteering at a shelter, food bank or social service organization, families can help others and help strengthen the community in which they live.
- Public awareness should be raised noting that, despite recent economic gains, millions of Americans still suffer from poverty. Even among poor families, awareness should be raised about opportunities such as the Earned Income Tax Credit.
- Poverty has traditionally been viewed as a personal failure, and it is time for politicians and policymakers to focus on poverty as a public health issue. Policymakers should increase their efforts to help individuals fight against their impoverished situation and address major risk factors such as too little education, lack of skills and single parenthood. Also, policymakers should address the plight of the working poor whose jobs do not enable them to pull their families out of poverty.

FACTS ON INCOME/POVERTY

"The Percent of Children in Poverty is perhaps the most global and widely used indicator of child well-being. This is due, in part, to the fact that poverty is closely linked to a number of undesirable outcomes in areas such as health, education, emotional well-being, and delinquency." The Annie E. Casey Foundation⁶

- The gulf continues to widen between America's richest and poorest. From 1969 to 1996, the percentage of middle-income households has decreased (from 67% to 61%). From 1969 to 1993, the percentage of high-income families has increased (from 12% to approximately 17%) and the percentage of low-income families has also increased (from 21% to 23%).⁷
- In 1997, the top 5% of households by income (\$126,550) earned 8.2 times that of a household in the bottom 20% (\$15,400). In 1967, the top-earners made only 6.3 times the income of the bottom 20%.⁸
- From 1967 to 1996, the average income of the top 20% grew by almost 50% while the average income of the bottom 20% grew by only 22.3%.⁹
- Higher income inequality is associated with increased mortality at all per capita income levels. This mortality difference in areas with high income inequality, compared to areas with low-income inequality, exceeds the combined loss of life from lung cancer, diabetes, motor vehicle crashes, HIV infection, suicide and homicide.¹⁰
- Average hourly earnings have declined by almost 12% since 1973.¹¹
- There is still a gender gap when it comes to pay. Women earn only 74 cents to every dollar men earn.¹²
- In 1997, Asians and Pacific Islanders had the highest median household income at \$45,249, followed by white households with a household income of \$38,972. Black households earned \$25,050 and Hispanic-origin households had a median household income of \$26,628.¹³
- Although most poor people are White (24 million), poverty disproportionately affects Black and Hispanic Americans. Twenty-seven percent of blacks and Hispanics live in poverty, while only 11% of whites are poor.¹⁴
- In 1997, the poverty rate of blacks, approximately 27%, was the lowest rate since the federal government started collecting these numbers in 1959.¹⁵
- In 1994, 16.2% of people who usually work full time and year-round lived in poverty, an increase from 14.6% in 1984.¹⁶
- Approximately 36.6 million Americans live in poverty. That's 13.3% of the country's

population.¹⁷

- In the United States, approximately one in five children (19.9%) lives in poverty.¹⁸
- Even though children make up only one-fourth of the total population, children represent a large segment of the poor (40%).¹⁹
- In 10 states and the District of Columbia, a quarter or more of all children were poor in 1995.²⁰
- Compared to children living above the poverty line, children in poverty are more likely to suffer from poor health and have no usual source of health care. They are also more likely to face housing problems and hunger, have difficulty in school, become teen parents and, as adults, earn less and be unemployed.²¹
- Although the percentage of children living in poverty has remained steady over the past 10 years, in 1970 the poverty rate for children was significantly less at 15%. Almost 4 million more children are living in poverty today.²²
- The U.S. child poverty rate is the highest in the industrialized world. One study that examined child poverty rates in 17 developed countries found that the child poverty rate in the United States was not only the highest among the 17 countries studied, but it was also 50% higher than the next highest rate.²³
- Children living in poverty are more likely to live in households that sometimes or often do not have enough to eat. In 1996, 15% of poor households with children reported that they did not have enough to eat, compared to less than 1% of children living at or above poverty. Many more poor households are at risk of hunger—29% of poor families report having difficulty obtaining enough food.²⁴
- Despite years of economic growth and an increase in household income for the third consecutive year²⁵, the number of children in working-poor families has grown by a third.²⁶
- During the 1990s there has been a significant increase in the number of children living in working-poor families (where at least one parent worked 26 or more weeks, and family income was below poverty level) -- from 4.3 million in 1989 to 5.7 million in 1996.²⁷
- There has been a significant increase in the number of people living in extreme poverty. In just two years the number of the extremely poor jumped from 13.9 million in 1995, to 14.4 million in 1996, and to 14.6 million (41% of the poor) in 1997.²⁸
- Young children are particularly vulnerable to living in poverty. In 1996, the overall poverty rate for children under 6 was 21.6%.²⁹

- The percentage of children living in poverty is higher than any other age group, about double the rate of poverty for adults 18 to 64 (11%) and the elderly (11%).³⁰
- In 1996, nearly half of the young poor live in extreme poverty (i.e., in families with a combined family income below 50% of the federal poverty line).³¹ The rate of young children living in extreme poverty doubled between 1975 and 1994, jumping from 6% to 12%.³²
- The poverty rate of poor, young children jumps dramatically to 59% when they live in a household headed by a single female -- more than five times the rate (11%) of young children in married-couple families.³³
- Nationwide, the percentage of single-parent families increased from 22% in 1985 to 26% in 1995.³⁴
- In five states (Kansas, Minnesota, New Mexico, West Virginia and Wyoming) the number of children living in single-parent families increased by 50% or more between 1985 and 1995.³⁵
- In 1997, 68% of American children lived with two parents, down from 77% in 1980.³⁶
- In 1997, almost a quarter (24%) of children lived with only their mothers, 4% lived with only their fathers, and 4% lived with neither of their parents.³⁷
- Children of unmarried mothers are at higher risk of suffering adverse birth outcomes, such as low birth weight and infant mortality, and are more likely to live in poverty than children of married mothers.^{38,39}
- The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who grow up in a household with two parents.⁴⁰
- Children with two married parents are much less likely to be living in poverty than children living only with their mothers. In 1996, 10% of children in two-parent families were living in poverty, compared to 49% of female-householder families.⁴¹
- While most of the children who live in poverty are white and non-Hispanic, a higher proportion of Hispanic and black children live in poverty. In 1996, 10% of white, non-Hispanic children lived in poverty, compared to 40% of black children and 40% of Hispanic children.⁴²
- Black and Hispanic children are also less likely than white children to have a parent working full time all year.⁴³

- Currently, 10.3% of all families (7.3 million) live in poverty.⁴⁴
- Communities in the South and West have a disproportionate share of the poverty population. In 1997, both the South and the West had poverty rates of 14.6%, compared to 12.6% in the Northeast and 10.4% in the Midwest.⁴⁵
- Cities have the highest poverty rates; in 1996, 43% of the poor lived in cities compared to 30% of the general population.⁴⁶
More than 58% of poor, young children live in suburban or rural areas.⁴⁷
- The young child poverty rate has grown at a much faster pace in the suburbs than in rural or urban areas. The rate of poverty for young poor children living in suburban areas grew by nearly 60% between the late 1970s and early 1990s, whereas the poverty rates for young children living in urban and rural areas rose by 34% and 45%, respectively.⁴⁸
- The current official poverty definition is based on pre-tax income and does not count non-cash benefits. The federal government estimates that if an alternative definition were used to include noncash benefits (such as food stamps, housing subsidies and Medicaid) to post-tax income, the poverty rate would be approximately 10%.⁴⁹

FACTS ON HOUSING

“Safe, decent, affordable housing is a basic necessity for every family. Without a decent place to live, people cannot be productive members of society, children cannot learn, and families cannot thrive. Until our nation’s housing crisis is remedied, a myriad of social problems will not be adequately addressed. Families will continue to lose the battle against crime, poor education, inadequate nutrition, decaying neighborhoods, insufficient health care and welfare dependency. The foundation of family security and stability is the home. And the lack of decent, affordable housing is a fundamental societal problem.” National Low Income Housing Coalition⁵⁰

- Sales of new and existing homes continue to climb. From 1994 to 1997, a record-breaking 4 million households joined the ranks of homeowners.⁵¹
- Rising from 30% in 1978, in 1995, 36% of all households with children had one or more of the following three housing problems: physically inadequate housing, overcrowded housing or housing that cost more than 30% of their household income.⁵²
- As of 1995, 5.5 million renter households (37.5%) and 3.8 million owner households (32.6%) were spending more than half their incomes on housing and/or living in severely inadequate units.⁵³
- In 1995, there were only 6.1 million low-cost units but 10.5 million low-income renters. This shortage of 4.4 million units is the widest gap on record.⁵⁴
- Between 1978 and 1995, the percentage of households with children paying more than 30% of their income for housing (a federal standard for affordability) rose from 15% to

28%. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6% to 12%.⁵⁵

- The lack of affordable housing has hit working-poor families especially hard. Over half of all poor renter families have one or more working adults, and 59% of working-poor renters spend more than 50% of their income on housing, compared to just 2% of renters with incomes exceeding twice the poverty line.⁵⁶
- Over the past 30 years there has also been a drastic reduction in the number of single-room occupancy (SRO) hotels.⁵⁷
- Although there has been some improvement since 1978, 7% of families still live in housing with severe or moderate physical problems, and 7% live in overcrowded housing.⁵⁸
- A higher proportion of renter households live in inadequate housing than do owner households. Almost 11% of renter households with children live in either moderately or seriously inadequate housing, while almost 5% of owner households with children live in moderately or seriously inadequate housing.⁵⁹
- Five percent of all households lack adequate heating, 1.5% lack adequate plumbing, and 1.1% lack an adequate kitchen.⁶⁰
 - Substandard housing affects residents in rural areas disproportionately. While 22% of the country's population lives in rural areas, 29% of rural residents live in substandard housing.⁶¹
- In poor urban areas, well over half the children are affected by exposure to lead paint.⁶²
- While approximately 700,000 people are homeless on any given night, a Columbia University study found that 12 million adults have been homeless at some point in their lives.⁶³
- The fastest growing segment of the homeless population is families with children.⁶⁴
- Families with children constitute approximately 40% of people who become homeless, and on any given night, 20% of the homeless population is families.⁶⁵
- Recent research indicated that homelessness among families is increasing. Between 1996 and 1997, requests by families with children for emergency shelter in 29 U.S. cities increased by 5%.⁶⁶
- A survey of U.S. cities found that 32% of requests by homeless families for shelter could not be fulfilled, and 92% of cities expect the number of requests to rise in 1998.⁶⁷

FACTS ON JOBS/WELFARE

"This legislation provides an historic opportunity to end welfare as we know it and transform our broken welfare system by promoting the fundamental values of work, responsibility, and family." President Bill Clinton, August 22, 1996

"We know far too little about why caseloads are dropping and far too little about what happens to families who leave welfare. Some of the decline is for the best of reasons because the economy is chugging along and more people are finding good jobs. But some of it is for the worst of reasons because there are so many hurdles now that families can't surmount them when they're in crisis. Or parents are so troubled that they can't comply with rules, are dropped from the rolls, and no one cares. These families, this generation of poor children, are the great unknown of our national welfare experiment." Deborah Weinstein, Children's Defense Fund

- Fully 6.2 million Americans were unemployed, at a rate of 4.5%, as of July 1998.⁶⁸
- More than 63% of Americans age 16 and older hold jobs.⁶⁹
- From August 1990 to August 1998, the nation experienced a 13% increase in nonfarm payroll employment. The rise represents an addition of 16.6 million jobs.⁷⁰
- Since August 1990, the number of people working has increased by more than 12 million.⁷¹
- There are 3.8 million fewer welfare recipients since the passage of the 1996 welfare reform law.⁷²
- There are currently 8.4 million people receiving welfare. This is down from a high of 14.2 million in 1994.⁷³
- One in three families who received welfare in 1996 -- 1.7 million people -- were working in 1997.⁷⁴
- Every state except Hawaii has seen a drop in its welfare rolls. The most dramatic drops have been in Idaho (81%), Wyoming (74%) and Wisconsin (71%). Seventeen states have seen drops of more than 40%.⁷⁵
- Ninety-four percent of welfare recipients do not have automobiles.⁷⁶
- Seventy percent of employers rate welfare recipients positively in terms of attitude and reliability, and 66% of employers rate reliability and a positive attitude as the most important qualities they're looking for in an employee.⁷⁷
- Seventy-six percent of businesses participating in the Administration's Welfare-to-Work Partnership say former welfare recipients have turned out to be "good, productive employees." Forty-eight percent say that their welfare-to-work hires have the same or

higher retention rates than those hired through standard channels. Fifty-one percent consider employee transportation a problem.⁷⁸

- To evaluate how welfare reform will affect children's growth and development, evaluation must take into account changes in family income, parent behavior and stress, and children's access to services such as child care and health care. Very little to no information is yet available.⁷⁹
- Most former welfare recipients who are able to find full-time employment should stay above the poverty line with the help of subsidized child care and other government assistance (such as the Earned Income Tax Credit and food stamps).⁸⁰
- Those who remain on welfare are going to be an increasingly disadvantaged group, made up disproportionately of those least likely to succeed in the job market.⁸¹
- Recent job growth and tougher welfare policies together have pushed and pulled into the job market many of those who otherwise would have remained dependent on government assistance. In the future, however, if the economy slows, the push may become stronger than the pull, and we could see as many as 100,000 to 150,000 additional workers per year competing for a less rapidly growing number of jobs.⁸²
- Jobs usually requiring an associate degree or higher degree will grow faster than average job rate. And though occupations requiring less education and training are expected to grow more slowly than average, they account for more than half of the numerical growth in employment because of their large number.⁸³
- Service and retail trade industries will account for 14.8 million out of a total projected growth of 17.5 million wage and salary jobs by 2006.⁸⁴

Notes

- ¹ U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
- ² U.S. Bureau of Labor Statistics, "National Employment, Hours and Earnings," Average Weekly Earnings in 1982 Dollars, June 1998.
- ³ U.S. Bureau of Labor Statistics (Note: Past year is July 1997 to July 1998).
- ⁴ U.S. Bureau of Labor Statistics, "National Employment, Hours, and Earnings," Non-farm Employees, August 1990, August 1998.
- ⁵ U.S. Health and Human Services Administration for Children and Families, "Aid to Families with Dependent Children (AFDC) Temporary Assistance for Needy Families (TANF) 1960-1997," August 1998.
- ⁶ The Annie E. Casey Foundation, (1998) The 1998 Kids Count Data Book, page 22.
- ⁷ McNeil, John, U.S. Bureau of the Census, Current Population Reports, Special Series, pages 23-196, U.S. Department of Commerce, *Changes in Median Household Income: 1969 to 1996*, July 1998, page 4.
- ⁸ U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
- ⁹ U.S. Bureau of the Census, Current Population Reports, pages 60-197, *Money Income in the United States: 1996 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1997, page xi.
- ¹⁰ Lynch, John; Kaplan, George; Pamuk, Elsie; "Income Inequality and Mortality in Metropolitan Areas of the United States," American Journal of Public Health, July 1998 (based on 1995 statistics).
- ¹¹ U.S. Bureau of Labor Statistics, "National Employment, Hours and Earnings," Average Weekly Earnings in 1982 Dollars, June 1998.
- ¹² U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
- ¹³ U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
- ¹⁴ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, Table A.
- ¹⁵ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998.
- ¹⁶ Ryscavage, Paul, *A Perspective on Low-Wage Workers*, U.S. Bureau of the Census, Current Population Report, August 1996.
- ¹⁷ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page v.
- ¹⁸ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
- ¹⁹ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
- ²⁰ The Annie E. Casey Foundation, (1998) The Kids Count Data Book, page 23.
- ²¹ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, pages iii & 10.
- ²² Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, Table C-2.
- ²³ Rainwater, Lee, and Smeeding, Timothy M., 1995, "Doing Poorly: The Real Income of American Children in a Comparative Perspective," Working Paper No. 127, Luxembourg Income Study, Maxwell School of Citizenship and Public Affairs, Syracuse University, Syracuse, NY (From The Annie E. Casey Foundation, (1998) The 1998 Kids Count Data Book).

- ²⁴ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, pages 14-15.
- ²⁵ U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
- ²⁶ The Annie E. Casey Foundation, (1998) The Kids Count Data Book.
- ²⁷ The Annie E. Casey Foundation, (1998) The Kids Count Data Book.
- ²⁸ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page xii & Lamison-White, Leatha, *Poverty in the United States 1996*, U.S. Bureau of the Census, Current Population Reports, Series P60-198, 1997.
- ²⁹ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
- ³⁰ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
- ³¹ National Center for Children in Poverty, "Young Children in Poverty: A Statistical Update," Columbia School of Public Health, March 1998.
- ³² National Center for Children in Poverty: Long Term Young Child Poverty Trends, Columbia School of Public Health.
- ³³ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
- ³⁴ The Annie E. Casey Foundation (1998), The Kids Count Data Book, page 23.
- ³⁵ The Annie E. Casey Foundation (1998), The Kids Count Data Book, page 23.
- ³⁶ U.S. Bureau of the Census, "March Current Population Survey," (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
- ³⁷ U.S. Bureau of the Census, "March Current Population Survey," (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
- ³⁸ McLanahan, S. (1995), *The consequences of nonmarital childbearing for women, children, and society*, In National Center for Health Statistics, Report to Congress on out-of-wedlock childbearing. Hyattsville, MD: National Center for Health Statistics (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
- ³⁹ Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1997), *Report of final natality statistics, 1995* Monthly Vital Statistics Report, 45 (11, Supplement 1), Hyattsville, MD: National Center for Health Statistics, Ventura, S.J. (1995), *Births to unmarried mothers: United States, 1980-92*, Vital and Health Statistics 53 (Series 21), Hyattsville, MD: National Center for Health Statistics (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
- ⁴⁰ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.
- ⁴¹ U.S. Bureau of the Census, "March Current Population Survey," (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
- ⁴² Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 10.
- ⁴³ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 12.
- ⁴⁴ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page v.

- ⁴⁵ Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page xi.
- ⁴⁶ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page vii.
- ⁴⁷ National Center for Children in Poverty, "Young Children in Poverty: A Statistical Update," Columbia School of Public Health, March 1998.
- ⁴⁸ National Center for Children in Poverty, "Long Term Young Child Poverty Trends," Columbia School of Public Health, 1994.
- ⁴⁹ U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
- ⁵⁰ National Low Income Housing Coalition, "Housing America's Future: Children at Risk," 1996.
- ⁵¹ Joint Center for Housing Studies of Harvard University, "The State of the Nation's Housing," 1998, page 1.
- ⁵² Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 13.
- ⁵³ Joint Center for Housing Studies of Harvard University, "The State of the Nation's Housing," 1998, page 17.
- ⁵⁴ Center on Budget and Policy Priorities, "In Search of Shelter: The Growing Shortage of Affordable Rental Housing," June 15, 1998.
- ⁵⁵ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 13.
- ⁵⁶ Center on Budget and Policy Priorities, "In Search of Shelter: The Growing Shortage of Affordable Rental Housing," June 15, 1998.
- ⁵⁷ Cuomo, Andrew, "Housing and the Federal Homeless Plan," Housing Research News, Volume 3, Number 1, Fannie Mae Foundation, February 1995.
- ⁵⁸ Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 13.
- ⁵⁹ National Low Income Housing Coalition, "Housing America's Future: Children at Risk," page 15.
- ⁶⁰ U.S. Department of Commerce and U.S. Department of Housing and Urban Development, American Housing Survey for the United States in 1995.
- ⁶¹ Housing Assistance Council, "Information About Rural Housing Quality."
- ⁶² "Housing America's Future: Children at Risk," National Low Income Housing Coalition, page 17.
- ⁶³ Link, Bruce, "Life-time and Five-year Prevalence of Homeless in the United States: New Evidence in an Old Debate," National Coalition for the Homeless, NCH Fact Sheet #2.
- ⁶⁴ National Coalition for the Homeless, NCH Fact Sheet #7.
- ⁶⁵ National Coalition for the Homeless, NCH Fact Sheet #7.
- ⁶⁶ Waxman, Laura, and Trupin, Remy, "A Status Report on Hunger and Homelessness in America's Cities: 1997," (From the National Coalition for the Homeless, NCH Fact Sheet #7).
- ⁶⁷ Waxman, Laura, and Trupin, Remy, "A Status Report on Hunger and Homelessness in America's Cities: 1997," (From the National Coalition for the Homeless, NCH Fact Sheet #7).
- ⁶⁸ U.S. Bureau of Labor Statistics, "The Employment Situation: July 1998," August 7, 1998.
- ⁶⁹ U.S. Bureau of Labor Statistics, "The Employment Situation: July 1998," August 7, 1998.
- ⁷⁰ U.S. Bureau of Labor Statistics, "National Employment, Hours, and Earnings," Non-farm Employees, August 1990, August 1998.
- ⁷¹ U.S. Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, Employment Level, August 1990, August 1998.

- ⁷² U.S. Department of Health and Human Services, "Change in Welfare Caseloads Since Enactment of the New Welfare Law."
- ⁷³ Health and Human Services Administration for Children and Families, "Aid to Families with Dependent Children (AFDC) Temporary Assistance for Needy Families (TANF) 1960-1997," August 1998.
- ⁷⁴ U.S. Dept. of Health and Human Services, TANF Report to Congress, August 4, 1998.
- ⁷⁵ U.S. Department of Health and Human Services, "Change in Welfare Caseloads Since Enactment of the New Welfare Law."
- ⁷⁶ Children's Defense Fund, "Welfare in the States: New Studies Look at the Status of Former Welfare Recipients," May 27, 1998.
- ⁷⁷ Regenstein, Marsha; Meyer, Jack; Hicks, Dickemper; *Job Prospects for Welfare Recipients: Employers Speak Out*, The Urban Institute, July, 1998.
- ⁷⁸ The Welfare to Work Partnership, "Welfare by the Numbers."
- ⁷⁹ Collins, A., and Aber, J.L., *Children and Welfare Reform Issue Brief 1: How Welfare Reform Will Help or Hurt Children*, National Center for Children in Poverty, 1997.
- ⁸⁰ McMurrer, Daniel; Sawhill, Isabel; Lerman, Robert, "Welfare Reform and Opportunity in the Low-Wage Labor Market," The Urban Institute, 1998.
- ⁸¹ McMurrer, Daniel; Sawhill, Isabel; Lerman, Robert, "Welfare Reform and Opportunity in the Low-Wage Labor Market," The Urban Institute, 1998.
- ⁸² McMurrer, Daniel; Sawhill, Isabel; Lerman, Robert, "Welfare Reform and Opportunity in the Low-Wage Labor Market," The Urban Institute, 1998.
- ⁸³ U.S. Bureau of Labor Statistics, *1998-1999 Occupational Outlook Handbook*.
- ⁸⁴ U.S. Bureau of Labor Statistics, *1998-1999 Occupational Outlook Handbook*.



YMCA

We build strong kids,
strong families, strong communities.

**PHOTOCOPY
PRESERVATION**

DID YOU KNOW? **YMCAs...**



■ serve all incomes, all ages and all abilities

We serve all communities. YMCAs this year raised close to \$500 million in scholarships, subsidies and other services for those who could not otherwise participate. YMCAs are open to everyone and bring together the poor and not-so-poor, young and old, men and women, all faiths and all backgrounds.

■ reach 8 million children in non-school hours

Making up half of YMCAs' 16 million members, children and their families find a wide range of activities at the Y including community service projects, gang prevention programs, literacy tutoring, kids clubs and sports leagues. The values of caring, honesty, respect and responsibility are woven into every Y activity.



■ provide child care nationwide

YMCAs are collectively the nation's largest child care provider. Ys offer quality, affordable infant, pre-school and after-school child care programs. Approximately half of the children in YMCA child care come from households with annual incomes of less than \$25,000.

■ partner with neighborhood organizations

400 YMCAs work with juvenile courts - 300 with public housing developments - 1,350 with elementary schools - 916 with high schools - and 500 with colleges or universities.

■ encourage volunteers

YMCAs are volunteer founded, volunteer based and volunteer led. We wouldn't exist without our volunteers. Ys mobilize more than 500,000 volunteers every year, and have a commitment to recruit an additional 200,000 by 2001.

■ live their mission every day

Founded almost 150 years ago, today YMCAs together make up the largest not-for-profit community organization in America. All 2,300 independent YMCAs are guided by the common mission, "To put Christian principles into practice through programs that build healthy spirit, mind and body for all."



We build strong kids,
strong families, strong communities.

YMCA Public Policy Priorities

Child Care

Make safe, high-quality child care available to all working families regardless of ability to pay.

Youth Development

Expand and coordinate community-based youth development programs.

Youth Service

Expand community-based programs to involve youth in community service.

Juvenile Justice, Crime and Gangs

Promote community-based juvenile delinquency prevention and early intervention programs.

Substance Abuse

Encourage prevention and education.

Not-for-profits

Maintain YMCAs' tax exemption and the right to advocate for youth and families.



New York YMCAs

Amsterdam YMCA
Auburn YMCA - Weiu
Broome County YMCA
Camp Dudley YMCA, Inc.
Chemung County YMCA
Clifton Springs YMCA
Corning Community YMCA
Cortland County Family YMCA
Dutchess County YMCA
Family YMCA of Glen Falls Area
Frost Valley YMCA
Fulton County YMCA
Fulton YMCA
Genesee Area Family YMCA
Geneva Family YMCA
Greater Canandaigua Family YMCA
Greater Syracuse YMCA
Hornell Area Family YMCA
Ithaca & Tompkins County YMCA
Jamestown YMCA
Lake Plains Family YMCA
Little Falls YMCA
Lockport YMCA
Mohawk Valley YMCA
New Rochelle YMCA
Niagara Falls Family YMCA
Norwich YMCA
Olean YMCA
Oneonta Family YMCA
Oswego YMCA
Plattsburgh YMCA
Rockland County YMCA
Rome Family YMCA
Silver Bay Association YMCA
Utica YMCA
Watertown Family YMCA
YMCA of Capital District
YMCA of Central & Northern Westchester, Inc.
YMCA of Greater Buffalo
YMCA of Greater New York
YMCA of Greater Rochester
YMCA of Kingston and Ulster County
YMCA of Long Island
YMCA of Middletown, NY
YMCA of Newburgh
YMCA of Rye, NY
YMCA of Saratoga Springs
YMCA of Tarrytown & North Tarrytown
YMCA of Yonkers, Inc.

New York's Children and Families: Key Facts

▼ Children in Poverty

Based on data collected in 1994, an estimated 25% of New York's children lived in poverty, compared with 23% in 1985.

▼ Children in Single-Parent Families

In 1994, 30% of New York's families were headed by a single parent, compared with 27% in 1985.

▼ Juvenile Violent Crime Arrest Rate

New York's juvenile violent crime arrest rate increased by 71% between 1985 and 1994, from 632 arrests per 100,000 youths to 1,082.

▼ Teen Violent Death Rate

New York's teen violent death rate for youth ages 15-19 increased by 24% between 1985 and 1994, from 45 deaths per 100,000 teens to 56.

▼ Percent of Teens Who Are High School Dropouts

In 1994, 11% of New York's teens had dropped out of high school, compared with 9% in 1985.

▼ Teen Birth Rate

In 1994, 30 births per 1,000 females in New York were to unmarried teens ages 15-17, compared with 22 in 1985.

YMCAs help meet New York's needs:

Constituents served:
Volunteers serving:

944,084
13,129

For additional information:
YMCA of the USA Public Policy
1701 K Street, N.W., Suite 903
Washington, DC 20006
202-835-9043/800-932-9622
202-835-9030 fax
e-mail: ymcausa@erols.com





YMCA

We build strong kids,
strong families, strong communities.

America's future depends on the strength of our children, our families and our communities. More than 2,200 YMCAs across the country, serving 15 million people, are working every day to nurture children, support families and strengthen communities.

We Build Strong Kids

"At the Y, I've learned how to talk and say something without sounding mean if there's a problem. I've learned to trust and respect people, and I've learned to be confident in myself."

-8th grader

YMCA programs, serving more than 7 million children, are a proven tool to help kids grow up healthy, make wise choices and thrive in our communities. YMCA youth programs:

- ▼ focus on character development and emphasize the YMCAs' four core values—caring, honesty, respect and responsibility
- ▼ provide safe places for kids and teach them how to resolve conflicts without violence
- ▼ build confidence, leadership and decision-making skills

We Build Strong Families

"The YMCA is the place that will help my children grow into adults of fine character. The Y provides a safe and fun environment for my children. Thank you for giving my family hope, dreams and opportunity."

-YMCA single parent

YMCAs offer programs that bring parents and children together, giving families a chance to strengthen their relationships in a safe, caring, welcoming environment.

- ▼ Collectively, YMCAs are the largest child care provider in the country, serving nearly half a million children in their high-quality, family-centered programs
- ▼ Almost half of YMCAs sponsor Family Nights and special events
- ▼ YMCAs provide family literacy programs, job training and employment services, and permanent and transitional housing

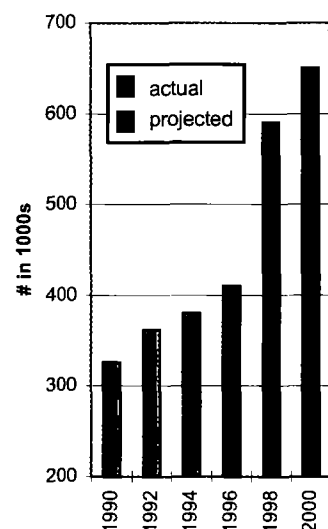
We Build Strong Communities

"For every child that we reach, and help, through programs like the YMCA there is one less child that me and my officers will have to deal with on the streets."

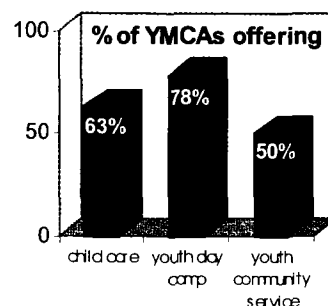
*-Chief of Police
St. Paul, MN*

YMCAs are the most diverse doors in communities, with the possible exception of the hospital emergency room, and they are dedicated to meeting the specific needs of their communities. Nationally, YMCAs:

- ▼ serve all ages, both sexes, all abilities, all faiths and all incomes under one roof
- ▼ mobilize 400,000 volunteers, and a national *Commitment to Volunteers* campaign will recruit an additional 200,000
- ▼ partner with neighborhood organizations; 400 YMCAs work with juvenile courts; 300 with public housing developments; 1,350 with elementary schools; 916 with high schools; and 500 with colleges or universities.



Volunteers at local YMCAs





Jennifer Durrence

AFTER-SCHOOL: Michelle Seligson of the National Institute on Out-of-School Time calls for more training and living wages. See page 16.

\$5.00

© 1998 YOUTH TODAY, ALL RIGHTS RESERVED

VOL. 7, NO. 1 JANUARY/FEBRUARY 1998

YMCA, Boys & Girls Clubs, Beacons Among Nation's Outstanding After-School Programs

BY JENNIFER DURRENCE

SPOTSYLVANIA, Va.

It has been more than nine months since Kristin Lisk, 15, and her younger sister, Kali, 12, were abducted after getting off of school buses in this pleasant bedroom community of 78,000, halfway between Washington, D.C. and Richmond, Va.

Their bodies were found in a river 40 miles south of the nation's capital. Just a few months earlier, another teenager, Sofia Silva, 16, was kidnapped from her home eight miles from the Lisk residence and killed. The killer, or killers, is still at large.

The need for after-school care was the topic of intense discussion after the murders in an area that has 6,300 youths aged 12 to 17. But efforts to open a teen center have moved slowly. Mary Lee Carter, a member of the county board of supervisors, put it this way: "There were other projects that [had precedence] before this — the fire station and renovation of the schools."

Money for youth after-school programs was hard to come by; even though in Spotsylvania, juvenile arrest figures soared in the last five years from 16 (per 100,000) to 109. [The peak hours for teenage crime, and pregnancies, are just after school.]

Yet after-school programs were not a high priority issue. Not in local government or on the national level.

Finally, though, the teen center is done. It will open in an old school building once the occupancy permits are secured. But it will only be open on weekends and recreation will be limited, at least for now, to not much more than TV and video games.

Why, even in a town which suffered such a national trauma, has it taken so long to get so little done for youths? And why has it been so difficult around the country to obtain adequate funding for after-school youth programs?

Clearly, the need is urgent if Bureau of Census statistics are believed. The bureau says that 24 million children, aged 5 to 14, are in need of care during their out-of-school time, a population that is expected to grow with recent changes in welfare laws. The FBI reports that from 1988 to 1992, juvenile arrests for violent crime increased by 50 percent, even at a time when the crime rate for adults was dropping. A 1990 University of California study found that unsupervised children are at a significantly higher risk of truancy, stress, receiving poor grades and substance abuse.

The tepid response of government is nothing new. The Carnegie Corporation of New York, in a landmark study five years ago, strongly criticized federal youth policies, contending "the opportunity for reaching youth is immense but that promise is largely unfulfilled. We need more outreach, training organization and more funds."

affordability and to help ensure the safety of child care in America."

He told the White House conference last October, "We'll never be the kind of country we ought to be unless we believe that every child counts and that every child ought to have a chance to make the most of his or her God-given abilities."



HAVING A BALL: A youth worker from the Indianapolis Boys & Girls Club takes a moment out to instruct a club member in the fine art of billiards playing.

Now things are changing. One big reason: President Bill Clinton has become interested in the issue.

"I have been listening to the First Lady talk about this (child care issue) for more than 25 years now," he says, "and it may be that I will finally be able to participate in at least a small fraction of what I have been told for a long time I should be doing."

Clinton is the first president to hold a White House Conference on Child Care. And in his State of the Union address this month, he will present a child care plan "to improve access and

Clinton in a Quandary

But what programs work — and who should get the funding? Clinton concedes that's a tough one.

"One of the things that I constantly deal with here is trying to determine who should do what — what we can do and make a difference," he said.

Clinton is particularly enthusiastic about a Boston approach to combat juvenile crime. "The whole juvenile justice system has been geared to be warm and responsive," he noted. Juvenile probation officers make house calls with police officers. And commu-

nity groups walk in the streets in the afternoon to, basically, almost pick the kids up and give them things to do and get them involved with things. As far as I know, it's the only major city in America where nobody under 18 has been killed by a gun in two years now. But it's not rocket science. It's a systematic attempt to take personal responsibility for all these children after school." (Two months after Clinton praised Boston for staving off juvenile homicides, 16-year-old Eric Pauling was shot outside his girlfriend's house in what police said appeared to be an argument between two teen groups.)

One necessity, not only in Boston but, throughout the country, Clinton believes, is to have trained caregivers.

He is proposing a \$250 million scholarship fund for child care staffs.

"Too many caregivers don't have the training they need to provide the best possible care," he says. "Those who do are rarely compensated with higher wages."

Clinton's plan will help college students earn degrees if they remain in the child care field for a year. Caregivers who complete their training will receive a raise.

Clinton also proposes a tax credit for parents with child care expenses and a tax credit for companies opening child care centers for employees. He also wants an increase in federal funding to states to subsidize child care.

Parents Can't Pay

Whatever is done will require financial aid for parents of participants, according to the the National Before and After-School Program Study. The report says that parents just cannot afford to pay even the small fee many programs require. The study found that 83 percent of 50,000 school-age child care programs depend on parent fees.

Michelle Seligson, executive director of the National Institute of Out-of-School Time, warns the president there are other problems to confront in developing quality after-school programs:

- While there is widespread agreement on standards, quality remains uneven.
- It is more and more difficult to recruit staff because salaries are low and turnover is high.
- Just who gets to operate the program can be a source of contention. Some school boards want to join with community organizations as partners but others resist.
- Families whose children have special needs, rural families and parents

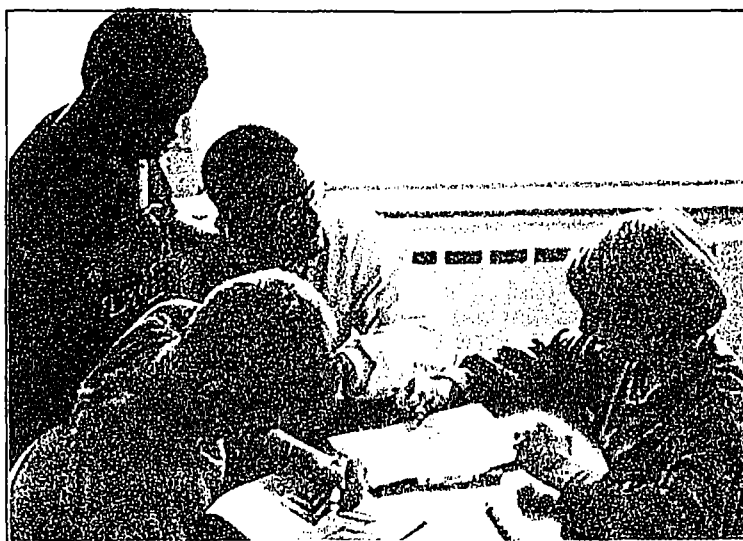
with middle school children are underserved.

The Institute and the Corporation for National Service have just published a "how-to" manual outlining some of the key factors in developing a quality program, such as creating low child-staff ratios, a sensitive and caring staff and a safe and healthy environment.

"The single most important feature in an after-school program is the staff," says Seligson. "And that means people who have been trained, who are prepared to work in these informal learning environments with kids."

Concordia University of St. Paul is the first college in the country to offer upper-level academic programs in school-age care. Some 54 students are pursuing bachelor's or master's degrees at Concordia and 68 other students are enrolled in certificate programs, ranging from special needs to site leadership. All students are already working in the school-age care field as program directors or trainers for the state or direct care providers.

Clinton also sees service as a solu-



ON-THE-JOB-YOUTH-WORK-TRAINING: A youth worker pursuing a degree in school-age care helps kids with their homework in the Alterschool Express Kids Program on the Concordia College campus.

tion to the staff issue. Funding for national service programs will increase \$68 million this year with \$64 million of that increase going to the America Reads Initiative. This month Clinton is submitting a proposal for reauthorization of the program for the next five years.

Many organizations have been using volunteers for years. The Boys & Girls Clubs of America, for example, have their own manual on program planning and management, performance reviews of volunteers and program evaluation.

A \$76 million initiative, called Web of Support, will give more attention to

rural families. It will offer programs such as homework centers and arts and music to poor children in 40 rural and urban communities. By 2001, the initiative will target 100 more communities with a goal of reaching 550,000 at-risk children. A \$1 million pilot program in Appalachia, reaches 8,000 children. Grades have improved and parents got involved.

Here are other programs around the nation:

- **Beacons of New York City** — Supported by the Fund for the City of New York, the school-based community centers, started in 1991, provide a range of services to youth and their families, including educational assistance, job preparation, social services and recreational leadership. There are now 40 Beacons serving 12,000 youth and community residents daily. They are open at least six days a week from morning to 10-11 p.m. Each Beacon receives its core funding of \$395,000 from the City of New York. Individual Beacons report higher school attendance for youth in their programs and higher test scores for youth in Beacon classes. Parental involvement increased to 90 percent. Suspensions decreased due to conflict resolution alterna-

tives. Now Beacons are expanding with \$1 million in grants each from the DeWitt Wallace-Reader's Digest Fund to four new cities: Savannah, Oakland, Minneapolis and Denver.

- **United Way** — Seven local United Ways received \$400,000 grants to expand the Bridge to Success after-school programs in public schools operated in partnerships with community-based organizations.

- **Three community organizations.** United Way of Salt Lake City and YMCAs in Boston and Long Beach, Calif., received \$300,000 each to create extended service schools where social work students work in public schools with youth workers. Fordham University received almost \$500,000 to develop its model with the Children's Aid Society in these communities.

- **West Philadelphia Improvement Corps** — University of Pennsylvania faculty and students work in public schools. They have received \$932,000 to extend the program to Birmingham, Ala.; Cincinnati, Ohio and Lexington, Ky.

- **DeWitt Wallace-Reader's Digest Fund** — Provided \$6.5 million for the Institute of Out-of-School-Time initiative, "Making the Most of Out-of-School Time." In three cities — Boston, Chicago, and Seattle — the initiative brings together youth serving agencies, parents, officials, col-

leges, religious institutions and public schools to pool resources and create leadership to expand services across communities. Planned are participation in the accreditation system, development of college course work in school-age care and development of funding.

- **Boys & Girls Clubs of America** — Serve 2.6 million youth a year in 1,850 clubs. Boys & Girls Clubs have a total of 88,000 volunteers. The club in Santa Fe provides out-of-school programming for children and youth, ages 6 to 17, in a central facility in Santa Fe and five satellite sites. Youth, mainly Hispanic or Native American, receive free or inexpensive training in arts and crafts and athletics. Program officials say the crime rate in the county housing the clubs has dropped 50 percent. Boys & Girls Clubs in public housing also show results. In a 1991 study, public housing sites with Boys & Girls Clubs, compared to those without, had 13 percent fewer juvenile crimes and 22 percent less drug activity. Today, there are 320 clubs in public housing reaching more than 100,000 kids.

- **YMCA** — The YMCA is the largest nongovernmental provider of child care. More than 1 in 10 children in school-age care are in a YMCA program. Y facilities offer game rooms, pools, gyms and craft classes.

Parents are encouraged to participate through family nights and volunteer programs. A majority of the

\$413 million spent on its child care programs in 1996 went to school-age care. ■

Resources

Laurie Olthoff
Educational Coordinator
Department of School-Age Care
Concordia University
275 Syndicate St. N.
St. Paul, MN 55104-5494
(800) 211-3370
lolthoff@luther.csp.edu
www.csp.edu/sac

Arva Rice
Director
Beacons Technical Assistance
Fund for the City of New York
121 Sixth Ave.
New York, NY 10013-1500
(212) 925-6675
Fax (212) 925-5675
E-mail: arice@fny.org
www.fny.org

Michelle Seligson
Executive Director
National Institute on
Out-of-School-Time
Center for Research on Women
Wellesley College
Wellesley, MA 02181
(617) 283-2547/(781) 283-2547
www.wellesley.edu/WCW/CRW/SAC

YMCA of the USA
call your local YMCA
www.ymca.net

Boys & Girls Clubs of America
1230 W. Peachtree St., NW
Atlanta, GA 30309
(404) 815-5804
www.bgca.org

Linda Sisson
Executive Director
National School-Age Care Alliance
1137 Washington St.
Boston, MA 02124
(617) 298-5012
E-mail: staff@nsaca.org
www.nsaca.org

Sheri DeBoe
Director
Youth Initiatives
United Way of America
701 N. Fairfax St.
Alexandria, VA 22314
(703) 836-7100 ext. 250
www.unitedway.org

To Learn and Grow
Corporation for National Service
1201 New York Ave., NW
Washington, DC 20535
(202) 606-5000 ext. 290
www.nationalservice.org

Call 800-555-7676 to obtain
"Service as a Strategy in Out-of-School
Time: A How-to Manual"

Fast Facts on YMCA Child Care...

- ▼ YMCAs began offering structured child care in the early 1970s.
- ▼ YMCAs together constitute the largest non-governmental child care provider in America.
- ▼ About one-half million children are involved in various YMCA child care programs. In turn, this helps about 700,000 adults carry on in their own lives.
- ▼ YMCAs across the country provide full day preschool care in more than 1,000 sites and school age care in more than 7,000 sites.
- ▼ Sixty-three percent of all YMCAs offer school age child care. That's more than 1,200 YMCAs across the country. Thirty-two percent of YMCAs offer full day preschool and forty-one percent offer part day preschool programs. Thirteen percent of YMCAs offer infant care.
- ▼ In four of the last five years, school age child care has been one of the ten most wide spread programs offered by YMCAs.
- ▼ The average YMCA offering after school child care offers it at six sites. Yet three in ten offer it at only one site.
- ▼ More than 10 percent of the typical YMCA child care program's budget goes to financial assistance. About 20 percent of the children in YMCA child care receive assistance.
- ▼ The number of children in YMCA school age child care almost tripled between 1985 and 1993.
- ▼ YMCA child care serves a racially diverse constituency. Around 70 percent of the children in YMCA child care programs are white, and more than 15 percent are African-American. Ten percent are Hispanic and Asians are about 4 percent of the total. Native Americans make up 1 percent of the total.
- ▼ In 1993 four out of five YMCA child care programs included families with incomes of less than \$15,000 a year.
- ▼ Child care is the second largest source of revenue in the YMCA movement after membership fees. In 1996, YMCAs received \$413 million from child care. That is an increase of more than 12 percent from 1995.
- ▼ YMCA child care supports families through community collaborations. Nearly 80 percent of YMCAs work with other social service agencies and/or the public schools to provide additional support for children and their families.
- ▼ YMCAs provide family-centered, values-based, comprehensive, progressive child care programs.
- ▼ YMCA child care programs are part of a national network. Training, conferences, resources and consultants are provided through the YMCA of the USA national and field offices.



YMCA

**We build strong kids,
strong families, strong communities.**

YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Y CA Ch d Care...

Together YMCAs make up the largest not-for-profit community service organization in America. YMCAs are at the heart of community life in neighborhoods and towns across the nation. They work to meet the health and social service needs of 15 million men, women, and children. YMCAs are known for their community-based health and fitness programs. YMCAs teach kids to swim and offer exercise classes. They also offer hundreds of programs including day camp, teen clubs, environmental programs, substance abuse prevention, youth sports, family nights, job training, international exchange and more.

In 1980, a group of YMCA directors met to discuss the rapidly growing need for child care. They recognized that the kind of families in which kids were growing up had changed. Most had both parents on the job or a single parent who worked. That meant some kind of day care was needed to fill the gaps.

It was a natural for YMCAs. They have been active for sixty years in a variety of parent-child activities. YMCAs were involved in child care, too – before it was even called that – with youngsters coming in after school to YMCA game rooms, gyms, pools, and craft classes. In the summer, there were day camps and fun clubs along with regular resident summer camps. All of this is still around today, plus there are formal child care programs.

YMCA child care programs are centered on the three-way relationship that exists among children, parents, and program leaders. YMCA programs strive to support and to assist the parent, to strengthen parent-child relationships, and to stress the importance of families. These concepts are basic to the YMCA's philosophy and mission. Because of the significant amount of time children spend in the programs, YMCA child care offers great opportunities to influence their growth and development and to accomplish the YMCA's mission.

Parents are the key to the child care program's success. They and other family members are an important part of YMCA child care leadership, and they are welcome anytime. Staff communicate frequently with parents, sharing the details of the child's day. Parents are encouraged to volunteer for advisory councils, committees, evaluation teams, fund-raising events, and program assistant roles. Families are encouraged to participate in family nights and other YMCA family programs.

The YMCA approach to child care is characteristically flexible. Child care takes place in a variety of settings – in the YMCA's multipurpose buildings, in schools, churches, commu-

nity centers, businesses, industrial sites, and even private homes.

The high standards for the care of children reflect the YMCA movement's values and expectations: YMCAs meet and often exceed government licensing standards. Many programs use the YMCA CHILD CARE QUALITY CHECK to help monitor and evaluate quality. This process is initiated by the child care director but uses parents, board members, and community leaders to assess program quality.

Staff members are well prepared and participate in ongoing training through YMCA Program School, training events, and certification. They believe their programs can help build strong kids, strong families, and strong communities.

Like all YMCA programs, child care is open to all, with financial aid available for those unable to pay full fees. About 20 percent of families with children in YMCA school age care pay less than full fee. The bottom line for YMCA child care is what is best for the family. Providing it is the YMCA's way of working to improve the quality of life for the whole child.

YMCA child care for 6 - to - 12 year olds provides chances to express individual talents in the arts, sports, or other areas of interest, taking full advantage of YMCA facilities and classes. Kids find out what participation and success is all about in an approach that says everybody plays, everybody wins.

There is a time each day for kids to call their own. And time is set aside to tackle homework, with tutoring available. Close communication with school is important. Many programs for these older children also include field trips to widen their world.

YMCA people know how to challenge school age children and how to listen to them. Children this age typically enjoy interacting with all the adults involved. Yet YMCA policies continue to assure specific accountability for each child by one staff member, with weekly feedback and observations shared with families.

YMCA Child Care is big! Collectively YMCAs are the largest non-governmental provider of school age child care, providing care for more than 300,000 children a year at some 8,000 sites nationwide. More than 2/3 of all YMCAs offer school age care. In fact, more than one in ten children in school age care across the country is in a YMCA program. A network of national staff, volunteers, and trainers provide support to local YMCAs as they strive to provide child care programs that build strong kids, strong families and strong communities.



YMCA

**We build strong kids,
strong families, strong communities.**

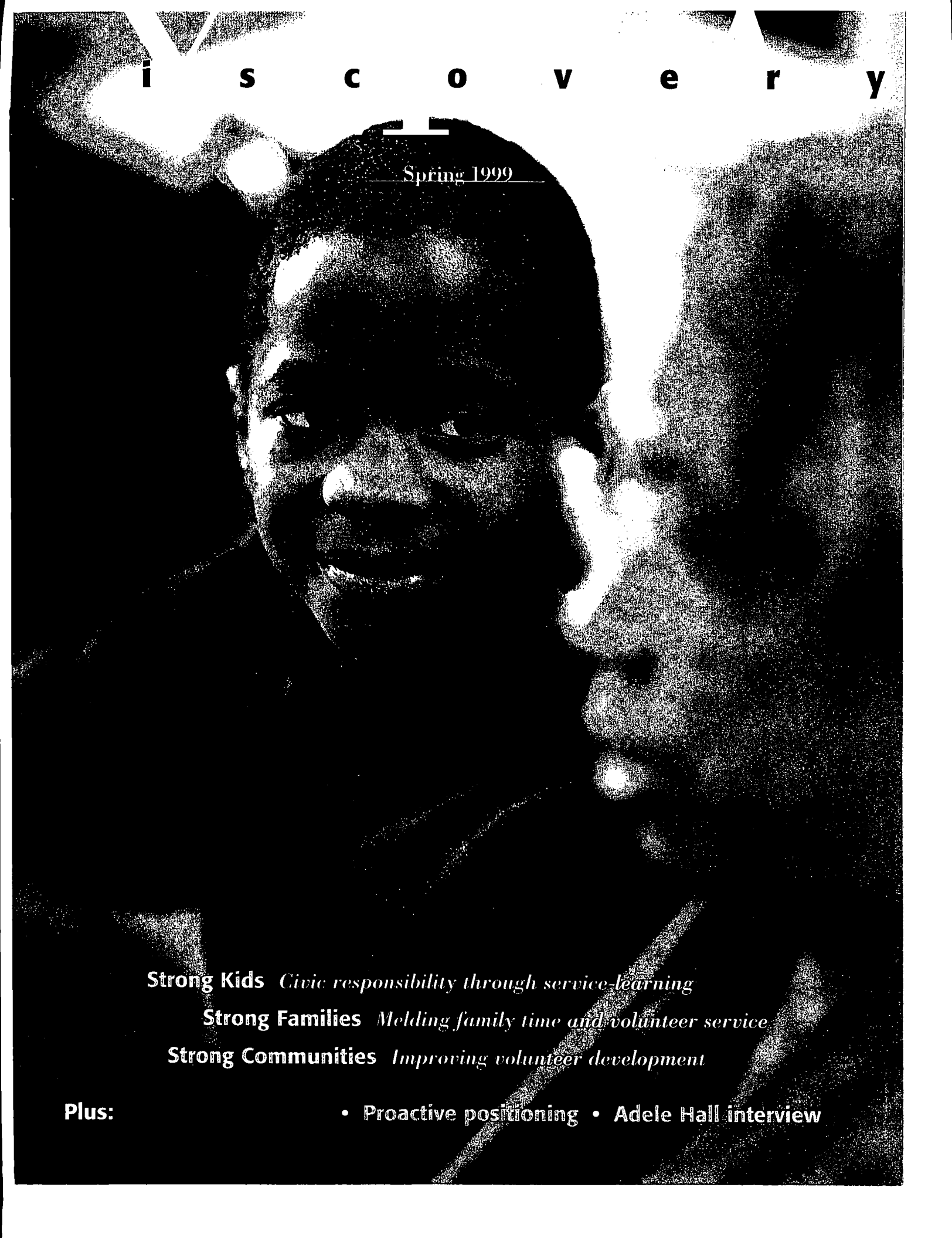
YMCA Mission: To put Christian principles into practice through programs that build healthy spirit, mind, and body for all.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a publication.

Publications have not been scanned in their entirety for the purpose of digitization. To see the full publication please search online or visit the Clinton Presidential Library's Research Room.



i s c o v e r y

Spring 1999

Strong Kids *Civic responsibility through service-learning*

Strong Families *Melding family time and volunteer service*

Strong Communities *Improving volunteer development*

Plus:

• Proactive positioning • Adele Hall interview

YMCA Model
Juvenile Delinquency Prevention
and
Early Intervention Programs

YMCA of the USA
Public Policy Department
1701 K Street, NW
Suite 903
Washington, DC 20006
(202) 835-9043
FAX (202) 835-9030

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Nashville, Tennessee

YMCA Community Action Project

Y-CAP YMCA

The YMCA Community Action Project (Y-CAP) offers early intervention for highly at-risk youth and their families. Components of the Y-CAP strategy include: community-based programs for boys; community-based programs for girls; group home for boys; and a juvenile detention program. Y-CAP's goal is to give high-risk children and youth a better way of life, to encourage and help them in their pursuit of education, and to give them a foundation of spiritual and moral strength.

A brief description of Y-CAP's five programs is provided below:

1. Y-CAP's *Community-Based Boys* program offers individual, group, and family counseling, parenting groups, academic tutoring, recreation and social activities, the matching up of a mentor for each child, meals, clothing, etc. The program serves 60 individuals each year.
2. The Y-CAP *Aftercare* program maintains a multiple-year commitment for follow-up and accountability of those children who have graduated from its community-based program. It serves 48 individuals each year.
3. The Y-CAP *Group Home* is a place for homeless and/or abused and neglected children. Similar services to the Community-Based Program are offered in a stable, safe home environment. The *Group Home* serves 6 boys.
4. The Y-CAP *Detention Center* program provides exercise/recreation, drug and alcohol prevention education, and spiritual enrichment. This component of the Y-CAP program serves approximately 1500 youth each year.
5. Finally, the Y-CAP *Community-Based Girls* program provides similar services as the boys program with a special emphasis on teen pregnancy prevention. This program serves 25 individuals each year.

The Y-CAP program enjoys a strong partnership with Nashville's juvenile court system.

Richmond, California

YMCA-Sponsored High School Infant Center

West Contra Costa YMCA

In May 1996, the YMCA opened an infant center on the campus of Kennedy High School to provide care for infants while mothers completed high school. In September, the YMCA will open its second center at Richmond High School. Future plans include offering nutrition and health education and post secondary education classes.

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Brockton, Massachusetts

The Old Colony YMCA

Old Colony YMCA

The Old Colony Y in Brockton, MA, offers an extensive array of services and programs for youth already involved with the juvenile justice system and those trying to avoid such involvement. The **Winning Edge** is an afterschool program for junior high students which focuses on improving the student's academic skills. The program makes use of field trips, volunteer experience, mentors, and sports activities to motivate the young people to achieve their highest potential. The Old Colony Y **Teen Center** offers youth and their families a safe, professional, and well-maintained environment where they can receive education, mediation, and have some fun, too. The Brockton Teen Council, which is sponsored by the Center, is dedicated to identifying ways to improve the quality of life for the young people in the community.

The Old Colony Y also works closely with the juvenile courts in their area, offering the system positive alternatives for young offenders. The **Boys Shelter Care Unit** is a structured residential program serving boys ages 12-17. And the **Girls Secure Detention Unit** is a secure facility providing short term placement for girls ages 11-17. Most of these young people are awaiting court determination or placement in a residential treatment facility while they stay at the Y. Together, these programs serve over 1100 young people every year for stays up to 6 months. They offer classroom instruction, GED preparation, tutors, vocational training, physical education, crisis intervention, and counseling.

Irvine, California

YMCA Home Environment Learning Program

YMCA Community Counseling Services

The YMCA Home Environment Learning Program (HELP) is a family-focused early intervention program for at-risk youth which includes home visits as a core service. Case Managers visit the family and build a supportive, continuing relationship with children and their parents which promotes parenting skills and growth, assists children in crisis, and facilitates change. HELP targets youth ages 5-12 over a 4 to 6 week period, followed by 11 months of after-care designed to address the ongoing needs of the child and the family.

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Fort Wayne, Indiana

YMCA Status Offender Court Alternatives Program

YMCA of Greater Fort Wayne

The YMCA Status Offender Court Alternatives Program (SOCAP) is a counseling and community services program designed to provide assistance to status offenders, potential offenders, and their families. In partnership with the Juvenile Probation Department of the Allen Superior Court Family Relations Divisions, the Fort Wayne Community Schools, and the East, Southwest, and Northwest Allen County School Districts, the YMCA SOCAP program seeks to meet the following three goals:

- to intervene in the lives of youth who have been identified as status offenders or potential status offenders in an effort to steer them toward demonstrating acceptable societal behavior;
- to impact the growing number of serious juvenile offenders by influencing the selected SOCAP participants in such a way that a significant number will not become serious offenders in the future; and
- to provide earlier prevention support to youth who have been identified as status offenders or potential status offenders.

Youth are referred to the SOCAP program either through the school system, the Juvenile Probation Department, or self referrals of parents or guardians. In all referral cases a staff team consisting of at least one SOCAP case worker, and one or more representative(s) from the school system, will determine the eligibility of youth and family being considered for SOCAP participation. The YMCA SOCAP program currently serves 56 youth and their families. **In an independent evaluation of the YMCA SOCAP program, evaluators concluded that nearly 70 percent of program participants did not reenter the court system.**

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Wilmington, Delaware

YMCA Conflict Resolution/Peer Mediation Program

YMCA Resource Center

The YMCA Conflict Resolution/Peer Mediation program helps schools address the rising problem of school violence. On a daily basis, the news media, movies and television bombard our youth with examples of violent and abusive acts, glamorizing the negative consequences of this behavior. With increased violence resulting from an increase in conflict, schools and students need a more direct and effective approach for dealing with this problem.

Peer mediation is a process through which individuals in conflict meet to discuss their problem, identify issues and define mutually agreeable solutions. The process is facilitated by two trained student mediators who establish ground rules of respect and listening, help the parties understand the issues, and search for solutions.

The YMCA works closely with area schools in Delaware to develop effective Peer Mediation programs to help students develop better coping skills which can reduce violence in school and the home.

This program is funded through the Juvenile Justice and Delinquency Prevention Act.

Wilmington, Delaware

YMCA S.E.L.F. Program

YMCA Resource Center

The S.E.L.F. program, which stands for Students Expressing and Listening to Feelings, was developed by the YMCA Resource Center as an introduction to conflict resolution for younger children. The purpose of S.E.L.F. is to help children learn how to communicate feelings in a productive manner during times of conflict. The program is designed for children in kindergarten through third grade. The program is interactive and engages children through storytelling and the use of puppets.

This program is funded through the Juvenile Justice and Delinquency Prevention Act.

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Wilmington, Delaware

YMCA Alcohol and Drug Prevention Program

YMCA Resource Center

The YMCA Alcohol and Drug Prevention (ADP) program is designed as an alternative to sentencing for youthful offenders who have been arrested on drug or alcohol-related offenses. At-risk youth arrested for such activities as truancy, minor theft, or assault are referred to the YMCA by the Delaware Family Court. In order to prevent youth from becoming involved in more high-risk and violent crimes, youth participate in YMCA prevention education for approximately 16 hours a week. This education program involves such activities as conflict resolution, life skill development, and substance abuse prevention.

The YMCA Resource Center of Delaware received a grant from the Juvenile Justice and Delinquency Prevention Act (JJDP) to fund a prevention education/community service program for youth referred to the YMCA by the juvenile courts of Delaware. Approximately 1500 youth a year participated in conflict resolution, life-skills development classes, alcohol and substance abuse prevention activities, and supervised community service projects.

Dover, Delaware

YMCA Networking for Youth and Families Program

Central Delaware Branch YMCA

Networking for Youth and Families is a unique program of the YMCA Resource Center of Delaware to create safe, positive, and structured activities for youth ages 10-16 who have been identified as being at-risk (aggressive behavior, truancy from school, and poor academic performance). Using existing programs and services, the YMCA Resource Center uses a staff-and-time-intensive model to redirect these troubled youth toward developing social skills, improving academic performance, building self-esteem, and learning to trust and work with others.

Services include outreach to youth and their families, tutoring, recreation, mentoring, case management, and referral. Activities include individual and family counseling, family activities, anger management/conflict resolution and skill building activities.

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Newark, New Jersey

YMWCA Delinquency Prevention Programs

YMWCA of Newark

The YMWCA of Newark serves nearly 6,000 youth annually and has over 500 youth members. Programs include: 1) after-school programs such as tutoring, recreational basketball, karate, and fitness training; 2) organized youth sports that include soccer, basketball, and karate; 3) Teen Town, a teen center targeting youth 13 years and over; 4) Earth Service Corps (ESC), a youth leadership and educational club that operates out of a nearby high school but meets monthly at the YMWCA and is staffed by AmeriCorps Fellows; 5) Youth-in-Government, a youth leadership development program; 6) Black Achievers, an African-American cultural education program; 7) aquatics; and 8) camp services.

While a majority of the YMWCA programs are center-based, strong outreach is conducted and the YMWCA consciously seeks out at-risk and minority youth. The YMWCA is currently developing relationships with other organizations, including its local school system and Young Life of Newark.

East Orange, New Jersey

YMCA Safe Haven Program

Metropolitan YMCA of the Oranges

The YMCA Safe Haven program represents a partnership between the Metropolitan YMCA of the Oranges and the local police department to provide positive youth development programs to youth in the East Orange community -- an area with one of the highest crime rates. The YMCA organizes, and the local police department staffs, after-school sports, cultural education, and prevention programs. Approximately 120 youth a day participate in the program.

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Oakland, California

Y Team Program

YMCA of the East Bay

Since 1984, the Y Team Program has provided individual and family therapy services for junior high/middle school students and their families. The program is funded through the Contra Costa County Health Services and helps young people cope with issues such as physical abuse, sexual abuse, dysfunctional families, depression, poor peer relations, acting out, and experimentation in "adult" behaviors.

Oakland, California

YMCA Gateway Program

YMCA of the East Bay

The YMCA GATEWAY program serves as a substance abuse prevention program as well as a violence prevention/intervention program. Since 1987, the YMCA Gateway Program has provided counseling and recreational therapy services to elementary and secondary school students and their families. Initially funded through the Center for Substance Abuse Prevention (CSAP), it is now funded by the local school district--utilizing Chapter 1 federal funds--the Education Foundation, the city of San Pablo, Bay Area Community Resources, and the YMCA.

Richmond, California

YMCA Safe Futures Program

West Contra Costa YMCA

The YMCA Safe Futures program is a partnership between the West Contra Costa YMCA and the local school system to keep schools and community sites open and accessible after school and on weekends. This allows parents, caregivers, and children the opportunity to connect to learning, recreational and problem solving resources to improve their relationships and skills and to cope with complex social issues. The YMCA will provide recreation, sports, tutoring, chess instruction, computer instruction (in partnership with the Police Activities League -- PAL), and performing arts (in partnership with the East Bay Center for Performing Arts).

The YMCA Safe Futures program receives funding assistance through the Juvenile Justice and Delinquency Prevention Act (JJDP Act).

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

San Diego, California

YMCA Oz Program

Youth and Family Services YMCA

The YMCA Oz Program seeks to enhance youth, family, and community well-being in an effort to prevent delinquent behavior, promote youth self-sufficiency, and encourage family stability and reunification. Oz San Diego provides two weeks shelter for up to 10 young men and women between 12-17 years of age. While living at Oz, residents participate in individual and group counseling, and structured educational and recreational activities. Educational sessions cover communication, social skills, AIDS prevention, drug/alcohol abuse prevention and other health issues. While in residence, teenagers learn basic self-sufficiency skills (e.g., hygiene, cooking, cleaning, etc.), how to take responsibility for themselves, how to help others with whom they live, and how to express themselves appropriately. For 4 hours each day, youth attend an accredited on-site school.

For youth with families, parent/sibling participation is considered an integral part of the YMCA Oz San Diego program. Particular services offered through the YMCA Oz program include:

- 24 Hour telephone hotline
- Two weeks shelter for adolescents 12-17
- Individual and group counseling during residency
- Education: AIDS, Drugs/Alcohol, Social Skills
- Up to twelve sessions of weekly family counseling
- Community education

Annual Services Statistics

- | | |
|-------------|---|
| • 160-175 | Youth in Residence |
| • 175-225 | Family Members in Counseling |
| • 1600-2000 | Telephone Crisis Intervention or Information and Referral |

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

San Diego, California

YMCA PRYDE Program

Youth and Family Services YMCA

The goal of the YMCA PRYDE program is to utilize successful strategies for the prevention and early intervention of substance abuse and gang involvement. PRYDE provides outreach, structured recreation, and delinquency prevention education through activities that are designed to bond youth with the healthy lifestyle of the YMCA. PRYDE does more than simply provide youth a safe and constructive after-school environment. By increasing the knowledge and skills of both youth and parents, PRYDE increases their resiliency factors thus decreasing their risk of becoming involved in delinquent activity.

PRYDE targets youth ages eight to fifteen who display behaviors or are exposed to environments which are considered to be high-risk for drug/gang activity. PRYDE serves areas that are defined as socio-economically disadvantaged and demographically diverse, in need of secure and enriching after-school programs. Since 1990, over 3500 youth have been enrolled, 52% Latino, 29% African-American, 10% Asian, and 9% White. Nine branches of the YMCA of San Diego County provide PRYDE services.

PRYDE receives its referrals primarily from school personnel serving the targeted neighborhoods, but also accepts referrals from social service agencies and parks and recreation department personnel.

Evaluation

After six and twelve months participation in PRYDE, parents/guardians are asked to re-examine their child's school performance, family interaction, peer relationships and delinquent behaviors. They determine if there has been improvement, deterioration or no change since services were initiated. The most recent parent survey, conducted in June 1995, yielded the following results:

- School Performance: 52% Improved, 7% Declined, 41% No Change
- Family Relations: 41% Improved, 7% Declined, 52% No Change
- Peer Relations: 84% Improved, 6% Declined, 10% No Change

Ninety-nine percent of parents reported that their child had not engaged in gang activity during their participation, and 98 percent remained drug-free.

YMCA Model Juvenile Delinquency Prevention and Early Intervention Programs

Milwaukee, Wisconsin

Milwaukee Youth Opportunities Collaborative

Holton Youth Center YMCA

The Holton Youth Center YMCA's partnership with the **Milwaukee Youth Opportunities Collaborative (MYOC)** is a prime example of the YMCA's broad vision for addressing the problem of juvenile delinquency. The Milwaukee Youth Opportunities Collaborative (MYOC) is a collaborative, coordinated effort aimed at preventing youth ages 8 to 16 from becoming involved with the juvenile court system through gang or crime-related activity. The MYOC strategy utilizes eleven (11) neighborhood-based agencies. These agencies provide delinquency prevention programs for youth. The Holton Youth Center YMCA is one of the collaborative's eleven agencies.

The MYOC approach employs a threefold strategy:

- one-on-one counseling and mentoring;
- programs to connect youth to positive self-development opportunities; and
- programs which support parents and help them pursue their own goals.

Youth involved in the MYOC program are referred to the Holton Youth Center YMCA by the Milwaukee Public Schools, Milwaukee Policy Department, Milwaukee's Children's Court, and other youth-serve agencies. Once at the YMCA, youth participate in sports, tutoring sessions, or rap sessions. Parents of MYOC youth are with setting and achieving long-range personal, educational, and employment goals. Parents are also encouraged to discuss gang and drug issues in their families and in the community.

Irvine, California

YMCA United For Success Mentor Program

YMCA Community Counseling Services

The YMCA United for Success Mentor program is designed to prevent delinquency and gang involvement for high-risk elementary students. The objective is to intervene using the schools, the family, and the community. The program reaches about 100 high-risk elementary youth every year. In addition to the mentoring program, United for Success offers young people weekly counseling on conflict resolution, gang awareness and prevention, problem-solving, and drug and alcohol awareness.

YMCAs and WELFARE REFORM



**YMCA of the USA
Public Policy Department
1701 K Street, N.W., Suite 903
Washington, DC 20006
(202) 835-9043
FAX (202) 835-9030**

YMCA INVOLVEMENT IN WELFARE REFORM EFFORTS



Introduction

Together YMCAs make up the largest not-for-profit community service organization in America. Over 2,200 YMCAs are at the heart of community life in neighborhoods and towns across the nation. They work to meet the health and social service needs of 15 million men, women, and children.

YMCAs are involved in welfare reform efforts in a variety of ways, including literacy training, job training and placement, family counseling, GED training, and child care. YMCAs together constitute the largest non-governmental child care provider in America. About one-half million children are involved in various YMCA child care programs. In turn, this helps about 700,000 adults carry on their own lives, knowing their children are being cared for. YMCAs serve both families on welfare and working poor families, based on the needs of the community.

In addition to providing direct services to youth and families, YMCAs participate on local and state commissions on child care, school-to-work issues, job training, and other welfare issues. YMCAs are involved in helping states develop effective and appropriate child care and welfare reform plans to ensure the needs of working poor families and those families receiving welfare are adequately addressed. YMCAs assist states in developing strategies on a variety of issues; securing affordable and quality child care, developing comprehensive job training programs, finding employment for families on AFDC, and developing counseling services for families in need.

Following are examples of YMCA involvement in welfare reform efforts across the country. YMCAs are eager to partner with state governments, local governments, businesses, and other not-for-profit organizations to develop a seamless web of services for low-income working families and families transitioning off welfare. YMCAs recognize the fact that for families to successfully move from welfare to work, communities must coordinate their efforts to meet the growing and diverse challenges facing families in need.

Those interested in partnering with local YMCAs on welfare, job training, or child care efforts are encouraged to contact the State Public Policy Chairs listed after the YMCA Program Examples. These individuals can provide you with the names of YMCAs currently providing welfare-related services or those who may be interested in doing so in the future. If you have any questions or would like further information on the examples provided in the booklet, please contact Eden Fisher Durbin, Assistant Director, Public Policy, YMCA of the USA, (202) 835-9043.

YMCA PROGRAM EXAMPLES



Alabama

Atmore Area YMCA

Highlights:

- The Atmore YMCA partners with the Alabama Department of Human Resources to provide child care to parents transitioning off welfare.

Arizona

Mulcahy/City YMCA, YMCA of Tucson

Highlights:

- The Mulcahy/City YMCA provides child care and after-school child care to low-income working parents.

California

Berkeley YMCA

Highlights:

- The Berkeley YMCA provides child care and Head Start to low-income working families and families on welfare.

YMCA of San Diego County

Highlights:

- The YMCA of San Diego County provides child care to both families receiving welfare and working poor families.
- The YMCA of San Diego County has a representative serving on the state task force on child care.

YMCA of San Francisco

Highlights:

- The YMCA of San Francisco is working with a coalition of nonprofit organizations and the Chamber of Commerce to develop effective strategies to transition families off welfare. To assist such families, the YMCA of San Francisco provides GED training, literacy training, and two alternative high schools. After the welfare recipients have received the educational services

needed, the businesses that are members of the Chamber provide jobs for the individuals.

Florida

YMCA of Greater Miami

Highlights:

- The YMCA of Greater Miami provides child care to low-income, AFDC, and working poor families throughout Miami.
- The YMCA of Greater Miami has representatives on both the state and local levels of the state welfare task force entitled WAGES – Wages and Gain Economic Self-sufficiency.

Georgia

YMCA of Metropolitan Atlanta, Inc.

Highlights:

- The Metropolitan Atlanta YMCA provides adult job training programs, including GED classes, to individuals receiving AFDC. Once the training is complete, the YMCA places the individuals with a temporary agency that secures jobs for the individuals.

Iowa

Muscatine Community YMCA

Highlights:

- The Muscatine Community YMCA provides a homeless shelter, a GED preparation program, a program to assist teenage mothers, a child care center for children of teen parents in the local high school, and a self-sufficiency program in collaboration with the local public housing office.

Illinois

New City YMCA, YMCA of Metropolitan Chicago

Highlights:

- The New City YMCA provides parent and child literacy training, employability skill training, school-to-work transition services, job training and placement services, an entrepreneurship training program, child care, and family counseling. The YMCA works in partnership with 200 companies in the North River Industrial Corridor and also provides services to residents of Cabrini Green in an effort to help them transition off welfare into the workforce.

Paris Community YMCA

Highlights:

- The Paris Community YMCA has eight contracts with the Illinois Project Chance designed to assist families leaving welfare. Parents work 20 hours a week at the YMCA in order to maintain 100% of their public aid. The YMCA provides work experience, job training, babysitting, and job references, and has worked with dozens of families on AFDC over the last five years.

Maryland

YMCA of Cumberland, MD

Highlights:

- In partnership with community businesses, the YMCA of Cumberland provides family support and job training to families on AFDC. The YMCA provides transportation, case management, and child care. The area businesses provide the families on AFDC with employment.
- The YMCA of Cumberland also serves as a job site for families on AFDC as maintenance workers, van drivers, and membership assistants.

Harford County Family Branch, YMCA of Central Maryland

Highlights:

- In partnership with the Harford County Department of Social Services, the Harford County Family YMCA has established a pilot program to expedite the Purchase of Care (POC) process. The YMCA will assist the county in identifying new recipients, educate subsidized families on quality child care choices, and assist in completing the application process for subsidized child care.

Massachusetts

YMCAs of Massachusetts

Highlights:

- A representative of the Massachusetts Public Policy Committee serves on the Massachusetts Consolidated Child Care Services Project to coordinate child care, Head Start, and early intervention services to more effectively meet the needs of children and families.

Dorchester Family Branch, YMCA of Greater Boston

Highlights:

- The YMCA opened the Linking Hands Childcare Center in collaboration with the Codman Square Neighborhood Corporation with the goal of addressing the needs of welfare recipients. The Center is located in a low-income subsidized housing complex and employs welfare recipients as certified day care providers. The primary goals of the collaborative project are to address the issues of early childhood care and education, employment, job development, and business enterprise development for economically disadvantaged adults. The objective is to train and support AFDC recipients so they may become certified/licensed day care providers.

Education and Training Branch, YMCA of Greater Boston

Highlights:

- The Education and Training Branch provides computer-based business skills and employability skills training while collaborating with over 100 employers in an effort to place low-income, trained individuals in jobs around Boston.
- The Education and Training Branch works closely with state officials in developing state plans around welfare and job training issues.

Old Colony YMCA

Highlights:

- The Old Colony YMCA provides a Family Preservation Program that provides home-based support services, counseling, and parenting classes to families involved in the foster care system.
- The Old Colony YMCA provides a computer lab that targets school-age youth from families on AFDC.
- The Old Colony YMCA has a representative who participates on the Private Industry Council (PIC) Board involved in welfare and work issues.

Mississippi

Mississippi Gulf Coast YMCA

Highlights:

- The Gulf Coast YMCA serves as a family preservation facility by providing child care, mentoring, parenting skills training, counseling, recreational activity, GED training, and job interviewing training to families on AFDC.

Missouri

Greater St. Louis YMCA

Highlights:

- The Greater St. Louis YMCA provides a computer training center that serves families from the inner city. Once the TANF money becomes available, the YMCA would like to expand the computer center and provide child care to families on AFDC.
- Representatives from the St. Louis and Kansas City YMCAs serve on the Missouri welfare reform coordinating committee.
- The Greater St. Louis YMCA is building a new family center in the inner city. They will have a climbing wall, teen center, teen exercise program, batting cage, computer center, and job training center focused on computer skills, etiquette, job application skills, and interview skills. The YMCA will partner with a local community college to provide GED classes.

New Jersey

YMWCA of Newark and Vicinity

Highlights:

- The YMWCA of Newark and Vicinity provides assistance to AFDC families through life skills and employment readiness training, child care, transportation, basic computer instruction, GED preparation, and math and English skills training.

Ohio

YMCA of Greater Cleveland

Highlights:

- The YMCA of Greater Cleveland sponsors a program entitled Y-Haven which serves as a transitional housing program for homeless men, most of whom are alcohol/chemical dependent. The goal for participants is to evaluate the conditions that led to their homelessness and empower them to obtain and keep a good job, find permanent housing, and lead stable and productive lives. The Y-Haven Transitional Housing for Homeless Men program received the *Outstanding Performance Award* for recognition of innovative use of Community Development Block Grant Funds in 1993.

Oregon

YMCA of Klamath County, Oregon

Highlights:

- The YMCA of Klamath County participates as a work site for the Jobs Plus program which is a job training program/placement program sponsored in part by the State of Oregon.

YMCA Community Services, YMCA of Orange County

Highlights:

- YMCA Community Services provides counseling to welfare recipients.

Pennsylvania

Pottstown YMCA

Highlights:

- The Pottstown YMCA provides child care in various locations around the community, including at the local community college to assist parents attending school.

Williamsport YMCA

Highlights:

- The Williamsport YMCA participates in a countywide training session and works closely with the local assistance office to provide child care to those receiving AFDC.

Puerto Rico

YMCA of San Juan

Highlights:

- The YMCA of San Juan provides child care, after-school programs, and camping programs to families on AFDC.

Tennessee

YMCA of Metropolitan Knoxville

Highlights:

- The Knoxville YMCA participates in a collaborative effort with the Salvation Army and the community Junior League to provide child care to homeless women. The Salvation Army provides the facility, the Junior League helps raise funds, and the YMCA provides the staffing and instruction for the day care center.

YMCA of Nashville and Middle Tennessee

Highlights:

- A representative from the YMCA of Nashville and Middle Tennessee participated on the Governor's task force on child care which was charged with developing the child care plan that would correlate with the state's welfare reform plan.
- A representative from the YMCA of Nashville and Middle Tennessee now participates on a state task force which is responsible for coordinating all federal and state child care funding. They are determining such things as eligibility, sliding scale fees, subsidy amount, and quality standards.

Texas

YMCA of Metropolitan Fort Worth

Highlights:

- A representative of the YMCA of Metropolitan Fort Worth participates on the Fort Worth welfare commission charged with coordinating all funding for Tarrant County.
- The YMCA provides child care to families receiving Child Care Management Services (subsidized funding from the state).

YMCA of San Antonio

Highlights:

- A volunteer from the YMCA of San Antonio participates on the local welfare commission responsible for child care, job sites, and community service opportunities for families on AFDC.

Washington

South Sound YMCA

Highlights:

- A representative from the South Sound YMCA serves on the Washington State Child Care Development Committee, the Washington State School Age Child Care Committee, and the Washington State Child Care Licensing Committee to help develop an effective and appropriate child care delivery system.

High Point YMCA, YMCA of Greater Seattle

Highlights:

- The High Point YMCA is located within a subsidized housing community and most of those served receive assistance from the State of Washington. It has sponsored workshops on welfare reform for families currently receiving assistance and provides child care to families involved in school-to-work programs. In the Fall of 1995, then Governor Lowrey held a press conference on the state's reaction to welfare reform at the High Point YMCA.

YMCA STATE PUBLIC POLICY CHAIRS AND MONITORS



STATE PUBLIC POLICY CHAIRS

Alabama

Bill Chandler
Montgomery YMCA
761 South Perry Street
P. O. Box 2336
Montgomery, AL 36103
(334) 269-4362
FAX: (334) 269-4836

Reeves Sims
432 Horner Drive
Birmingham, AL 35206-2205
(800) 239-4942
FAX: (205) 252-3937

Alaska

Andrew Kwon
Anchorage Community YMCA
Public Policy Committee
5831 Image Circle
Anchorage, AK 99504

Arliss Sturgulewski
3301 C Street, N.E., Suite 520
Anchorage, AK 99503
(907) 561-5286
FAX: (907) 561-7683

Arizona

Jerry Balser
Valley of the Sun YMCA
350 North 1st Avenue
Phoenix, AZ 85003-1513
(602) 257-5120
FAX: (602) 257-5136

Arkansas

Robert Newton
Eagle Democrat Newspaper
200 West Cypress
Warren, AR 71671
(501) 226-5831
FAX: (501) 226-6601

California

David Thornton
President/CEO
Santa Clara Valley YMCA
1190 Emory Street
San Jose, CA 95126
(408) 298-3888
FAX: (408) 298-0143

Colorado

Jerald Johnson
The Johnson Consulting Companies, Inc.
2042 Glencoe Street
Denver, CO 80207
(303) 399-1997
FAX: (303) 399-1955

Connecticut

Joann M. Ryan
76 Rockledge Loop
Torrington, CT 06790
(203) 482-1171
FAX: (203) 496-9780

Frank Sumpter
President/CEO
Northern Middlesex County YMCA
99 Union Street
Middletown, CT 06457-3430
(860) 347-6907
FAX: (860) 343-6254

Delaware

Michael Graves
YMCA of Delaware
501 West 11th Street
Wilmington, DE 19801
(302) 571-6908
FAX: (302) 656-5035

Robert Perkins
DuPont-Merck
P. O. Box 80025
Wilmington, DE 19880
(302) 892-7719
FAX: (302) 892-8530

District of Columbia

Herman Gohn
Washington DC Metropolitan YMCA
1112 - 16th Street, N.W., Suite 720
Washington, DC 20036
(202) 232-6700
FAX: (202) 797-4486

Jim Rock
1101 Pennsylvania Avenue, N.W.
Suite 530
Washington, DC 20004
(202) 638-5371
FAX: (202) 638-1566

Vickie Tassan
D.C. Metropolitan Board YMCA
c/o American Security Bank
1501 Pennsylvania Avenue, N.W.
Washington, DC 20013
(202) 232-6700
FAX: (202) 737-1847

Florida

Carl Weinrich
President/CEO
Metropolitan Sarasota Family YMCA
1084 South Briggs Avenue
Sarasota, FL 34237-8133
(941) 951-2916
FAX: (941) 954-0743

Georgia

Fred Bradley
President/CEO
YMCA of Metropolitan Atlanta, Inc.
100 Edgewood Avenue, NE, Suite 902
Atlanta, GA 30303
(404) 588-9622
FAX: (404) 527-7693

Hawaii

Don Anderson
Honolulu Metro Board YMCA
1441 Pali Highway
Honolulu, HI 96813
(808) 531-3558
FAX: (808) 533-1286

Idaho

Brenda Briedinger
Boise Family YMCA
1050 West State Street
Boise, ID 83702
(208) 344-5501
FAX: (208) 344-5501

Illinois

Kevin Limbeck
Chicago Metropolitan YMCA
755 West North Avenue
Chicago, IL 60610
(312) 280-3444
FAX: (312) 280-1696

Indiana

George Rehnquist
P. O. Box 303
Princeton, IN 47670
(812) 385-4296
FAX: (812) 386-5030

Iowa

Wally Brown
1494 Oeth Court
Dubuque, IA 52003
(319) 557-1121
FAX: (319) 556-5320

David Goos
2104 North 3rd Avenue East
Newton, IA 50208
(515) 791-1330
FAX: (515) 792-2206

Kansas

Peter Doll
President/CEO
YMCA of Topeka, Kansas
421 SW Van Buren Street
Topeka, KS 66603-3331
(913) 354-8591
FAX: (913) 354-1611

Kentucky

Mike Haynes
Executive Director
Kentucky YMCA Youth Association, Inc.
407 Wapping Street
P. O. Box 577
Frankfort, KY 40601-2607
(502) 227-7028
FAX: (502) 227-7030

Louisiana

Clarke Mitchell
Baton Rouge Metropolitan YMCA
350 South Foster Drive
Baton Rouge, LA 70806
(504) 923-0693
FAX: (504) 924-3609

Maine

George Mueller
Piscataquis Regional YMCA
30 Park Street
Dover-Foxcroft, ME 04426
(207) 564-7111

Doug Smith
Eaton, Peabody and Veague
30 East Main, P. O. Box 460
Dover-Foxcroft, ME 04426
(207) 564-8378
FAX: (207) 564-7059

Maryland

Lee Jensen
YMCA of Central Maryland
20 South Charles Street, 6th Floor
Baltimore, MD 21201
(410) 837-9622
FAX: (410) 752-5452

Massachusetts

Tom Mahoney
84 Indian Spring Road
Milton, MA 02186
(617) 696-6764
FAX: (617) 696-1102

Evelyn Tobin
YMCAs of Massachusetts
14 Beacon Street
Boston, MA 02108
(617) 720-2810
FAX: (617) 720-6327

Michigan

Tony Fragale
YMCA of Metropolitan Lansing
301 West Lanawee Street
Lansing, MI 48933
(517) 484-6464
FAX: (517) 335-7899

Minnesota

Jeri Glick-Anderson
YMCA of Greater St. Paul
476 Robert Street North
St. Paul, MN 55101-2278
(612) 292-4100
FAX: (612) 292-8121

Peter Rodosovich
YMCA of Metropolitan Minneapolis
30 South 9th Street
Minneapolis, MN 55402-3106
(612) 823-1381
FAX: (612) 823-2482

Bob Timperly
BTO
5700 Smetana Drive, #210
Minnetonka, MN 55343
(612) 938-9577

Mississippi

Van Lowry, Jr.
Family Y of Southeast Mississippi, Inc.
3719 Broadway Drive
Hattiesburg, MS 39401
(601) 583-4000
FAX: (601) 584-8349

Missouri

William Ching
YMCA of Greater St. Louis
1528 Locust Street
St. Louis, MO 63103
(314) 436-1177
FAX: (314) 436-1901

Nebraska

Phil Euler
3400 S. 30th Street
Lincoln, NE 68502
(402) 473-3383
FAX: (402) 475-1716
email: pweuler@les.lincoln.ne.us

Nick Lamme
81 West 5th Street
Fremont, NE 68025
(402) 721-6160
FAX: (402) 721-6198

Nevada

Bill Starmer
President/CEO
YMCA of Southern Nevada
4141 Meadows Lane
Las Vegas, NV 89107
(702) 877-9622
FAX: (702) 877-0856

New Hampshire

Toni Pappas
Manchester YMCA
P. O. Box 3686
Manchester, NH 03101
(603) 623-3558
FAX: (603) 623-5934

New Mexico

Marian Bolton
Albuquerque YMCA
P. O. Box 3308
Albuquerque, NM 87190
(505) 881-4787
FAX: (505) 881-5350

New York

Cesar Perales
Vice President - Community Relations
Presbyterian Hospital
Atchley Pavillion, Room 1458
161 Fort Washington
New York, NY 10032
(212) 305-8041
FAX: (212) 305-3637

Gary Wartels
YMCA of Greater New York
333 Seventh Avenue, 15th Floor
New York, NY 10001
(212) 630-9600
FAX: (212) 630-9604

North Carolina

Brian Cormier
YMCA of Greater Winston-Salem
1144 - West 4th Street
Winston-Salem, NC 27101
(919) 721-2068
FAX: (919) 721-2075

North Dakota

Barbara Perry Cichy
1120 West Highland Acres Road
Bismarck, ND 58501
(701) 224-5422
FAX: (701) 224-5550

Don Kerr
Missouri Valley YMCA
Box 549
Bismarck, ND 58501
(701) 255-1525
FAX: (701) 255-0365

Ohio

Teddi Monegan
Akron Broad Metro YMCA
80 West Center Street
Akron, OH 44308
(216) 376-1335
FAX: (216) 434-7003

Oklahoma

Michael Grady
YMCA of Greater Oklahoma City
Two Leadership Square
211 North Robinson, Suite 750
Oklahoma City, OK 73102
(405) 297-7710
FAX: (405) 297-7718

Oregon

Mark Young
YMCA of Columbia-Willamette
620 S.W. Fifth Avenue, Suite 410
Portland, OR 97204
(503) 221-5337
FAX: (503) 223-1247

Pennsylvania

Allen Shaffer
President
YMCA of Philadelphia & Vicinity
2000 Market Street, Suite 1202
Philadelphia, PA 19103-3231
(215) 963-3711
FAX: (215) 567-7231

Puerto Rico

William Ortiz
Puerto Rico YMCA Federation
Nardo Street
NK 48 Buenaventura
Mayaguez, Puerto Rico 00680
(809) 833-7570
FAX: (809) 265-6785

Rhode Island

Peter Milinazzo
Newport County Regional YMCA
792 Valley Road
Middletown, RI 02842
(401) 847-9200
FAX: (401) 848-7521

Susan Rittscher
Providence Metropolitan YMCA
160 Broad Street
Providence, RI 02903
(401) 456-0104
FAX: (401) 421-6431

South Carolina

Rand Bailey
Sumter YMCA
50 Willow Drive
Sumter, SC 29150
(803) 773-1404
FAX: (803) 775-3461

Mary Capers Bledsoe
Greenville YMCA
601 East McBee Avenue, Suite 212
Greenville, SC 29601
(803) 242-1111
FAX: (803) 242-9704

South Dakota

Karen Olson
c/o YMCA of Rapid City, South Dakota
815 Kansas City Street
Rapid City, SD 57701-2605
(605) 342-8538
FAX: (605) 348-6578

Ron Schmidt
P. O. Box 11274
Pierre, SD 57501
(605) 224-0461
FAX: (605) 224-1607

Tennessee

John E. Eberly
701 Cherokee Boulevard, Suite C
Chattanooga, TN 37405
(423) 756-2439
FAX: (423) 756-1412

Texas

Carroll Schubert, Esq.
745 East Mulberry, Suite 850
San Antonio, TX 78212
(210) 736-2222
FAX: (210) 735-2921

Vermont

David Johnson
Greater Burlington YMCA
266 College Street
Burlington, VT 05401
(802) 862-9622
FAX: (802) 862-9984

Virginia

Barry Watkins
Greater Richmond YMCA
2 West Franklin Street
Richmond, VA 23220
(804) 649-9622
FAX: (804) 644-3223

Washington

Neil Nicoll
Seattle Metro YMCA
909 Fourth Avenue
Seattle, WA 98104
(206) 382-5003
FAX: (206) 382-7283

West Virginia

John Pennington
Executive Director
Elkins YMCA
400 Davis Avenue
Elkins, WV 26241
(304) 636-4515

Wisconsin

Jeff Strenger
P. O. Box 2017
Appleton, WI 54915
(414) 832-3088
FAX: (414) 224-0151

STATE YMCA MONITORS**California**

Cathy Barankin
Sacramento Advocacy
400 Capitol Mall, Suite 900
Sacramento, CA 95814
(916) 447-7341
FAX: (916) 448-3848

Colorado

Jerald Johnson
The Johnson Consulting Companies, Inc.
2042 Glencoe Street
Denver, CO 80207
(303) 399-1997
FAX: (303) 399-1955

Connecticut

Marshall Collins
Collins, Anderson & Flynn
731 Hebron Avenue
Glastonbury, CT 06033
(203) 657-8587
FAX: (203) 657-8241

Indiana

Anne Doran
Director of Public Affairs
Johnson, Smith, Pence, Densborn, Wright,
& Heath
1 Indiana Square, Suite 1800
Indianapolis, IN 46204

Kansas

Kathy Peterson
Peterson & Associates
800 SW Jackson, Suite 1120
Topeka, KS 66612
(913) 235-2525

Massachusetts

Evelyn Tobin
Massachusetts Public Policy Committee
14 Beacon Street, Suite 607
Boston, MA 02108
(617) 720-2810
FAX: (617) 523-3034

Maine

Doug Smith
Eaton, Peabody & Veague
P. O. Box 460
Dover-Foxcroft, ME 04426
(207) 564-8378
FAX: (207) 564-7059

Michigan

Rose Aqualina
Aqualina & Goolsby
200 North Capitol Avenue, Lower Level,
Suite 50
Lansing, MI 48933
(517) 371-4144
FAX: (517) 371-4148

Minnesota

Elaine Keefe
Capital Hill Associates
525 Park Street
St. Paul, MN 55103
(612) 293-0229 ext. 14
FAX: (612) 293-1709

Missouri

Richard S. Doherty
Consultants Unlimited
3636 Beechwood Drive
Lee's Summit, MO 64064
(816) 373-0030

Peter Vail
714 Locust Street
St. Louis, MO 63101
(314) 621-2939

Nebraska

Linda Barnett
YMCA of Nebraska Public Policy
Advocate
5200 Valley Road
Lincoln, NE 68510
(402) 489-0240
FAX: (402) 489-0504

New Hampshire

Toni Pappas
c/o Manchester YMCA
P.O. Box 3686
Manchester, NH 03101
(603) 623-3558
FAX: (603) 623-5934

New York

Michael Vacek
Shulkapper & Vacek
90 South Swan Street
Albany, NY 12210
(518) 436-4077
FAX: (518) 436-4636

Ohio

Martha J. Sweterlitsch
Baker, Baker & Sweterlitsch
50 West Broad Street, Suite 1326
Columbus, OH 43215
(614) 228-1788
FAX: (614) 228-2615

Oregon

Tom Barrows
Barrows & Associates
1201 SW 12th, Suite 200
Portland, OR 97205
(503) 227-5591
FAX: (503) 588-3458

Pennsylvania

Bill Hawkins/Jonathan Bigley
Hawkins & Associates
240 North Third, Suite 900
Harrisburg, PA 17101
(717) 238-2970
FAX: (717) 238-2390

Tennessee

Ann Carr
Smith Johnson Anderson & Carr
611 Commerce Street, Suite 2900
Nashville, TN 37203
(615) 225-2643
FAX: (615) 254-4866

Texas

Joe Bill Watkins
Vinson & Elkins
One American Center
600 Congress Avenue
Austin, TX 78701-3200
(512) 495-8460
FAX: (512) 495-8612

Washington

Sharon Foster
1314 Eskridge Boulevard
Olympia, WA 98501
(360) 705-2811

Wisconsin

Peter Christianson
Quarles & Brady
411 East Wisconsin Ave., Suite 2550
Milwaukee WI 53202-4497
(414) 277-5745
FAX: (414) 271-3552
PCC@Quarles.com
OR
P. O. Box 2113
Madison, WI 53701-2113
(608) 283-2492
FAX: (608) 251-9166/5139
PAGER: (800) 672-1628

YMCA of the USA

The Nation's Report Card

**Assessing Risks to the
American Family**



YMCA

**We build strong kids,
strong families, strong communities.**

YMCA of the USA Nation's Report Card: Assessing Risks to the American Family
© 1998 YMCA of the USA

All rights reserved. No part of this report may be reproduced in any form or by any process without permission in writing from the copyright owner.

The Nation's Report Card

**Assessing Risks to the
American Family**

Forward

January 1999

More and more Americans are facing increasing difficulty in providing for their families—struggling to find affordable, quality health and child care, grappling with an education system that is failing too many children, and trapped in poverty and unsafe neighborhoods.

This YMCA of the USA report, *The Nation's Report Card: Assessing Risks to the American Family*, outlines the challenges facing American families and recommends more than 30 steps for government, business, communities—and even families themselves—to help American families thrive. To compile this report the YMCA of the USA examined more than 500 pieces of statistical data, comprehensive studies and other pertinent information on the state of families in the United States. In addition, a panel of experts—academics, researchers, economists, physicians, and other professionals—reviewed the support systems available to American families and guided the grading of the report card.

While the YMCA of the USA has given the nation low marks for its support of families, we remain optimistic that the right environment exists for concerted effort and change. It is our hope that this report will aid you in your efforts to give American families the support that they need and deserve.

As advocates for families and children, YMCAs are committed to building strong kids, strong families and strong communities. YMCAs serve more than 10,000 communities and 16 million Americans in every corner of the nation. Please contact us if you have any questions about what we can accomplish together.

YMCA of the USA
Public Policy department
1701 K Street, N.W., Suite 903
Washington, DC 20006
202-835-9043/800-932-9622
ymcausa@erols.com

Nation's Report Card

Assessing Risks to the American Family

Overall Grade **D**

Child Care and Education **D-**

Child Care

Academic Education

Morals and Values Instruction

Health **D+**

Physical Health

Mental Health

Health Care

Violence **D**

Media Violence

Community Violence

Family Violence

Economic Conditions **C-**

Income

Shelter

Jobs



YMCA of the USA's National Report Card

Grading Criteria

Indicators

Statistical Trends: Published statistics indicate the situation is improving, remaining the same or worsening.

Current Climate: Available statistics, research and/or survey information suggest the status of the issue is positive, negative or neutral for the family.

Public Awareness: Status of the public's awareness of the issue or problem.

Efforts and effectiveness in addressing the issue or problem.

Grade Definitions

- A** Excellent: All indicators are positive, signaling excellent status/climate for the family.
- B** Very Good: While there are areas of concern, overall indicators are very hopeful, and the outlook for the family looks very good.
- C** Average: Indicators show that there is room for improvement if the family is expected to thrive.
- D** Poor: There is need for considerable concern. A great deal of improvement is needed in one or more areas.
- F** Failure: Sound the alarm! This signals a critical situation for our families.
- I** Incomplete: Insufficient information to reach a conclusion.



Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Child Care and Education

Divider Title: _____



CHILD CARE AND EDUCATION

SUBJECT INCLUDES: **Morals and Values Instruction**
 Child Care
 Academic Education

GRADE: **D-**

SUMMARY OF STATUS: Evidence conclusively shows that America's youth are getting too little, too late, in terms of morals and values instruction. High-risk behaviors are practiced by an overwhelming majority of teens. Excessive television watching remains a chronic problem, and regular participation in religious activity or community service is low. With regard to education, our nation's children are not equipped to academically compete with their peers in other industrialized countries. Millions of adults in our country are functionally illiterate. Finally, millions of children are involved in child care programs that are evaluated as poor quality or inadequate. Millions more are spending their out-of-school time unsupervised and in many cases, practicing high-risk behaviors.

The poor grade for this section is also due largely to the inconsistency in current state policies regulating the quality of child care and education. Although there has been a marked increase in both public awareness and commitment level shown by government, there remains much to be done to bring child care and education to a more consistent and acceptable level in this country.

Governmental focus on more stringent education standards has produced groups that exist to monitor progress on this front. Namely, the National Education Goals Panel, which produces annual reports on the progress of education initiatives, places a distinct emphasis on quality and reform. Additionally, community grassroots efforts have fostered the growth of many "family advocacy" organizations, creating widespread public awareness of the enormous lack of affordable, accessible and high-quality child care and the need for parental involvement in children's education.

Child care and education in the United States need an overhaul.

Morals and Values Instruction

Our nation's families are hurting. "Family time," the time families spend interacting together as a unit, is shrinking. Religious attendance among teens is markedly down from 20 years ago. Four out of 10 teens are having sex regularly. Violent crime committed by youth has skyrocketed compared with 30 years ago.

Studies reveal that teens are twice as concerned with making money as they are with being a leader in the community. Teens are not spending their free time in community service or with family, but rather with friends, alone or in front of the television. Teachers and child experts agree that today's young people know little about government and are not civic-minded.

Generally, schools have shown little commitment to character education. Most states do not provide character education training for teachers.

On the upside, communities have led the struggle to reunite the family with local initiatives aimed at getting families to spend more or better time together. Specifically, America's Promise—The Alliance for Youth, chaired by Gen. Colin Powell, encourages families and businesses to work together to provide safe environments in which our nation's kids can grow and succeed. Additionally, the Character Counts! Coalition works to raise awareness about ways schools, employers and communities can inject character into their programs. Overall, however, our nation's priorities do not seem to include instruction in morals and values.

Child Care

High-quality child care is a highly debated topic in this country. Current Administration focus has brought much needed attention to the issue of child care. Within this report, when we speak of quality, we are referring to a child care program that provides a safe, healthy environment for the child, with diversity in program content, time for learning and play, low staff turnover, low child/staff ratios and trained professionals on staff.

Statistics point to the conclusion that improvements are needed in all aspects of child care in this country—quality, accessibility and affordability. With more than 13 million preschoolers in child care every day, and almost double that number (approximately 24 million) of school-age children with parents who either work or go to school, child care is a priority issue for millions of American families. Yet many cannot find or afford high-quality care for their children. Typically, child care teachers earn less than \$12,000 per year, even though many are college-educated. Because of the low pay and lack of benefits associated with child care workers, staff turnover is high. To pay teachers better wages and provide program diversity, child care programs must charge higher tuition fees, which in turn, makes these programs unaffordable for many families. When nearly half of America's families who use child care make less than \$35,000 per year, and the average cost for child care can run between \$4,000 and \$10,000, it's easy to see why finding affordable, high-quality care is such a problem.

Families who are coming off welfare and into the workforce are not getting the assistance needed to successfully make this transition. Few children eligible for assistance are actually receiving it. Employers are helping but not enough. Although more than half allow some type of flex-time work arrangement for their employees, very few are actually partnering with local government to

help locate child care assistance for their employees or to provide on- or near-site child care. Additionally, families with nontraditional work hours find it nearly impossible to access child care.

Responsibility for the child care crisis also falls on the public school system. The Administration's increased commitment to child care reform includes financial assistance to schools involved in the 21st Century Community Learning Centers initiative, which will provide children with school-based enrichment and learning opportunities during out-of-school hours. However, schools have not done enough to provide these after-school opportunities to school-age children, especially in low-income areas. Almost three-fourths of public schools in our country do not currently offer after-school enrichment programs.

Child care regulations are determined at the state and local levels and vary widely from state to state. In many states, the certification regulations are far below what studies have deemed necessary to provide high-quality programs. In fact, family day care homes are typically exempt from regulation or subject to more flexible rules. And the majority of states do not require home-based child care providers to have early childhood training, making enforcement of high-quality standards not only unnecessary but impossible.

Education

There is not great news to report on the education front. However, advocacy for education reform at the community, civic and government levels has bolstered the efforts to increase the level of performance of U.S. schools.

Our current education system is failing in many areas. Our high schoolers cannot compete effectively with their peers in most other industrialized nations. Although the dropout rate for high schoolers has not increased in 20 years, one in eight American children never graduates from high school.

The cycle of illiteracy continues to churn. Nearly half of all American adults perform at the bottom rung of the literacy ladder. Children of high school dropouts are twice as likely to drop out of school as their counterparts with parents who have had at least some college education. The impact of this is great: Dropouts are three times more likely to receive public assistance income than those who graduate high school.

Vast race disparity is found in education attainment (high school diploma) levels and literacy rates for adults, with Hispanics falling far behind blacks, whose levels rank below those of whites. Additionally, attainment levels appear to be directly proportionate to income levels and welfare subsidies, as reported above.

With more than 75 percent of urban school districts revealing that they hire teachers without proper teaching qualifications, parents are increasingly leery of their children's educational opportunities. "Charter" and "magnet" schools—publicly-financed education facilities often started by concerned parents and educators, and in growing numbers, businesses—are becoming more popular as parents grapple with an education crisis that forces them to choose between supporting a crumbling but reforming public system and the immediate opportunity to affect change for their children by placing them in an "alternative" education facility. Home schooling is

also experiencing dramatic increases. Researchers estimate that five times as many children are home schooled today (approximately 1.5 million) as were in 1990.

Parents' involvement in their children's education drops off dramatically in the high school years, when many kids are more susceptible to peer pressure and participation in high-risk behavior. Consequently, students with low parental involvement exhibit much higher levels of high-risk behavior.

There is some promising news. The national spotlight has been placed on this issue, and federal monies have been earmarked for education reform. The U.S. Department of Education's "National Education Goals" outlines eight areas in which improvement is greatly needed. Progress in each of these areas is monitored, and annual updates are mandated, with a goal of attainment set for the year 2000. Two agencies have been organized specifically for this purpose, the National Education Goals Panel and National Council on Education Standards and Testing.

Grassroots efforts to increase awareness and affect change are making a difference in communities across the country. Numerous national initiatives, including the "America Reads Challenge," "Goals 2000" and "Making After-School Count!" support the aforementioned National Education Goals, foster literacy and encourage government, schools, communities and families to take action in small but cumulatively productive ways.

Although somewhat associated with income and parent education levels, more parents are enrolling their children in preprimary school programs than ever before, and many parents are taking time to read to their small children.

Conclusion

Although the current diagnosis for these areas is bleak, awareness is high, with many initiatives that point towards progress. The YMCA of the USA will continue to monitor trends and statistics relevant to child care and education throughout the next year. YMCAs believe that all citizens are responsible for providing safe places in which our children can grow and learn. We encourage involvement at all levels—parental, community, business and governmental—to ensure high-quality educational opportunities for all American children.

YMCA CALL TO ACTION

- Government should significantly increase the investment in the Child Care and Development Block Grant (CCDBG), which will allow more child care subsidies for low-income working families and would also increase the quality of child care and school-age care. Within this, it should provide incentive grants for quality enhancement, professional training, salary enhancement and staff turnover reduction initiatives.
- Government should increase the child care tax credits to low- and middle-income working families. Government should explore a tax base that supports the thinking of early care/early education in the same light as elementary, secondary and higher education.
- States should examine child care licensing regulations to make them more consistent with accreditation standards that define and help ensure quality.
- More businesses should offer job sharing, compressed work weeks, telecommuting and flexible work schedules—more options for working parents—and/or provide corporate-sponsored on-site and near-site high-quality child care for company employees.
- Businesses should view youth as assets and provide them with opportunities to have a useful role in the community through service to others and reflection on the meaning of that service. Conversely, parents should talk to their employers to explore ways they can support families in their need for high-quality child care for their families.
- Families should take time to research the indicators of high-quality child care—low child to staff ratios, small group size, an experienced administration, a well-trained, stable staff and opportunity for parental involvement—and select only high-quality programs for their children.
- Families should become active advocates. Talk to or write your legislators, both state and federal. Ask for additional funding for child care and education training. Additionally, families should support and vote for candidates who have earned a reputation for strong character and who support character development efforts.
- Families should become involved in volunteer service-learning opportunities in their community so that children will learn the value of serving others and giving back to their communities.
- Parents and caregivers should be directly involved in their children's education—participate in school events, attend school board and PTA meetings and parent/teacher conferences, review homework and volunteer at school, if possible.

FACTS ON MORALS/VALUES INSTRUCTION

"In a world where the average kid spends more than five hours a day watching T.V. and just five minutes daily with Dad, our priorities certainly seem skewed."

Stephen R. Covey
The Seven Habits of Highly Effective Families, 1997

- At age 15, less than half of youth (45%) have avoided all risk behaviors, and 30% have experienced two or more risks. By age 17, an age at which most youth are still in high school, the proportion with no risks has dwindled to less than one-quarter, and the majority have now experienced two or more risk behaviors. By age 18, only 16% report having engaged in no risk behaviors, while 62% report two or more such behaviors. (A youth is defined as having no risks if he or she is: in school or has graduated from high school, has never had sexual intercourse, has never used illegal drugs, has not had five or more alcoholic beverages in a row in the past month and has not stayed out all night without permission in the past year.) ¹
- The percentage of 12th grade students who report weekly religious attendance has declined from 41% in 1976 to 32% in 1992, where it has remained constant through 1995. ²
- Research relating religion to children's day-to-day conduct suggests that teens who are religious are more likely to avoid high-risk behaviors. ³
- In 1997, 75% of high school seniors reported consuming alcohol during the previous year. Concurrently, 75% of 8th-graders and 89% of 10th-graders report that it would be "very easy" or "fairly easy" to obtain alcohol. ⁴
- "Working to correct social and economic inequalities and being a leader in the community" are important goals for only small percentages of high school seniors—10% and 12%, respectively, in 1995. Conversely, "having lots of money" ranked as important among 25% for the same age group. ⁵
- The rate of youth arrests for violent crimes quadrupled between 1965 and 1994, from 58 to 231 per 100,000 persons under age 18. Violent crimes, as defined by the FBI, include murder, forcible rape, robbery and aggravated assault. ⁶
- U.S. teenagers have a lot of discretionary time available, and for most, that time is not being filled with activities that build their skills or characters. For example, today's 10th grade students devote on average only one-half hour per day to homework. Less than 20% of them read for pleasure almost every day; only 15% work daily on hobbies, arts or crafts; and just 5% routinely use personal computers for schoolwork or recreation. Less than a third attend religious activities once a week or more; about a fifth participate in youth groups or organized recreational programs that often; and a similar fraction take

weekly classes outside of school in music, art, language or dance. One in eight takes weekly sports lessons outside of school, while one in fourteen volunteers or performs community service activities. ⁷

- Among all high school seniors, 28% are currently doing some type of community service; however, only 11% do this work at least once a week. ⁸
- There is general agreement among educators and other experts that young people have little knowledge of government and rather poor attitudes toward their responsibilities as citizens. ⁹
- The majority of U.S. states (38 out of 50) do not provide teacher training in character education. ¹⁰

FACTS ON CHILD CARE

“Quality child care enables a young child to become emotionally stable, socially competent, and intellectually capable. Children who receive inadequate or barely adequate care are more likely to later feel insecure with teachers, to distrust other children, and to face possible later rejection by other children. Rejection by other children appears to be a powerful predictor of unhappy results, including early dropping out of school and delinquency.”

Carnegie Corporation of New York

“[M]any children living in poverty receive child care that, at best, does not support their optimal development and, at worst, may compromise their health and safety.”

New Findings on Children, Families, and Economic Self-Sufficiency
National Research Council, Institute of Medicine

- Currently, no state can afford to serve all eligible families under federal guidelines. Nationally, only one in 10 eligible children who need help is getting any assistance. ¹¹
- Professional, high-quality child care is hard to find in a marketplace in which child care teachers and providers earn an average of only \$11,780 per year, and preschool teachers—many of whom are employed in the public schools—have an average annual salary of just \$15,580. ¹²
- Child care training not only benefits child care workers, but it also benefits working parents and their employers. Companies gain their competitive edge from having engaged, committed employees. When employees have help in balancing work and family—when they know their children are safe and well cared for—absenteeism and turnover go down, and morale and productivity improve. Employers are coming to recognize that they have a bottom line interest in providing high-quality child care options. ¹³

- Thirty-nine states and the District of Columbia do not require child care providers to have any early childhood training prior to serving children in their homes. ¹⁴
- Most state child care regulations address “minimal” criteria for the legal operation of child care facilities and do not reflect high-quality standards. ¹⁵
- Children in poor-quality child care have been found to be delayed in language and reading skills, and display more aggression toward other children and adults. ¹⁶
- Every day, 13 million preschoolers in the United States—including 6 million babies and toddlers—are in child care. This is three out of five young children. ¹⁷
- Seventeen million young children live in single-parent families where working is essential to avoid dependence on welfare. ¹⁸
- Roughly two-thirds of employers permit flex-time job arrangements for their employees. ¹⁹
- Only 5% of companies with 100 or more employees are engaged in some type of partnership with local or state government to assist employed people in the community with finding child care programs to meet their family responsibilities. ²⁰
- Additionally, only 9% of these companies provide on- or near-site child care for their employees. ²¹
- Nearly 5 million children are home alone after school each week, during the afternoon hours when juvenile crime peaks, between 3 p.m. and 7 p.m. ²²
- Only one-third of schools in low-income neighborhoods offered before- and after-school programs in 1993. ²³
- According to the National Center for Education Statistics, in 1993-94, 70% of public schools did not offer extended learning programs. ²⁴
- Full-day child care easily costs \$4,000 to \$10,000 per year—at least as much as college tuition at a public university. ²⁵ Yet, about half of America's families with young children earn less than \$35,000 per year. ²⁶
- Families with annual incomes under \$14,400 that pay for care for children under age 5 spent 25% of their income on child care, compared with 6% for families with incomes of \$54,000 or more. ²⁷

- Smaller group sizes, higher teacher/child ratios and higher staff wages result in high-quality child care. Outcomes for children are also better when they attend programs that include a curriculum geared to young children, well-prepared staff and parental involvement in programming.²⁸
- More people than ever are working nontraditional hours, nearly one in five workers.²⁹

FACTS ON EDUCATION

"America's future prosperity depends on our ability to provide a sound education to all of our children."

Vice President Albert Gore
February 2, 1998

"...too often, standards don't count. Students are passed from grade to grade often regardless of whether they have mastered required material and are academically prepared to do the work at the next level. It's called 'social promotion.'"

Memorandum for the Secretary of Education
U.S. Department of Education, February 23, 1998

"We continue to spend on average \$26,000 a year to incarcerate a prisoner and spend \$6,000 a year to educate a child in public school."

Harold Hodgkinson
Center for Demographic Policy

- In 1996, 37% of 3-year-olds, 58% of 4-year-olds, and 90% of 5-year-olds were enrolled in preprimary education. For each age group, the enrollment rate in 1996 was higher than that in 1991. Additionally, 3- and 4-year-olds from families with incomes greater than \$50,000 were more likely to be enrolled in preprimary education than children from families with lower incomes. Enrollment rates for 3- and 4-year-olds have been associated with parents' education level over time: between 1991 and 1996, as parents' educational attainment increased, so did the preprimary enrollment rates of their children. However, enrollment rates of 5-year-olds were similar, regardless of their parents' educational attainment.³⁰
- U.S. 12th-graders performed below the international average and among the lowest of the 21 Third International Mathematics & Science Study (TIMSS) countries on the assessment of mathematics general knowledge. U.S. students were outperformed by those in 14 countries. U.S. 12th-graders also performed below the international average and among the lowest of the 21 TIMSS countries on the assessment of science general knowledge. U.S. students were outperformed by students in 11 countries.³¹
- Since 1980, the rate of youth completing high school has remained relatively stable at around 85%.³²

- One in eight American children never graduates from high school. ³³
- Between 1992 and 1996, high school students whose parents did not complete high school were more than twice as likely to drop out of school as students whose parents had at least some college education (3.9% for those students with parents who have had at least some college education, as compared with 10.2% for students whose parents did not complete high school graduation requirements). ³⁴
- Returns, or benefits, of investing in education come in many forms. While some returns accrue for the individual, others benefit society and the nation in general. Returns related to the individual include higher earnings, better job opportunities and jobs that are less sensitive to general economic conditions. Returns related to the economy and society include reduced reliance on welfare subsidies, increased participation in civic activities and greater productivity. ³⁵
- In 1996, 25- to 34-year-olds who had dropped out of high school (those who had completed 9 to 11 years of school) were about three times as likely as high school completers who had not gone to college to receive income from Aid to Families with Dependent Children (AFDC) or public assistance income (12% versus 4%). ³⁶
- Some 90 million adults—about 47% of the U.S. population—performed at the two lowest levels of literacy in 1992 on a national survey of adult literacy. Literacy was defined as "using printed and written information to function in society, to achieve one's goals, and to develop one's knowledge and potential." Three scales were developed measuring different aspects of literacy: prose, quantitative and document. ³⁷
- About 1.5 million students in the United States are currently home schooled. There were about 300,000 students home schooled in 1990. ³⁸
- Family participation in literacy activities provides valuable developmental experiences for young children. In addition to developing an interest in reading, children who are read to, told stories and visit the library may start school better prepared to learn. Engaging young children in literacy activities at home also enables parents and other family members to become active participants in their children's education at an early age. ³⁹
- Seventy-two percent of parents whose children are ages 3 to 5 indicate they read to their children or tell them stories regularly. ⁴⁰
- During the 1993-1994 school year, 28% of public school teachers reported that lack of parental involvement was a serious problem in their schools, a slight increase from 25% in school year 1990-1991. ⁴¹
- The percentage of students whose parents were moderately or highly involved in school activities declined from 73% or more at ages 8 to 11, to 67% at age 12, 57% at age 13; and around 50% at ages 16 and above. ⁴²

- Students whose parents showed low school involvement were twice as likely to have repeated a grade (25% versus 11%) and three times as likely to have been suspended or expelled from school (21% versus 7%) as students with highly involved parents.⁴³
- Seventy-five percent of urban school districts admit hiring teachers without proper teaching qualifications. Nearly one-fourth (23%) of all secondary teachers do not have even a minor in their main teaching field. This is true for more than 30% of mathematics teachers. In schools with the highest minority enrollments, students have less than a 50% chance of getting a science or mathematics teacher who holds a license and a degree in the field he or she teaches.⁴⁴
- The U.S. Department of Education is responding to the need for community involvement in the education of America's youth by spearheading various initiatives aimed at getting communities to take ownership in youth education. Some of these include the "America Reads Challenge," "America Goes Back to School," "Making After-School Count!," "National Education Goals 2000" and "21st Century Community Learning Centers."⁴⁵

Notes:

1. "Trends in the Well-Being of America's Children and Youth," U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, 1998.
2. Ibid.
3. National Commission on Children. 1991. *Beyond Rhetoric: A New American Agenda for Children and Families*. Final Report of the National Commission on Children, page 352. Washington, D.C.: U.S. GPO.
4. University of Michigan, Survey Research Center, Institute for Social Research, *Monitoring the Future Study*, 1998.
5. Bachman, J.G., Johnston, L.D., and O'Malley, P.M. "Monitoring the Future": Questionnaire responses from the Nation's High School Seniors, 1995.
6. Uniform Crime Reporting Program, Federal Bureau of Investigation. 1993. *Age-Specific Arrest Rates and Race-Specific Arrest Rates for Selected Offenses, 1965-1992*. U.S. Department of Justice. Special analysis of 1993 and 1994 data by Program Support Section, Criminal Justice Information Services Division, Federal Bureau of Investigation.
7. *Adolescent Time Use, Risky Behavior and Outcomes: An Analysis of National Data*, Nicholas Zill, Christine Winquist Nord, and Laura Spencer Loomis, Westat, Inc. For the Office of the Assistant Secretary for Planning and Evaluation, U.S. Department of Health and Human Services, September 11, 1995.
8. National Education Longitudinal Study of 1992 (NELS:92), U.S. Department of Education, Office of Research, 1992.
9. "Student Outcomes from Participation in Community Service," U.S. Department of Education, Office of Research, Martha Naomi Alt and Elliott A. Medrich, June 1994.
10. "Character Educator," Character Education Partnership, Lynn Nielsen, University of Northern Iowa, 1998.
11. *Locked Doors: States Struggling to Meet the Child Care Needs of Low-Income Working Families*. (1998, March). Washington, DC: CDF.
12. *National employment and Wage Data from the Occupational and Employment Statistics survey, 1996*. (1997, Dec.). Washington, DC: Bureau of Labor Statistics.
13. "Facts on Working Women," U.S. Department of Labor, Women's Bureau, No. 98-1, November 1997.
14. Azer & Capraro. (1997). *Data on Child Care Licensing*. Boston: Center for Career Development in Early Care and Education, Wheelock College.
15. Gnezda and Smith, *Child Care and Early Childhood Education Policy*, 3.
16. Testimony by Deborah Phillips before the Senate Committee on Labor and Human Resources, March 1, 1995.

17. Child Care and Early Education Program Participation of Infants, Toddlers, and Preschoolers. (1996, Oct.). Washington, DC: National Center for Education Statistics.
18. Census Bureau. (1997). Money Income in the U.S., 1996. Washington, DC.
19. 1998 Business Work-Life Study (BWLS), Families and Work Institute, 1998.
20. Ibid.
21. Ibid.
22. FACT SHEET on School-Age Children. (1996, Sept.) Wellesley, MA: Center for Research on Women, Wellesley College.
23. The Condition of Education: 1993. (1993). Washington, DC: National Center for Education Statistics.
24. National Child Care Information Center. "Child Care Bulletin," September/ October 1997, Issue 17.
25. Data on child care expenses from Child Care Information Exchange. (1996, July). Data collected from resource and referral agencies in each city. Data on average university costs cited in Statistical Abstract of the United States. (1994). Washington, DC: Census Bureau. Original data from the Annual Survey of Colleges. (1993). New York: College Board.
26. Money and Income in the United States: 1996. Current Population Reports P60-197. (1997). Washington, DC: Census Bureau.
27. National Child Care Information Center. "Child Care Bulletin," September/October 1997, Issue 17.
28. Early Childhood Care and Education: An Investment That Works, National Conference of State Legislatures (1997).
29. U.S. Department of Labor, 1998.
30. U.S. Department of Education, National Center for Education Statistics, National Household Education Survey (NHES), 1995 (Early Childhood Program Participation File)
31. Pursuing Excellence: A Study of U.S. 12th-Grade Mathematics & Science Achievement in International Context" (February 24, 1998).
32. "America's Children: Key National Indicators of Well-Being," July 1997.
33. "The State of America's Children Yearbook 1997," Children's Defense Fund, 1997.
34. U.S. Department of Commerce, Bureau of the Census, October, 1997
35. "The Condition of Education 1998," National Center for Education Statistics, 1998.
36. U.S. Department of Commerce, Bureau of the Census, March, 1998.
37. National Center for Education Statistics, 1995.
38. Home Education Research Institute, 1998.
39. U.S. Department of Education, National Center for Education Statistics, National Household Education Survey (NHES), 1996 (Parent and Family Involvement in Education File).
40. Institute for Educational Leadership/Martila & Kiley, A Study of Attitudes Among the Parents of Primary-School Children, 1995.
41. U.S. Department of Education, National Center for Education Statistics, Schools and Staffing Survey, 1987-88, 1990-91, and 1993-94 (Public School, Private School, Public School Teacher, and Private School Teacher questionnaires).
42. "Running in Place: How American Families are Faring in a Changing Economy and Individualistic Society," Nicholas Zill and Christine Winquist Nord, 1994.
43. Ibid.
44. "What Matters Most: Teaching & America's Future," National Commission on Teaching and America's Future, September, 1996.
45. Source: "Community Update," U.S. Department of Education, May 1998.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Health

Divider Title: _____



HEALTH

SUBJECT INCLUDES: **Physical Health (Children)**
 Physical Health (Adults)
 Mental Health
 Provision of Health Care

GRADE: **D+**

SUMMARY OF STATUS: As a nation, Americans continue to benefit from the spectacular advances made in medical research and technology during the current decade and, indeed, during the last quarter century. Several indicators show an improving picture of the well-being of most children. And old killers such as cancer, heart disease and stroke are succumbing to new diagnostic and treatment techniques. New interventions have given hope to Americans who suffer from Alzheimer's and Parkinson's diseases and multiple sclerosis. New drug therapies have shown promise in holding at bay more recent killers, such as AIDS. Studies show that:

- **81 percent of children are reported in very good or excellent general health.**
- **Infant mortality has fallen to a record low of 7.1 deaths per 1,000 births.**
- **The number of children born with HIV infection dropped 43 percent since 1992.**
- **Deaths from AIDS decreased by 46.4 percent in 1997.**
- **77 percent of children ages 19-34 months were up-to-date on immunizations.**
- **81.9 percent of women received prenatal care in the first trimester.**
- **The number of children with high blood-lead levels has declined dramatically.**
- **Teenage childbearing declined in all 50 states.**
- **Life expectancy reached an all-time high of 76.6 years.**

In the area of mental health as well, the 1990s have seen a revolution in molecular medicine and advances in the ability to investigate brain functions. During this "Decade of the Brain," new drugs and treatment regimens allow patients to live increasingly productive, independent lives within a more accepting, understanding community.

But as the nation's general health improves, pockets of Americans are left behind. There are economic and social reasons for this, including a rise in the number of families living in extreme poverty. Two recent studies have shown strong associations between levels of income inequality and mortality, and suggest that the disparity with which income is distributed within a population

may be as important a health factor as absolute income itself. Socioeconomic factors such as race, ethnicity and the education and employment status of parents are also linked to health by a new study, with Hispanic children shown most at risk in today's society. Studies show that:

- **Children living below the poverty line are:**
 - less likely to be in good or excellent health.
 - more likely to have high levels of blood lead.
 - less likely to be immunized.
 - less likely to have a usual source of health care.
- **43.4 million Americans (10.7 million children) are without medical insurance.**
- **About 6 percent of American children do not get enough to eat.**
- **Low birthweight rates have been the highest in two decades.**

Meanwhile, Americans continue to engage in high-risk behavior that jeopardizes their health and may shorten their lives. Teenage drug use is once again on the rise, led by a rise in marijuana smoking and a diminished sense of risk. In 1997, 11.4 percent of youth, ages 12-17, reported using some illicit drug within the past month, up 2.4 percent from the previous year. More than two and a half million American teenagers used marijuana for the first time in 1996.

Smoking cigarettes is considered a "gateway" to the use of illicit drugs and, of itself, constitutes the leading cause of death in the United States, claiming an estimated 430,700 lives each year. That figure includes those affected indirectly, such as babies born prematurely and other victims of secondhand exposure to tobacco carcinogens.

Alcohol abuse remained a major risk behavior in 1997, with some 111 million Americans, ages 12 and over (51 percent of the population), using alcohol. There were 9.5 million teenaged drinkers in 1996, with 4.4 million of them self-described "binge drinkers." On average, teens drink alcohol on more than five days each month, and very many teens report using alcohol from age 11. And a new study shows that the number of young people who say that they "drink to get drunk" has gone up by a third since 1993, with students reporting more alcohol-related problems in 1997 affecting their health, education, safety and relationships.

As teenagers court these and other risk behaviors, they are also becoming overweight—in percentages twice as great as 30 years ago. More than half (55 percent) of American adults are either overweight or obese, putting them at greater risk for hypertension, diabetes, coronary heart disease, stroke and other life-threatening conditions. We have created, says one researcher, "the heaviest society in the history of the world."

A new study suggests that fewer young people are engaging in sexual risk behaviors and more sexually active students are practicing safe sex, reversing trends of the past two decades. Nonetheless, national rates for sexually transmitted diseases are 50 to 100 times higher than the rest of the industrialized world, and intensive efforts will be needed to sustain our recent, modest successes.

A new age of medical technology and techniques remains beyond the reach of too many Americans. Mental illnesses still lag behind physical illnesses in terms of research and insurance coverage. And as our health care system changes and as many as a quarter of our population enters Health Maintenance Organizations (HMOs), some 43.4 million Americans, or 16.1 percent of the population, including 10.7 million children, are left behind—without any medical insurance at all. The increase of 1.7 million uninsured during the last year constitutes the largest increase in a decade. Many of those uninsured, including those entering the workforce from the welfare system, hold jobs with small companies that are less likely to offer medical insurance. And many of the poor who are eligible for Medicaid do not enroll in it, out of lack of information or fear. Meanwhile, traditional employer-provided, fee-for-service medicine continues to decline, as do full funding of medical care by employers and coverage of dependents.

And efforts to give patients more control under managed care proved illusory when the Senate in October rejected legislation to define patients' rights and to regulate HMOs. At the same time, dozens of HMOs pulled out of Medicare in at least 22 states, leaving 400,000 people to find new physicians and arrange for new insurance, sometimes at higher cost.

On top of this, a new government study appearing in the September/October 1998 issue of *Health Affairs* suggests that health care costs will double over the next decade, ending a five-year period of near-stable growth, and likely to marginalize further those with limited access to the health care system. Add to this the increasing health care needs of an aging population and the responsibilities that families carry in caring for children—and aging parents. The picture that emerges is gloomy, despite a boom economy and congressional action to extend medical coverage for children and make insurance job-portable.

We are living in a decade of the most exciting medical breakthroughs. Science is turning a spotlight on areas that have been beyond our ability to see or make meaningful speculation. But at Thanksgiving time 1998, the good news is marred by unacceptable deficits still with us—because of poverty, ignorance, violence, risk-taking and the national patchwork of resources and programs through which our health care is delivered.

YMCA CALL TO ACTION

- As a nation, we need to look at health broadly, and address the social and environmental factors that affect communities and affect quality of life. We can improve physical health and become a more healthy nation by making it a priority to combat poverty, improve education and job skills training, and increase access to health care. Preventive care (research, health services delivery and health policy) should receive increased attention and funding.
- In our communities, we should have active collaboration among physicians and other health care provider groups, health systems agencies and corporations, insurance and business firms, the voluntary health sector and public health agencies. Bringing everyone

to the table, we should (1) collaborate to identify and prioritize community health issues, (2) act individually and in coalitions to improve community health, and (3) become a force working for health at local, state and federal government levels.

- We should move more preventive medicine and primary care services into discrete neighborhoods, school settings, church settings and community centers to serve the neighborhood and engage in case-finding. We can then begin more outreach and awareness-building of the programs that are already out there, and find new strategies to address the population that is falling through the cracks; an early priority should be getting children enrolled in available programs.
- As a nation, we should decrease the societal stigma attached to those with mental illnesses, including substance abuse. The serious disorders (schizophrenia, bipolar disorder and so on) are clearly brain illnesses and should be thought of as similar to multiple sclerosis, stroke, Parkinson's disease, and others.
- Policymakers and employers should consider full mental health coverage parity for all ages, again not making the artificial distinction between the mental and the physical.
- We should increase the support for mental health research, particularly into understanding the causes of mental illnesses and how to prevent them.
- We should foster more consumer empowerment. We should give consumers more knowledge about the issues, place more emphasis on people acquiring healthy lifestyles, know where health resources are and where to find promotional information. We should foster an environment in which people take more responsibility for their own health.
- As individuals and as parents, we should educate ourselves and our families about health matters, ask our physicians to engage us as partners in health and seek better patient information/education from them and others. We should provide and eat more healthy foods, exercise more, avoid excess alcohol use, and avoid drugs or tobacco because these factors can determine our state of health early in life, often beyond the ability of modern medicine to provide positive outcomes.

FACTS ON PHYSICAL HEALTH (CHILDREN)

"We have some good progress to report—more children are surviving their first year of life, with infant mortality at an all-time historic low."

Duane Alexander, M.D., Director
National Institute of Child Health and Human Development

"Health is improving in America along many fronts, and our challenge is to share that progress as widely as possible. There is a role for everyone in every community in eliminating disparities in health and health care in America. The best solutions to closing this gap are strong, effective partnerships which build on the latest and best knowledge."

Donna E. Shalala, Secretary
U. S. Department of Health and Human Services
July 30, 1998

"Substance abuse and cigarette smoking are at unacceptable levels. Since the early 1990s, we have seen a gradual increase in drug use, which we know is tied to a decrease in the perception of risk."

Alan I. Leshner, Ph.D., Director
National Institute on Drug Abuse

- Eighty-one percent of children were reported by their parents to be in very good or excellent general health. But the health of poor children compared unfavorably, with poverty being an indicator for hunger and lack of medical care. While 85% of those at or above the poverty line were reported in very good or excellent health, only 65% of those below the poverty line were similarly healthy.¹
- In 1996, low birthweight rates, one of the most important predictors of infant mortality, were the highest in two decades, with 63% of all infant deaths among low birthweight babies.²
- Thanks to advancing technology, infant mortality continued to decline despite low birthweights. Infant mortality fell to a record low of 7.1 deaths per 1,000 births in 1997, according to a report released October 7 by the National Center on Health Statistics.³ Low birthweight and infant mortality rates were higher among the children of less-educated mothers. Infants born to mothers who did not finish high school were about 50% more likely to be of low birthweight than infants whose mothers finished college. Poor, less-educated Americans are more likely to have underweight babies and are less likely to have them vaccinated.⁴
- Infant mortality rates were highest for teens and women in their 40s and lowest for women in their 20s and early 30s. The infant mortality rate was twice as high for unmarried women as for married women.

- A greater proportion of infants dying within the first year of life, die from birth defects. As infant mortality fell 39.8% between 1980 and 1995, deaths from birth defects fell only 34.2% with cardiovascular defects being the single largest cause of death, and central nervous system defects, second. An official with the CDC's National Center for Environmental Health cited a correlation between infant birth defects and poverty.⁵
- Children living below the poverty line also tended to show high levels of blood lead, to have no usual source of health care and to experience housing problems and hunger. And though 77% of children ages 19 to 34 months were up-to-date on immunizations, those in poor families were less likely to be so (69% compared to 80% above the poverty line).⁶
- Lack of insurance is not the only critical issue affecting children's health, according to a new study. *Health Affairs* reports that health problems among children are strongly linked to such socioeconomic factors as race and ethnicity and the education and employment status of their parents, with Hispanic children far more likely than those in other groups to be uninsured and without a usual source of health care, and to be in fair or poor health.⁷
- Some 27.7% of Hispanic children have no health insurance, compared with 17.7% of blacks and 12.2% of whites; 17.2% of Hispanics have no usual source of health care compared with 12.2% of black children and 6.0% of white children.⁸
- Happily, there has been a 25% decrease in the rate of Sudden Infant Death Syndrome (SIDS), apparently related to a successful national campaign promoting placement of infants on their backs.⁹
- Children under 18 living in families with annual incomes below \$10,000 report a higher percent limited in activity, higher percents with fair or poor health status and higher percents with a hospitalization in the past 12 months than children in households with higher incomes.¹⁰
- About 6% of American children (almost 4 million) do not get enough to eat, according to new findings from the Third National Health and Nutrition Examination Survey. According to the survey, many low-income, uninsured Americans may have to make a choice between paying for health care and paying for food.¹¹
- Children 1 to 5 years old, living in families with low income are more than seven times as likely to have elevated blood-lead levels as children in high-income families. Poor, non-Hispanic black children are at the greatest risk with more than 20% having high blood-lead levels, compared with 8% of poor non-Hispanic white and 6% of poor Mexican American children.¹²
- Despite factors traditionally linked with high lead levels, there has been a dramatic decline in the number of children affected over the past two decades. The number of affected preschoolers dropped from 88% to 6%, reportedly due to the aggressive removal of lead from paint, plumbing supplies and gasoline.¹³

- Parental smoking is an important preventable cause of morbidity and mortality among American children, annually resulting in 2,800 perinatal deaths, 2,000 cases of sudden infant death syndrome, 1,100 deaths from respiratory syncytial virus bronchiolitis, 250 fire-related deaths and others. Parental smoking results in annual direct medical expenditures of \$4.6 billion and loss of life costs of \$8.2 billion.¹⁴
- Children's diets reflect some of the food consciousness of American families over the past two decades, according to the Food, Nutrition and Consumer Services office of the U.S. Department of Agriculture. Of all age groups, children ages 2 to 3 score the highest on the USDA's Healthy Eating Index. Teenage boys are a group singled out by nutritionists as not eating a sufficiently rounded and healthy diet.
- Children are consuming less fat but less milk, more noncitrus fruit juices, a large amount of grain-based combinations such as pasta with sauce and rice dishes with pizza, grain-based snack foods, some vegetables and not enough fruits. Only about half of teens drank milk in 1994 compared to three-fourths in the late 1970s. The daily consumption of soft drinks by boys has nearly tripled in the last two decades.
- One factor preventing adults from properly supervising children's diets is the fact that roughly two-thirds of school-aged children consume food that's provided outside the home; the same is true of food consumption by nearly half of 3 to 5 year olds. Overall, children and teenage boys meet the Recommended Dietary Allowance for most nutrients, though girls are lacking in foods containing calcium, magnesium, zinc and vitamin E.¹⁵
- About 15% of young people aren't physically active at all; almost half of young people and more than a third of high school students do not participate in vigorous physical activity on a regular basis.¹⁶
- From ninth grade to 12th grade, students' participation in vigorous physical activity drops off from 72% to only 55%, and the time students spend being active in physical education is decreasing—those who were active for at least 20 minutes during an average class dropped from 81% in 1991 to 70% in 1995. Daily participation in physical education classes by high schoolers dropped from 42% in 1991 to 25% in 1995.¹⁷ Nonetheless, 63.8% report that they have performed vigorous physical activity three or more days during the last week.¹⁸
- Children living with a single parent or adult and children in the poorest families report a higher prevalence of activity limitation and higher rates of disability. They are also more likely to be in fair or poor health and more likely to have been hospitalized, according to a new report from the National Center for Health Statistics (NCHS).¹⁹
- Between 1991 and 1996, teenage childbearing declined in all 50 states. The preliminary U.S. birth rate for teenagers in 1996 was 54.7 live births per 1,000 women aged 15 to 19 years, down 4% from 1995 and 12% from 1991 when the rate was 62.1. These recent declines reversed the 24% rise in the teenage birth rate from 1986 to 1991.

- Still, teen birth rates are higher today than in the mid-1980s when the rate was at its lowest point, 50 to 53 births per 1,000 teens. The national teen birth rate was at its highest in 1957 at 96 births per 1,000 women ages 15 to 19. However most teenagers giving birth in the 1950s, and for the next two decades, were married, while the vast majority of teenage mothers today are unmarried.²⁰ Each year almost 500,000 American teenagers give birth.²¹
- Teenage mothers are much less likely than older women to receive timely prenatal care, are more likely to smoke and less likely to gain the recommended weight during pregnancy—and are more likely to have a low birthweight infant, as shown in annual reports from NCHS' National Vital Statistics System.²²
- As children reach their teen years, they are engaging in a number of activities that threaten their health. A new nationwide study, appearing in the *Journal of the American Medical Association*, found that between 1993 and 1997, smoking among college students increased 28%. Students surveyed in 1997 had a higher smoking prevalence at college entry than did those who responded in 1993, indicating that increased smoking, first seen in middle school and high school students, has reached the college population, those considered *most resistant* to smoking. Among high school students, cigarette use increased by 32% between 1991 and 1997.²³ The number of teenagers taking up smoking as a daily habit jumped 73% from 708,000 in 1988 to 1.2 million in 1996. In 1996, 77 of every 1,000 nonsmoking teens picked up the habit.²⁴ The percentages of eighth, 10th and 12th graders who smoked daily, drank heavily or used illicit drugs have increased, with 25 percent of 12th graders smoking on a regular basis.²⁵
- Use of marijuana is on the rise again among young people 12 to 17, and teenage attitudes towards drugs show a significantly diminished sense of risk, typically a forerunner to higher rates of abuse. In 1997, 11.4% of youth ages 12 to 17 reported using some illicit drug within the past month, up 2.4% from the previous year. More than two and a half million American teenagers used marijuana for the first time in 1996.²⁶
- The use of cocaine powder inched up steadily in the first half of the 1990s with no perceived advance in the year 1996 to 1997. The percentage of students reporting its use in the prior 12-month period was 2.2% in eighth grade, 4.1% in 10th grade and 5.0% in the 12th grade. The use of crack cocaine followed a similar trend. Students reported its use at 1.7%, 2.2% and 2.4% in the eighth, 10th and 12th grades. Taking heroin by snorting or smoking has sparked a rise in heroin use, although its use by teenagers remains quite low. Use by eighth graders may have declined, but we may be witnessing a gradual increase in its use in upper grades. The rate of first-time heroin use among teenagers has increased from below 0.4% per 1,000 in 1991 to 3.9% per 1,000 in 1996.²⁷
- With tobacco considered a “gateway” drug leading to other abuse, an estimated 4.5 million youth, ages 12 to 17, were smoking in 1997. Youths who smoke are considered 12 times as likely to use illicit drugs and 23 times as likely to drink heavily, as nonsmoking youth.²⁸

- Of the 9.5 million current alcohol drinkers aged 12 to 20 in 1996, 4.4 million were “binge drinkers” (consuming about five or more drinks on one occasion), including 1.9 million heavy drinkers. From 1996 to 1997, the percentage of 10th graders reporting having been drunk daily in the month prior to survey increased, although the percentage of eighth graders reporting having been drunk at least once in the past month decreased.²⁹
- A new study by the American Academy of Pediatrics found that, on average, teens drink alcohol more than five days in a given month. The study also found that those who drink on six or more days in a month average 5.6 drinks at a setting, while those who drink on one day per month, average three drinks at a setting. And teens who drink more frequently are more likely to have ridden in a car with someone who had also been drinking. Some 89% of teenagers between the ages of 16 to 19 had their first alcoholic beverage at age 11, according to the same study.³⁰
- Many more American students were, by their own report, “drinking to get drunk” in 1997 than in the group last questioned in 1993. The new study was performed by Harvard University’s School of Public Health, which reveals that 52% of college drinkers “drink to get drunk,” up from 39% in 1993. “Binge drinking” declined only slightly on college campuses in 1997, but those engaged in binge drinking were doing so more intensely. Two out of five students (42.7%) described themselves as binge drinkers—down from 44.1% in 1993; but half of that group, one in five students, or 20.7%, said they were frequent binge drinkers, up from 19.5% in 1993.³¹
- Collegiate drinkers experienced more alcohol-related problems in 1997 than those questioned in 1993. Problems affected their health, education, safety and personal relationships, and included driving after drinking, damaging property, getting injured, missing classes and getting behind in school work. More than one third of students who used alcohol (35.8%) reported driving after drinking, up 13% from 1993.³²
- Motor vehicle crashes remain the leading cause of death (30%) of youth ages 5 to 24, with homicide ranking third (18%) and suicide fourth (12%). A group of “other causes” is ranked second at 27%.³³ About 24% of 15- to 20-year-old drivers killed in traffic crashes had a blood alcohol content of .10 or higher, usually considered the threshold of drunken driving.³⁴
- Teen pregnancy rates declined significantly across the country between 1991 and 1996, as did teen birth and abortion rates. Nonetheless, up to 1 million teens still become pregnant every year, and America’s teen pregnancy rate remains high in comparison with other industrial nations.³⁵
- Nearly half of the nation’s students are sexually active, and 7% admit to trying sex before the age of 13, according to a study released this summer. Of the 48% who say they’ve had sex, 16% say they’ve had four or more sex partners. Slightly more than half, 56.8%, say that they or their partner used a condom on last encounter.³⁶

- The United States has the highest rates of sexually transmitted diseases (STDs) in the industrialized world—50 to 100 times higher than other industrialized nations. Among an estimated 12 million new cases in this country each year, 3 million occur among teenagers, 13 to 19 years old. STDs result in infertility, cervical cancer, pregnancy-related deaths and fetal or neonatal deaths, and add \$17 billion to the nation's health care costs each year.³⁷
- Reversing trends of the past two decades, somewhat fewer young people are engaging in sexual risk behaviors. A new report shows that from 1991 to 1997, the proportion of high school students who have ever had sexual intercourse decreased from 54.1% to 48.4%, while the proportion who have had sex with multiple partners showed a similar steady decline. The proportion of sexually active teens using condoms increased from 46.2% to 56.8% during the same period.³⁸
- Girls who play high school sports tend to begin sex later in adolescence, are less than half as likely to get pregnant, are more likely to have fewer sex partners and more likely to use contraceptives than girls who don't, a new study discovered.³⁹
- Trends in AIDS incidence among children continue to demonstrate the dramatic success of efforts to reduce HIV transmission from mother to child. From 1992-1996, the number of children with perinatally acquired AIDS dropped 43%, but the majority of such cases continue to occur in African American and Hispanic children.⁴⁰

FACTS ON PHYSICAL HEALTH (ADULTS)

- Life expectancy reached an all-time high of 76.6 years in 1997, according to a report released October 7 by the National Center on Health Statistics.⁴¹
- A number of the leading causes of death showed declining death rates in the 1990s. Heart disease, the leading cause of death, continued its long downward trend, with the death rate down 12% from 1990 to 1996. In the same period, the death rate for cancer—the second leading cause of death—declined by 5%, after increasing steadily for the previous 20 years.⁴²
- Between 1993 and 1996, the death rate for firearm-related injuries and the homicide rate declined by about 20% after increasing steadily since the mid-1980s. However, the death rate for stroke, the third leading cause of death, which, like heart disease has had a long downward trend, has shown little improvement since 1992.⁴³
- Two new studies show that, in a country with the highest levels of income inequality in the world⁴⁴, both absolute income and the relative disparity with which incomes are distributed are factors critical to the likelihood of health or mortality. Higher income inequality is associated with increased mortality at all income levels.⁴⁵

- More than 60% of all adults are not regularly active⁴⁶, and according to researchers on a major new study of obesity, "the United States is not just the heaviest society in the world, but probably the heaviest society in the history of the world."⁴⁷
- For adults 20 to 74 years old, overweight prevalence has increased from 26% in 1976 to 1980, to 34% in 1988 to 1991. Among women 20 to 34 years of age, overweight prevalence increased by 49%. There has been a 42% increase in overweight prevalence among men ages 55 to 64 and a 70% increase among men ages 65 to 74.⁴⁸
- Fully 55% of American adults are either overweight or obese, putting them at greater risk for hypertension, diabetes, coronary heart disease, stroke and other life-threatening conditions.⁴⁹ The good news is that the number of adults engaging in moderate activity increased from 22% to 24% during the last half of the 1980s, and those adults over 65 reporting no physical activity decreased from 43% to 29% during that period.⁵⁰
- The rates of timely, prenatal care have improved for women in all race and ethnic groups in the 1990s. The proportion of women who received prenatal care in the first trimester climbed to 81.9% in 1996.⁵¹
- The birth rate for unmarried women in 1996 was 1% lower than in 1995 and 4% lower than the highest level, recorded in 1994.⁵²
- The number of Americans who died from AIDS fell to 16,865 in 1997, almost half (46.4%) the number of deaths in 1996. The annual rate of new infections remained stable at about 40,000.⁵³ Because of the impact of new combination therapies, estimated AIDS incidence dropped for the first time in 1996. If AIDS cases continue to decline, an increase in HIV prevalence can be expected. There are currently 650,000 to 900,000 Americans currently living with HIV.⁵⁴
- Even as AIDS deaths decline, researchers and advocacy groups are expressing concern that the number of people infected has not declined. They fear that new therapies are causing complacency in populations most susceptible to HIV infection and they report a surge in unsafe sexual practices.⁵⁵
- In 1997, an estimated 64 million Americans reported smoking tobacco within 30 days prior to interview.⁵⁶
- Smoking-related diseases claim an estimated 430,700 American lives each year, including those affected indirectly, such as babies born prematurely and some of the victims of "secondhand" exposure. Cigarettes contain at least 43 distinct cancer-causing chemicals, are responsible for 87% of lung cancer cases and most emphysema and chronic bronchitis. They are a major factor in coronary heart disease and stroke and may be related to malignancies in other parts of the body and other conditions. Smoking costs this country an estimated \$97.2 billion each year in health care and lost productivity.⁵⁷

- Cigarette smoking among adults 25 years of age and over declined between 1974 and 1995, but declines were greater for more educated adults. In 1995, the least educated men and women were more than twice as likely to smoke as the educated. Poor, less-educated Americans are more likely to smoke and less likely to avoid heart disease, lung cancer and diabetes.⁵⁸
- In 1997, 111 million Americans ages 12 and over, or about 51% of the population, used alcohol during the 30 days prior to interview. About 31.9 million engaged in binge drinking (consuming about five or more drinks on one occasion in the past month). That's about 15.3% of the population. Some 11.2 million, or 5.4% of the population, were heavy drinkers (binge drinking on five or more days in the past month). Percentages of alcohol abuse have remained about the same since 1988.⁵⁹
- In 1997, an estimated 13.9 million Americans were current users of illicit drugs, down from 25 million in 1979, the all-time high. An estimated 1.5 million Americans were current users of cocaine, not significantly changed from 1996. An estimated 325,000 Americans were past-month users of heroin, up from 68,000 in 1993.⁶⁰
- Americans have been improving their nutrition knowledge and their diet but could do more, according to nutrition experts at the U.S. Department of Agriculture. Already eating less fat and consuming a wider variety of foods, we still need to eat more fruit, drink more milk and reduce sodium intake. Women are more nutrition-conscious than men, and the elderly begin to set aside their healthy-eating habits. Americans living in the Northeast are more careful about diet than other Americans, and those who live in the South score lower than others for diet-consciousness.⁶¹
- A new report from the National Center for Health Statistics found that people living with a spouse and children in two-parent households and those in families with higher education were the healthiest. Married men and women in all age groups are less likely to be limited in activity due to illness than single, separated, divorced or widowed individuals. Middle-aged adults 45 to 64 who live alone have higher rates of doctor visits, acute conditions and short- and long-term disability.
- Ten million Americans, including almost 4 million children, do not get enough to eat, according to new findings from the Third National Health and Nutrition Examination Survey. Some 4% of Americans, including 14% of America's low-income population, live in families who say that they do not have enough to eat—either sometimes or often. These include 4.5 million non-Hispanic whites, 2.4 million non-Hispanic blacks and 2.4 million Mexican Americans. One in four low-income Mexican Americans do not get enough to eat.⁶²

FACTS ON MENTAL HEALTH

- In the last decade, research has laid the groundwork for many of today's promising new clinical trials, technologies and drug treatments. Scientists, physicians and patients hope that today's progress means tomorrow's cure and prevention.
- One in five children suffers from diagnosable mental, emotional or behavioral disorders, according to the National Mental Health Association. Mental illnesses remain underdiagnosed and undertreated, and approximately 4 million children and adolescents 9 to 17 years old suffer from a serious emotional disturbance; more than two-thirds of these children do not receive mental health services. Left untreated, these disorders can lead to school failure, substance abuse, delinquent behavior, violence and even suicide. The vast majority of children with serious emotional disturbances, though, are not violent.⁶³
- Of the 100,000 teenagers in juvenile detention, estimates indicate that 60% have behavioral, mental or emotional problems.⁶⁴
- One in four families will have a member with a mental illness.⁶⁵ One in 10 Americans experience some disability from a diagnosable mental illness in the course of any given year.⁶⁶ More than 51 million Americans have a mental disorder in a single year, although only about 8 million (16%) seek treatment.⁶⁷
- Six-and-a-half million Americans are disabled by severe mental illness. Mental illnesses impose a multibillion dollar burden on the economy each year. Total economic costs amounted to \$147.8 billion in 1990.⁶⁸ But among a number of successful treatments, lithium therapy for manic depressive illness has saved the U.S. economy an estimated \$145 billion since 1975. Clopazine for schizophrenia saves an average \$23,000 in treatment costs per patient, annually.⁶⁹
- Managed care insurance plans typically limit annual mental health care at \$25,000, quickly reached by the sickest patients. Insurance parity would primarily benefit families with seriously mentally ill children. Removing typical reimbursement limits would increase mental health care costs by about one dollar per managed care enrollee per year, according to a study performed by RAND, Santa Monica.⁷⁰

FACTS ON PROVISION OF HEALTH CARE

- Health care continues to change. HMO enrollment continues to rise so that in 1997, one-quarter of the U.S. population was enrolled in HMOs. But at the same time, more than 1 million Americans join the rolls of the uninsured every year; that number is now at 43.4 million for 1997 (16.1%), up 1.7 million over the previous year, the highest increase for one year in a decade. That number without medical insurance equals about one-sixth of the population.⁷¹

- Following the Clinton Administration's failure to create universal health care in a comprehensive, regulatory system, efforts to extend coverage, piecemeal, have failed because:
 - a 1996 law to make health care job-portable has been thwarted by insurers who, according to a GAO report, have charged as much \$15,000 a year for new coverage.
 - 1997 legislation that budgeted \$24 billion over five years to expand health care for children, saw the number of uninsured children hold steady at 15%, offset by children losing Medicaid.⁷²
- Other reasons given for the major increase in uninsured during a boom economy are: shrinking welfare rolls, with those leaving welfare taking low-paying jobs with no health benefits; small businesses, which are creating most of the nation's new jobs, are far less likely to offer health insurance; and health care costs and insurance costs are on the rise, preventing individuals and employers from buying insurance.⁷³
- About one-half, or 49.2% (2.6 million), of poor, full-time workers were uninsured in 1997. Medicaid notwithstanding, 11.2 million poor people, nearly one-third (31.6%) of all poor people, had no health insurance in 1997.⁷⁴
- Efforts in 1998 to give patients more control under managed care ended when the Senate rejected a move to define patients' rights and to regulate Health Maintenance Organizations.⁷⁵
- In October, the Administration was moving to help as many as 400,000 Medicare beneficiaries. They had been dropped from HMOs recently, in part because costs were higher, and Medicare payments lower, than HMOs expected. HMOs had reportedly pulled out of more than 300 counties in 22 states, leaving patients to scramble for new doctors and arrange new insurance, often at higher cost.⁷⁶
- The most recent government study to examine health care spending trends shows that the outlay for health care is expected to double over the next decade, reaching \$2.1 trillion by 2007 and ending a five-year span of near-stable growth. For the first time in years, private sector expenditures, driven by increases of use and intensity of services, will be the main force ratcheting up per capita national spending. Private health insurance premiums are expected to rise an average of 7% to 8% per year during the decade, and HMOs and other forms of managed care are expected to play a smaller role in controlling costs.⁷⁷
- More children lacked coverage in 1997 than in 1996. The number of uninsured children under 18 grew to 10.7 million (15.0%) in 1997, up from 10.6 million (and 14.8%) the previous year.⁷⁸
- Nearly one-fourth of all children eligible for Medicaid are not enrolled in the program and have no health insurance benefits, according to a new study conducted by the Agency of Health Care Policy and Research. The study finds that despite efforts to extend health

coverage to children through expansions of Medicare, 4.7 million children—a much greater number than previously reported—remain eligible but uninsured, and welfare reforms could exacerbate the problem.⁷⁹

- During the 1990s, the use of traditional fee-for-service medical care benefits by employees in private companies declined sharply. Also during the 1990s, the full funding of medical coverage became less common in both small and large firms, and many employers no longer offer coverage for employees' dependents.⁸⁰
- Many employees of small businesses decline company-offered coverage because employee contributions are too high.⁸¹
- Most children in the United States who lack health insurance go uninsured because their parents do not have access to employer-sponsored coverage, according to a report from the Center for Studying Health System Change.⁸²
- Children in higher income families are less likely than poor children to be without a regular source of health care. However, insurance coverage makes a real difference for poor children in terms of access to health care. Among all poor children under 6 years of age, 21% of those without health insurance had no usual source of care in 1997, compared with 4% of poor children covered by insurance.⁸³
- Low-income adult men were seven times as likely to be uninsured as high-income men, and low-income women eight times as likely to be uninsured as their high-income counterparts.⁸⁴

Notes

1. "America's Children: Key National Indicators of Well-Being, 1998," Federal Interagency Forum on Child and Family Statistics and the National Institute of Child Health and Human Development, Rockville, MD, July 1998.
2. MacDorman, MF., Atkinson, JO., "Infant Mortality Statistics from the Linked birth/Infant Death Data Set," National Center for Health Statistics, Feb. 26, 1998.
3. National Center for Health Statistics, Oct. 7, 1998.
4. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
5. Honein, M, CDC National Center for Environmental Health, cited in *USA Today*, "Decline in infant deaths masks troubling factors," Sep. 25, 1998.
6. "America's Children: Key National Indicators of Well-Being, 1998," Federal Interagency Forum on Child and Family Statistics and the National Institute of Child Health and Human Development, Rockville, MD, July 1998.
5. Weinick, RM., "Children's Health Problems Linked to Race, Ethnicity, Education and Employment," Data from the Medical Expenditure Panel Survey, Agency for Health Care Policy and Research, Health Affairs, Mar. 9, 1998.
6. Ibid.
9. "Progress Review: Healthy People 2000, Maternal and Infant Health," Public Health Service, Dept. of Health and Human Services, July 2, 1996.

10. "Health and Selected Socioeconomic Characteristics of the Family: United States, 1988-90," National Center for Health Statistics, Centers for Disease Control and Prevention, June 1997.
11. American Journal of Public Health, March 1998.
12. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
13. "America's Children: Key National Indicators of Well-Being," Federal Interagency Forum on Child and Family Statistics and the National Institute of Child Health and Human Development.
14. Aligne, CA, Stoddard, JJ., "An Economic Evaluation of the Medical Effects of Parental Smoking," Archives of Pediatrics & Adolescent Medicine, July 1997.
15. Mickle, S., "What and Where our Children Eat -- 1994 Nationwide Survey Results," Beltsville Human Nutrition Research Group, U.S. Department of Agriculture, Riverdale, MD., 1994.
16. "Promoting Lifelong Physical Activity," Centers for Disease Control and Prevention, Atlanta, March 1997.
17. Ibid.
18. "Surgeon General's Report on Physical Activity and Health," Dept. Of Health and Human Services, Wash. D.C., July 11, 1996. Youth Risk Behavior Surveillance -- United States 1997, Centers for Disease Control and Prevention, Atlanta August 14, 1998.
19. "Health and Selected Socioeconomic Characteristics of the Family: United States, 1988-90," National Center for Health Statistics, Centers for Disease Control and Prevention, June 1997.
20. "National Vital Statistics System, Teenage Births in the United States: National and State Trends, 1990-1996," Public Health Service, DHHS, April 30, 1998.
21. "Teenage Births in the United States: State Trends, 1991-96, an Update," National Center for Health Statistics, June 30, 1998.
22. "National Vital Statistics System, Teenage Births in the United States: National and State Trends, 1990-1996," Public Health Service, DHHS, April 30, 1998.
23. Wechsler, H., "Harvard School of Public Health College Alcohol Study," Journal of the American Medical Assn., Nov. 18, 1998.
24. "Youth Smoking Rises 73% in 9 years," *Associated Press* from CDC figures, Atlanta, Oct. 8, 1998.
25. "America's Children: Key National Indicators of Well-Being," National Institute of Child Health and Human Development.
26. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
27. "Monitoring the Future" Study, Institute for Social Research, University of Michigan, Ann Arbor, MI, December 20, 1997.
28. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
29. "Substance Abuse - A National Challenge/ Fact Sheet," Data from 1997 Monitoring the Future Survey and the 1996 National Household Survey on Drug Abuse, Dept. of Health and Human Services, 1997.
30. "Child Health Month" Survey, American Academy of Pediatrics, Sept. 30, 1998.
31. Wechsler, H., "The College Alcohol Study," Harvard School of Public Health, American Journal of College Health, September 10, 1998.
32. Ibid.
33. "Assessing Health Risk Behaviors Among Young People: Youth Risk Behavior Surveillance System.
34. "MADD Statistics," Mothers Against Drunk Driving, 1993, MADD Internet home page.
35. "State-Specific Adolescent Pregnancy Rates, United States, 1992-1995," Morbidity and Mortality Weekly Report, Centers for Disease Control and Prevention, June 25, 1998 and Dept. of Health and Human Services, April 1998.
36. Kann, L., "Behavior Leading to Injury Survey," National Center for Chronic Disease Prevention and Health Promotion, CDC, Atlanta, August 13, 1998.
37. "The Challenge of STD Prevention in the United States," National Center for HIV, STD & TB Prevention, Centers for Disease Control and Prevention, Atlanta, Nov. 1996.
38. Kolbe, L., "Trends in Sexual Risk Behaviors Among High School Students - United States, 1991-1997," Morbidity and Mortality Weekly Report, Vol. 47, No. 36, National Center for Chronic Disease Prevention & Health Promotion, CDC, Atlanta, Sept. 18, 1998.
39. Women's Sports Foundation, based on analysis of data from the Centers for Disease Control and Prevention and the New York State Research Institute on Addiction.

40. "Trends in the HIV and AIDS Epidemic, 1998," CDC National AIDS Clearinghouse, Rockville, MD, July 9, 1998.
41. National Center for Health Statistics, Oct. 7, 1998.
42. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
43. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
44. Gottschalk, P, Smeeding, TM, "Cross-national comparisons of earnings and income inequality," *Journal of Economic Literature*, 1997, 35:633-686.
45. Lynch, JW, Kaplan GA, et al., "Income Inequality and Mortality in Metropolitan Areas of the United States," *American Journal of Public Health*, Vol. 88, No. 7, July 1998.
46. Surgeon General's Report on Physical Activity and Health, Dept. Of Health and Human Services, Wash. D.C., July 11, 1996.
47. Stevens, J., Research from University of North Carolina, *New England Journal of Medicine*, Jan. 1, 1998.
48. "Healthy People 2000: Progress Report for Nutrition," Public Health Service, Dept. of Health and Human Services, July 5, 1994.
49. "Federal Obesity Clinical Guidelines," National Institutes of Health, Bethesda, MD., June 17, 1998.
50. "Progress Report for Physical Activity and Fitness, Healthy people 2000," Centers for Disease Control and Prevention, Atlanta, April 26, 1995.
51. Venturam, S., Martin, J., Curtin, S., Mathews, TJ., "Report of Final Natality Statistics, 1996," National Center for Health Statistics, DHHS, June 1998.
52. Venturam, S., Martin, J., Curtin, S., Mathews, TJ., "Report of Final Natality Statistics, 1996," National Center for Health Statistics, DHHS, June 1998.
53. Holmes, S.A., "1997 AIDS deaths down almost half in U.S. from 1996," *New York Times*, Oct. 8, 1998, from National Center for Health Statistics data.
54. "Trends in the HIV and AIDS Epidemic, 1998," CDC National AIDS Clearinghouse, Rockville, MD, July 9, 1998.
55. Holmes, S.A., "1997 AIDS deaths down almost half in U.S. from 1996," *New York Times*, Oct. 8, 1998.
56. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
57. "Smoking Fact Sheet," American Lung Assn., August 1997 Update.
58. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
59. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
60. "National Household Survey on Drug Abuse," Substance Abuse and Mental Health Services Administration (SAMHSA), Dept. of Health and Human Services, August 21, 1998.
61. "Healthy Eating Index, 1994-1996," Center for Nutrition Policy and Promotion, U.S. Department of Agriculture, Washington, D.C., July 2, 1998.
62. *American Journal of Public Health*, March 1998.
63. Children's Mental Health Services Dept., National Mental Health Assn., Rockville, MD., 1997
64. Dept. of Justice, Office of Juvenile Justice and Delinquency Prevention, 1994.
65. NMHA Information Center, General Mental Health, National Mental Health Assn., Rockville, MD, 1995.
66. *Mental Illness in America: The National Institute of Mental Health Agenda*, National Institute of Mental Health, Bethesda, MD.
67. National Institute of Mental Health, 1994.
68. Rice, DP., Miller, L., "The Economic Burden of Affective Disorders," 1993.
69. "Mental Illness in America: The National Institute of Mental Health Agenda," NIMH, Bethesda, MD, 1995.
70. Sturm, R., "Minor Costs Projected to Improve Mental Health Coverage under Managed Care," RAND, Santa Monica, Calif., *Journal of the American medical Assn.*, Nov. 12, 1997.
71. "Health Insurance Coverage: 1997," U.S. Census Bureau, Sept. 28, 1998.
72. "1 in 6 Americans now lack protection; who's next?" Editorial, *USA Today*, Oct. 1, 1998
73. Pear, R., "Americans Lacking Health Insurance put at 16 Percent," *New York Times*, Sept. 26, 1998.
74. "Health Insurance Coverage: 1997," U.S. Census Bureau, Sept. 28, 1998.
75. Pear, R., "Senators reject bill to regulate care by H.M.O.'s," *New York Times*, Oct. 10, 1998.
76. Pear, R., "Clinton to announce help as H.M.O.'s leave Medicare," *New York Times*, Oct. 8, 1998.

77. Smith, S, "Health Spending: The Next Decade," Health Care Financing Administration, Dept. Of Health and Human Services, Wash., D.C., Sep. 14, 1998.
78. "Health Insurance Coverage: 1997," U.S. Census Bureau, Sept. 28, 1998.
79. Selden, TM, Banthin JS, Cohen, JW., "Medicaid's Problem Children: Eligible but Not Enrolled," Data from Medical Expenditure Panel Survey, Agency for Health Care Policy and Research, Wash., D.C., May 1998.
80. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
81. Pear, R., "After the Revolution: The Uninsured," New York Times, August 9, 1998.
82. Reschovsky, JD, Cunningham, PJ, "CHIPPING Away at the Problem of Uninsured Children," Center for Studying Health System Change, Issue Brief #14 Aug. 1998.
83. "Health, United States, 1998: Socioeconomic Status and Health Chartbook," DHHS, July 30, 1998.
84. Ibid.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Violence

Divider Title: _____



VIOLENCE

SUBJECT INCLUDES: **Media Violence (TV, movies, cyberspace, video games, music)**
 Public Violence (homicide, guns, juvenile, gangs, schools)
 Family Violence (child abuse, suicide, domestic/intimate)

GRADE: **D**

SUMMARY OF STATUS:

Media Violence

Widespread concern about the proliferation of media violence is ongoing. Despite a national outcry and public and private efforts to address the problem, it seems the explosion of technology is sending a continuous flood of violent images into our homes.

Of greatest concern is the impact on our young. Violence on television, a new generation of “so real you can touch them” video games, “gangsta” rap and the threat of child abduction through the Internet make it clear that there is still much work to be done. The deleterious effects of media on our kids has been proven time and again—most recently when it was discovered that the juveniles charged in six separate school shootings had one thing in common: They were, by all reports, media junkies—from violent movies to violent video games and music.¹

“Children may have a basic understanding of what is right and wrong but may not understand why,” said Kathleen Heide, Professor of Criminology, South Florida University. “And even if they set out to hurt someone, children reared on video games and Saturday morning cartoons can seldom comprehend the reality that death lasts forever,” she said.

The three-year National Television Violence Study has shown virtually no reduction in the amount of violence we are exposed to on television. In fact, there has been an increase in the amount of violence seen in prime time.² Perhaps worse is that in 75 percent of violent scenes, there is no remorse shown, and no criticism or penalty for violent acts.³

The first independent look at the new television rating system by the National Institute on Media and the Family indicates that parents do not feel industry-assigned ratings adequately fit the

programs.⁴ Not only are the main ratings questionable, but a study by the Kaiser Family Foundation found that the industry is not adding the rating suffixes to indicate violence, sex and language to the main age ratings.

The V-chip blocking device is scheduled to go into all new TV sets within the next year. Experts predict it will take at least 10 years before this new generation of sets is found in the majority of homes.

Rating systems are now in place, not only for TV and movies, but also for music and video games. However, it is unclear how reliable the ratings are, and any effectiveness they may have is certainly hampered by shop clerks who very rarely enforce the rating systems. Blocking technologies for video games have come a long way.

The Internet is proving to be a double-edged sword. This largely unregulated sea of information and communications network is ripe romping ground for those looking to exploit children in a relatively anonymous way. The National Center for Missing and Exploited Children (NCMEC), which has been aggressively working with law enforcement to combat these crimes, reports that criminal misuse of cyberspace to target and victimize children is a widespread and growing problem. In turn, they say, specialized units are popping up at the state and local levels to target Internet offenses.

In contrast, the Internet is also proving to be a powerful tool in helping to locate missing children. NCMEC's website grew from 3,000 hits to 1.5 million hits per day in little more than a year. In March, the NCMEC launched a new CyberTipline with the help of the online industry and federal law enforcement agencies, including the FBI's Innocent Images Task Force/Crimes Against Children Unit. Since March 9, the CyberTipline has received 2,091 leads, constituting a 350 percent increase over normal volume.⁵

While most would agree that censorship is not the answer to reducing media violence, we must continue to find ways to reduce Internet crime and exposure to violence that are harming our children and, in turn, our society.

Public Violence

The United States continues to be one of the most violent nations in the world. The news in this section is not good for the American family. Violence has permeated every aspect of our lives—our homes, schools and communities—creating a very difficult environment for law-abiding Americans, who are working hard to provide a good life for their families.

The perception and very real threat of violence leave many wondering what precautions are necessary to insulate themselves and their loved ones. Meanwhile, an increasingly complex web of societal problems, such as poverty, drug abuse and untreated mental illness, is turning an enormous number of Americans to lives of crime.

Recent reports indicate that the violent crime rate has been in decline since 1992 following a rapid escalation between 1985 and 1992.⁶ Despite this decline, incidence of violent victimization and property crime, especially among our nation's youth, remain staggering. It is clear we still do not

have a handle on violent crime in the United States. It is important to note that the downward trend in violent crime is not nationally uniform. Many cities, such as Minneapolis, have seen dramatic escalations in crime.

It seems each piece of hopeful news is met by an equally powerful piece of bad news. Consider this: While the national crime rate fell 10 percent between 1996 and 1997, U.S. residents (12 years and older) experienced 37 million criminal victimizations in 1996.⁷ Further, while the homicide rate among juveniles ages 15 to 24 has declined, it is still 71 percent higher than it was in 1985.⁸ And, while 69,000 handgun sales were blocked during 1997 due to presale background checks,⁹ guns appear to be increasingly used in homicide at a rate of over 80 percent.¹⁰

It is unclear whether these reported reductions are attributable to a real drop in crime due to new policing strategies, demographic changes, stabilizing of drug markets or improved economic conditions.¹¹ One way or another, demographic experts, who see reductions in juvenile crime as the key to the overall drop in violence, predict an explosion of juvenile crime by 2010, given population growth and trends in juvenile arrests.¹²

Further, in August, the *New York Times* reported the demotion and dismissal of senior police officials in three U.S. cities after they falsely reported crime statistics to the FBI crime tracking system, in the face of mounting pressure to reduce crime in their jurisdictions. According to *USA Today*, this widespread underreporting and downgrading of numbers forced one state to withdraw its 1996, 1997 and some 1998 crime numbers from the FBI's national registry. "Experts say they do not believe these incidents mean the nationwide drop in crime is illusory. But they are beginning to question whether politicians seeking office, the news media and the public should attach so much importance to the annual and sometimes monthly release of the latest crime figures."¹³

Credit should be given for significant efforts being made by government and advocacy groups to fund and assist in the development of programs aimed at reducing the epidemic of violence in our country. A recent National Institute of Justice (NIJ) survey on crime in eight U.S. cities found that law enforcement resources are being used more efficiently than in the past. All cities reported targeting police efforts to "hot spots" as well as developing community-oriented policing strategies and enforcing mandatory arrest for domestic violence offenses. However, in most cities, these programs were started too recently to judge their impact.¹⁴

Community policing has received fairly wide praise. In a survey among agencies that had implemented a program for at least a year, 99 percent reported improved cooperation between citizens and police; 80 percent reported reduced citizens' fear of crime; and 62 percent reported fewer crimes. However, 81 percent fear that the strategy could displace crime to noncommunity policing areas.¹⁵

Other new initiatives include the FBI's Safe Streets Violent Crime Initiative, which will put special agents in FBI field offices to investigate and reduce swelling gang and drug activity. In addition, the Coordinating Council on Juvenile Justice and Delinquency Prevention has developed "The National Juvenile Justice Action Plan" to serve as a model to help state and local leaders mobilize to reduce juvenile delinquency and crime.

A 1997 congressionally mandated review of more than 500 impact evaluations of local crime prevention programs and practices, commissioned by the NIJ, found that some programs work, some don't and some have not been adequately tested. However, the effectiveness of programs depends on where they are placed. "Substantial reductions in national rates of serious crime can only be achieved by prevention in areas of concentrated poverty, where the majority of all homicides in our nation occur (where homicide rates are 20 times the national average).¹⁶

An unacceptably high rate of juvenile crime seems to be the central contributor to our country's overall epidemic of violence. In 1995, law enforcement agencies made more than 2.7 million arrests of people under age 18.¹⁷ Currently, the "juvenile courts are so overwhelmed by the increase in violent teenage crime and the breakdown of the family, that judges and politicians are considering abolishing the system and trying most minors as adults."¹⁸ Already, legislatures in 47 states and Washington, D.C., have enacted laws toughening their juvenile justice system, and 41 states have passed laws making it easier for juveniles to be tried as adults.¹⁹ Many question if this is the answer or whether we will only be turning juvenile offenders into hardened criminals.

The United States has by far the highest rate of gun deaths (murders, suicides and accidents) among the world's 36 richest nations.²⁰ And while most agree that gun laws work, as proven by the Brady law that stopped 242,000 felons and fugitives from purchasing handguns,²¹ proposed laws too often become political ping-pong balls. The good news is that as of November 1998, presale checks are required for the purchase of all firearms, and new technology is emerging that will "personalize" guns so that only the owners can use them. But currently, we are still faced with two huge problems: licensed guns that are stored unlocked, loaded and within easy reach of children, and unlicensed gun trafficking, those weapons that are bought illegally or stolen.

In the wake of school shootings that have killed more than 20 people and injured many more, serious questions have been raised about our children's access to weapons. According to the *New York Times*, "In all of the recent (school) shootings, acquiring guns was easier than buying beer, or even gas. These children armed themselves with small arsenals, as if preparing for battle."²² Some of these assailants were carrying semi-automatic weapons obtained from their family homes. One million of our children took a gun to school last year.²³

We have to ask ourselves where we are missing the boat with our young people. Permanently reducing the rate of violent crime in the future depends on what we do to curb violence among our youth today.

Family Violence

There is no doubt that the Violent Crime Control and Law Enforcement Act of 1994, the largest crime bill in U.S. history, has had an enormous positive impact on the funds and programs available to fight crime. This is especially true in the area of domestic violence, which has benefited greatly from the crime bill's Violence Against Women Act. According to the Family Violence Prevention Fund (FUND), this law established a federal hotline that has already directed hundreds of thousands of battered women to local services for protection. It has also created protections for immigrant women who were previously forced by our immigration laws to stay in abusive relationships. And most importantly, it has encouraged law enforcement to take domestic violence seriously.²⁴

Currently being considered by Congress is the Violence Against Women Prevention Act of 1998, which advocates consider a badly-needed next step. Not only would it reauthorize the national hotline and \$200 million per year to support programs and shelters, but it would also expand services to underserved areas and provide for research to study the impact of programs and services now in place.²⁵

A 1998 report from the Department of Justice indicates that, during 1996, an estimated 840,000 women were victims of crimes inflicted by intimates, compared to 1.1 million in 1993. By contrast, reported intimate violence against males, about 150,000 in 1996, showed no fluctuation. So while reported incidence appears to be declining, still 990,000 people reported being victimized in 1996 by a loved one.²⁶ Some estimates are as high as 3.9 million women abused each year.²⁷ But a completely accurate measure is impossible to obtain as this crime is often not reported out of fear of social stigma or retaliation.

And as 1998 comes to an end, a new survey found that women are victims of some 765,000 rapes annually, and more than three out of four victims were raped by a present or former domestic partner.²⁸

Although there are now more than 1,700 domestic violence programs nationwide,²⁹ work is still needed to assess the effectiveness of programs and to reshape public attitudes toward domestic violence. "Today, the cultural climate in this country is one in which people say that domestic violence is wrong, but in which they nevertheless look the other way from the problem, subtly reinforcing its continuation through disrespect and devaluation of women," said Marissa Ghez of FUND.

The overlap between domestic violence and child abuse is well documented. In one survey of more than 6,000 American families, 50 percent of men who frequently assaulted their wives also frequently abused their children.³⁰

According to the National Committee to Prevent Child Abuse (NCPCA), child abuse and neglect continue to be major threats to the well-being of our nation's children. Incidence reports continue to climb at a steady rate. In 1997, more than 3 million children were reported victims of child abuse and neglect.³¹

The persistence of violence in our homes rocks the very foundation of our society. Children who are exposed to violence at home or who experience abuse themselves are much more likely to perpetuate the cycle of violence by abusing someone else. A study of males who had been sexually abused as children showed that 31 percent had violently victimized others.³²

On a more positive note, the FUND and the Edna McConnell Clark Foundation are collaborating on a project aimed at addressing child abuse and domestic violence through a community partnership between local child welfare agencies, domestic violence programs and the courts. In addition, the NCPCA has had success in reducing child abuse with their Healthy Families America program (HFA). According to NCPCA Director Sidney Johnson III, "Although statistics of child abuse reports are chilling, we know that states that have embraced home visitation services for new parents are seeing a decline in overall reports of child abuse. Increases in reporting are

attributed to an increase in public awareness and a willingness to report child maltreatment as well as changes in how states collected reports." Not all home visitation programs are as successful as HFA.

During 1995, suicide took the lives of 31,284 Americans, shattering not only the lives of those killed, but also the lives of those left behind.³³ And while overall incidence remains steady, there have been dramatic increases among individuals 10 to 19, elderly males and young black males. Among young black males, in fact, the suicide rate has doubled. Suicide is still a terribly under-addressed problem in our country.

YMCA CALL TO ACTION

- There should be immediate governmental steps to reduce illegal access to handguns by de-politicizing the issue and activating laws and programs to reduce the epidemic of gun violence in the U.S. Place emphasis on safe storage of weapons as a means of keeping these weapons out of the hands of children.
- Identify model anti-violence and juvenile delinquency prevention programs through organized data collection and analysis of the problem as well as rigorous program analyses. Make a national commitment (financial and otherwise) to expand successful programs and fund innovative new ones.
- Implement a multidisciplinary approach to reducing violence, in which advocates, medical professionals, law enforcement professionals and others pool their efforts and resources at the local, state and national levels to address problems of youth violence and delinquency.
- Increase federal, state and local funding of community-based juvenile delinquency prevention and youth development programs as a cost-effective option to incarcerating at-risk youth.
- Parents should protect their children from media violence by actively monitoring their exposure to media and by educating themselves about the latest movies, television shows, Internet sites, video games and music. In addition, parents should use available rating systems.
- Increase the availability of programs to teach conflict resolution and problem solving skills as a preventive means to reduce violence and juvenile delinquency in our communities. This is a critical tool in a society in which tremendous stresses lead to violence.

FACTS ON MEDIA VIOLENCE

"To varying degrees, each of the attackers (in six deadly U.S. school shootings since 1996) seemed to have been obsessed by violent pop culture. A 14-year-old in West Paducah, Ky., was influenced by a movie in which a character's classmates are shot during a dream sequence, according to detectives. Violent rap lyrics may have influenced one of the boys in the Jonesboro, Ark., case, his mother says. In particular, a song about a stealth killing that eerily matches what occurred. The killer who has confessed in Pearl, Miss., says he was a fan of violent fantasy video games and the nihilistic rock-and-roll lyrics of Marilyn Manson, as was the boy charged in the Springfield, Ore., shootings last month. The Springfield youth was so enmeshed in violent television and Internet sites that his parents recently unplugged the cable television and took away his computer, a close family friend said."

Tim Egan, "From Adolescent Angst To Shooting Up Schools"
New York Times, June 14, 1998

Television and Movies

- In 1950, only 10% of American homes had a television. Today 99% of American households have a television.³⁴
- Since 1955, research has overwhelmingly concluded that the mass media are significant contributors to the aggressive behavior and aggression-related attitudes of many children, adolescents and adults. Violent programming causes children to become desensitized and more aggressive and to develop a fear of the world.³⁵
- Children spend more time learning about life through media than in any other manner. The average child spends approximately 28 hours a week watching television, which is twice as much time as they spend in school, figured on an annual basis.³⁶
- By the time the average American child finishes elementary school, he or she has typically witnessed 8,000 murders and 10,000 acts of violence on television. By the time that same child reaches 18, the number of exposures to violent acts increases to 200,000, including 40,000 murders.³⁷
- Longitudinal studies which track viewing habits and behavior patterns of a single individual over time found that 8-year-old boys who viewed the most violent programs growing up were most likely to engage in aggressive and delinquent behavior by age 18 and serious criminal behavior by age 30.³⁸
- Studies suggest that higher rates of television viewing are correlated with increases in tobacco usage and alcohol intake as well as increasing obesity levels and contributing to a younger onset of sexual activity.³⁹
- In one day, there are about five to six violent acts per hour on prime time television and 20 to 25 acts of violence on Saturday morning children's television.⁴⁰
- Three-quarters (75%) of Americans with children have walked out of a movie or turned off the television due to violence.⁴¹

- The three-year *National Television Violence Study*, which analyzed not only the amount of violence on television, but also the context in which it was depicted, found:⁴²
 - Fully 61% of programs contained violence, the same as the previous year but up from 58% during 1994-1995.
 - In prime time, shows with violent content on the broadcast networks increased 14% (to 67% of all shows examined). Shows on cable with violent content increased 10% (to 64% of those examined).
 - Nearly 75% of violent scenes on television showed no remorse, criticism or penalty for violence. "Parental discretion" advisories and "PG-13" and "R" ratings made the programs and movies more attractive to boys.
 - Children whose parents generally exerted guidance over their TV viewing were less likely to choose programs labeled as problematic.
- The first independent study of the current television rating system by the National Institute on Media and the Family compares the new industry ratings with parental evaluations of the same shows. It found:⁴³ fewer than half the shows rated TV-G were deemed suitable by parents for 3- to 7-year-olds; fewer than half of shows rated TV-Y7 were deemed suitable by parents for children 8 to 12; only 12% of parents found programs rated TV-14 appropriate for teenagers; shows rated TV-M [programs considered inappropriate for all children] were the only shows on which parents and industry raters agreed.
- A new study found that age-group rating codes are being applied to approximately 96% of programs; however, 92% of shows with some sexual content did not carry the additional "S" label, 79% of violent shows did not carry a "V," and 81% of children's shows that contained violence did not have the "FV" notation for fantasy violence.⁴⁴
- Seventy-two percent of Americans think entertainment television has too much violence, and 57% think television news gives too much attention to violence.⁴⁵
- Ninety-four percent of adults support the notion that media violence contributes to crime in America.⁴⁶

Cyberspace and Video Games

- The Internet is a new stalking ground for child molesters who have moved from the playground to the Internet, attracted by the anonymity it offers. There is growing evidence of the criminal misuse of cyberspace to target and victimize children. The risks to children, particularly teenagers, in cyberspace include: use by predatory adults to entice children to leave home for the purposes of child sexual exploitation; and exposure to child pornography and other unlawful sexual content on the Internet.⁴⁷

- In the past two years, the National Center for Missing and Exploited Children (NCMEC) has been involved in approximately 70 “traveler” cases in which a child has left home or been targeted by an adult via the Internet. In 60% of the cases the child was over age 15, and in 81% of the cases, the victim was female.⁴⁸
- To date, NCMEC is aware of at least 650 adults who have been convicted of Internet-related child sexual exploitation offenses in federal court. Through March 31, 1998, the FBI’s Innocent Images Track Force had produced 207 convictions. Since October 1991, Customs Services investigations have produced 443 convictions.⁴⁹
- This is a widespread problem that is spurring the development of a growing number of specialized units at the state and local level targeting these offenses.⁵⁰
- By the year 2002, more than 45 million children will have online access.⁵¹
- Since March 9, 1998, the NCMEC’s CyberTipline had received 2,091 leads, up nearly 350% over normal call volume. The leads break down as follows: 1,434 calls on child pornography, 64 on child prostitution, 40 on child-sex tourism, 196 on child sexual exploitation, and 357 on online enticement of children for sexual acts.⁵²
- The \$10 billion computer and video game industry continues to experience tremendous growth. Between 1996 and 1997, sales were up more than 36%.⁵³
- Sixty-nine percent of parents report owning or renting electronic games for their children. Ninety-one percent of parents feel the games influence their children.⁵⁴
- When asked to identify their preferences among five categories of games, seventh- and eighth-graders chose fantasy violence (32%), followed by sports (29%), general entertainment (20%), human violence (17%) and educational games (2%).⁵⁵
- Thousands of games have been produced that are appropriate for children, but on the top-seller list are a growing number that feature gory violence, inappropriate sex, language and antisocial themes.⁵⁶
- In 1994, the industry established a voluntary rating system. By 1997, virtually all computer games carried ratings, but only four in 20 stores surveyed had policies preventing children from renting or buying “mature” games.⁵⁷
- The widespread popularity of video games that emphasize the anonymity of the character/player and the dehumanization of the enemy is a matter of some concern.⁵⁸

Music

- Fifteen percent of the music videos contained portrayals of individuals engaged in overt interpersonal violence. In 80% of violent acts, an attractive role model was portrayed as the aggressor. Males were more than three times as likely to be the aggressor and white females most likely to be the victims. Research indicates that music videos may be reinforcing and perpetuating stereotypes of aggressive black males and victimized white females, raising concern for the effect of these videos on adolescents' expectations about relationships, conflict resolution and violence.⁵⁹
- Only 10 of the top 40 popular CDs on sale during the 1995 holiday season were free of profanity or lyrics dealing with drugs, violence and sex.⁶⁰
- Teenagers listen to an estimated 10,500 hours of rock music between the seventh and 12th grades alone—500 hours less than they spend in school over 12 years.⁶¹
- Seventy-five percent of 9- to 12-year-olds and 80% of 12- to 14-year-olds watch music videos.⁶²
- MTV has at least one occurrence of violence in more than 50% of its videos.⁶³ Because most music videos are three to four minutes long, even modest levels of viewing may result in substantial exposure to violence and weapon carrying, which is glamorized by music artists, actors and actresses.⁶⁴

FACTS ON PUBLIC VIOLENCE

"No corner of America is safe from increasing levels of criminal violence, including violence committed by and against juveniles. Parents are afraid to let their children walk to school alone. Children hesitate to play in neighborhood playgrounds. The elderly lock themselves in their homes, and innocent Americans of all ages find their lives changed by the fear of crime."

Attorney General Janet Reno
speaking to Coordinating Council on Juvenile Justice and Delinquency Prevention, 1996

Public Violence: Homicide, Violent Victimization and Property Crimes

- According to the 1997 National Crime Victimization Survey (NCVS), our nation's crime rate fell 10% between 1996 and 1997 and was 16% lower than in 1993. These findings reflect both reported and unreported offenses and are in line with statistics in the FBI's 1997 *Uniform Crime Reports* (UCR). The UCR reports offenses reported to police. The NCVS and the UCR are the two main measures of crime in the U.S.
- In 1996, U.S. residents 12 years and older experienced 37 million criminal victimizations. Of these, 27.3 million involved crimes against households, 9.1 million involved violent crimes of rape, robbery and assault, and 0.3 million involved thefts.⁶⁵
- The NCVS also found:⁶⁶
 - Property crime was down more than 8% between 1996 and 1997 and 17% lower than in 1993.
 - Rape and attempted rape dropped 44% between 1993 and 1996. During that time, other sexual assaults dropped by 37%, and aggravated assault declined 27%. 48% of all victims of violence in 1996 knew the offender.
- Our country has a "crime tax" of roughly \$450 billion annually (\$1,800 per person).⁶⁷
- In 1996, the UCR reported 19,645 murders (a rate of 7.4 murders per 1,000 people). This represents a 10% drop from 1995, the largest decrease in four years. Among murder victims:⁶⁸ 48% were black, 48% were white, 77% were male, and 64% were under age 35.⁶⁹
- People between the ages of 12 and 15 and those 16 to 19 had a higher incidence of violent victimization. Blacks were more likely than whites to be victims of violence.⁷⁰
- Individuals who have never been married or who are separated or divorced had higher rates as victims of violent crime and personal theft than those who were married or widowed.⁷¹
- As crime rates rose during the late 1980s, so did Americans' perception of crime as a problem. However, when the reported crime rate dropped sharply between 1994 and 1995, Americans' perception of crime remained the same.⁷²

- About 2 million people a year were victims of violent crime or threatened with violent crime in the workplace from 1992 through 1996.⁷³
- Homicide rates correspond closely with cocaine use levels, measured among the adult male arrestee population.⁷⁴

Guns

"On this day in America, as on every other day, children will die by gunfire, and many of them will be killed because other children are pulling the trigger. This is a stark and sad reality and a call to each of us, not only to raise public awareness of a national tragedy, but also to do everything within our power to end the killing."

President William Clinton
November 6, 1997

- The United States has by far the highest rate of gun deaths (murders, suicides, accidents) among the world's 36 richest nations. In 1994, the U.S. rate for gun deaths was 14.24 per 100,000 compared to Japan's 0.05 per 100,000.⁷⁵
- Of the 88,649 gun deaths reported by all countries, the United States accounted for 45%. Gun-related deaths are five to six times higher in the United States than in Europe.⁷⁶
- Nearly one-third of 10th and 11th grade males surveyed nationwide reported owning at least one firearm. Forty-three percent said their weapon is for protection.⁷⁷
- Between 1993 and 1996, the death rate for firearm-related injuries declined by about 20% after increasing steadily since the mid-1980s.⁷⁸
- In 1995, there were 35,957 firearm-related deaths in the United States, down from 38,505 in 1994, 39,595 in 1993 and 37,776 in 1992.⁷⁹
- The rate of firearm deaths among children 14 years old and younger is 12 times higher in the United States than in 25 other industrialized countries combined.⁸⁰
- The suicide rate for children 14 years old and younger is twice as high in the United States as in 25 other industrialized countries combined. However, there is no difference in the non-firearm suicide rate between the United States and the other 25 countries.⁸¹
- There are nearly 200 million guns in private hands in the United States.⁸² A gun in the home is 43 times more likely to kill a family member or friend than to kill in self defense.⁸³
- Since the effective date of the Brady Handgun Violence Prevention Act, there have been an estimated 242,000 potential purchases stopped because of background checks. In 1997 alone, 69,000 handgun sales were blocked—62% of rejections were based on a prior felony conviction or current felony indictment; 11% were based on domestic

violence convictions or restraining orders; and 6% were because the applicant was a fugitive from justice. As of November 1998, presale checks are required for all firearms purchased from federally licensed dealers.⁸⁴

Juvenile Crime

"There is ample evidence that the level of violence involving our nation's youth, both as victims and perpetrators, remains unacceptably high. The data reminds us that there is still much to do in the areas of prevention and effective intervention to maintain positive trends and provide our youth with the support and direction they need to grow into healthy and productive members of society."

Shay Bilchik
U. S. Department of Justice
Office of Juvenile Justice and Delinquency Prevention

- Homicide rates have begun to decline among people ages 15 to 24. This group experienced the highest and most rapid increase in homicide rates from 1987 through 1991. Declines are occurring in firearm and non-firearm homicide; in metropolitan and non-metropolitan counties, and among white and black and males and females. Nevertheless, in 1995, the homicide rate for people ages 15 to 24 was 71% higher than a decade earlier.⁸⁵
- The proportion of firearm-related homicides increased from 66% in 1985 to 84% in 1995. Among black males 15 to 24 years old, firearms were used in 92% of all homicides in 1995.⁸⁶
- In 1996, 17 children under the age of 10 were arrested for murder.⁸⁷
- Serious violent crimes by juveniles dropped 25% between 1994 and 1995.⁸⁸
- Demographic experts predict that juvenile arrests will more than double by the year 2010, given population growth projections and trends in juvenile arrests.⁸⁹
- In 1995, law enforcement agencies made more than 2.7 million arrests of people under age 18.⁹⁰
- The juvenile arrest rate for drug abuse violations increased more than 70% from 1993 to 1996, while the rate for alcohol-related offenses increased 29% from 1995 to 1996.⁹¹
- The Canadian juvenile violent crime arrest rate is half the U.S. rate, but the property crime rate is similar.⁹²
- Between 1985 and 1995, murders of juveniles ages 12 through 17 increased 116%, while murders of younger juveniles increased 15%.⁹³

- In 1995, the nation's estimated 2,300 known juvenile murderers were geographically concentrated and were implicated in 1,900 murders. Twenty-five percent of all known juvenile homicide offenders were reported in just the five counties that contain Los Angeles, Chicago, Houston, Detroit and New York City.⁹⁴

Gangs

- A national survey of law enforcement agencies reported 23,388 known youth gangs and 664,906 members, the largest numbers reported to date. Youth gangs have been reported in all 50 states, and 90% of agencies reporting a gang problem felt the problem was staying the same or getting worse.⁹⁵
- Gangs are said to commit more than 600,000 crimes a year.⁹⁶
- Among all arrestees interviewed, 13% reported stealing a gun. Gang members and drug sellers were also 30% more likely than other arrestees to have stolen a gun.⁹⁷ Further, juveniles, drug sellers and gang members were more likely than arrestees in general to say they had used a gun to commit a crime: juveniles (33%), drug sellers (42%) and gang members (50%).⁹⁸

School Violence

- One million students (grades 6-12) carried a gun to school last year. Sixty-three percent of them threatened to harm another student. Over the past five years, there has been a 36% decrease in the number of students who brought guns to school.⁹⁹
- According to the Office of Juvenile Justice, one in 12 high schoolers were threatened or injured with a weapon at school during the previous school year. Ten percent reported carrying a weapon to school during the previous month and 5% reported staying home at least once afraid of school-related violence.¹⁰⁰
- Peak time for violent juvenile crime is on school days between 3:00 p.m. and 8:00 p.m.¹⁰¹
- The first national estimate on violence and crime in schools found that during the 1996-97 school year, 57% of schools surveyed had reported school crimes to police, including 188,000 fights without weapons; 116,000 thefts and larcenies; and 98,000 incidents of vandalism.¹⁰² About 10% of all schools reported serious crimes, including 4,100 rapes or sexual assaults, 7,100 robberies, and 11,000 fights with weapons.
- A national survey of students concerning violence in schools found:¹⁰³ an increase in the percent of students in 1995 likely to be victimized by violent crime; victimization was associated with the presence of street gangs; and students who reported street gangs in their schools rose from 15% in 1989 to 28% in 1995.

FACTS ON FAMILY VIOLENCE

“While awareness about the issue has been raised significantly in recent months, the epidemic of violence against women continues unchecked, with almost four million women abused in the last year alone.”

The Commonwealth Fund

Domestic Violence

- It is impossible to accurately measure the incidence of domestic violence because of factors such as underreporting and varying definitions of abuse. Estimates range from 960,000 incidents of violence against a current or former spouse, boyfriend or girlfriend per year¹⁰⁴ to a reported 3.9 million women physically abused each year.¹⁰⁵
- Ninety-two percent of women who were physically abused by their partners did not discuss it with their physicians; and 57% did not discuss it with anyone.¹⁰⁶ Only 5% of battered women are detected by emergency staff.¹⁰⁷
- One out of every four American women report that they have been physically abused by a husband or boyfriend at some point in their lives. Thirty percent of Americans say they know a woman who has been physically abused during the last year.¹⁰⁸
- A report released in November found that 876,000 rapes are committed in a typical year in this country—and more than three out of four female victims were raped by a present or former domestic partner. The Violence Against Women survey interviewed 8,000 women and 8,000 men. It estimates that one in seven women has been raped, 54% before their 18th birthday, and that men are victims of 111,000 rapes per year. The survey, performed for the first time, reports more than twice as many rapes as other surveys.¹⁰⁹
- Domestic violence is repetitive: one in 5 women victimized by their spouse or ex-spouse reported being the victim of a series of at least three assaults in the last six months.¹¹⁰
- Each year, at least 240,000 pregnant women in the U.S. are battered by their significant others.¹¹¹
- According to a 1998 report from the Department of Justice:¹¹²
 - Between 1976 and 1996, intimate murder fell by 36% and spousal murder, its largest component, by 52%.
 - During 1996, an estimated 840,000 women were the victims of crimes inflicted by intimates, compared to 1.1 million in 1993. By contrast, intimate violence against males, about 150,000 in 1996, showed no significant fluctuation.
 - In 1996, 65% of all intimate murders were committed with firearms—this represented a decline from previous years.
 - It's estimated that about half of the incidence of intimate violence experienced by women was reported. Fear of retribution was the most common reason for not reporting.

- More than half of inmates serving time for violence against an intimate had been using drugs, alcohol or both at the time of the incident. Nearly four in 10 offenders sentenced to local jail for intimate violence had a criminal justice status such as a restraining order at the time they committed the crime.
- The overlap between domestic violence and child abuse is well documented. In one survey of more than 6,000 American families, 50% of men who frequently assaulted their wives also frequently abused their children.¹¹³
- Domestic violence and child abuse account for one-third of the total \$450 billion cost of crime in the United States each year.¹¹⁴
- Ninety-four percent of corporate security directors surveyed rank domestic violence as a high security problem at their companies.¹¹⁵

Child Abuse

- A survey of the 50 states and D.C. showed that over 3 million children were *reported* victims of child abuse and neglect in 1997. This represents a 1.7% increase over 1996.¹¹⁶ Currently, 47 out of every 1,000 children are reported as victims of child maltreatment.¹¹⁷
- In 1997, 1,054,000 children were *confirmed* by Child and Protective Services (CPS) as victims of child maltreatment. This represents 15 out of every 1,000 children in the United States.¹¹⁸ Of these cases, 22% were physically abused; 8% were sexually abused; 54% were neglected; and 4% were emotionally maltreated. Twelve percent fell under other forms of maltreatment.¹¹⁹
- Child abuse reporting levels increased 41% between 1988 and 1997.¹²⁰
- More than three children each day die as a result of child abuse and neglect. There were 1,185 fatalities reported in 1996. Since 1985, the number of child abuse fatalities has increased by 34%.¹²¹
- Between 1995 and 1997, 78% of children who died due to abuse were under age 5, 38% were under one year.¹²²
- Forty-four percent of child abuse deaths are caused by neglect, 51% by physical abuse and 5% by a combination of neglectful and physically abusive parenting. Forty-one percent of these deaths happened to children known to CPS agencies as current or prior clients.¹²³
- Substance abuse was identified as a contributing factor by 88% of states.¹²⁴

- In a study of males who were sexually abused as children: 80% had a history of substance abuse; 50% had suicidal thoughts; 23% attempted suicide; and 70% had received psychological treatment. Thirty-one percent had violently victimized others.¹²⁵
- Forty-three percent of physicians surveyed indicated that multidisciplinary centers responding to child sexual abuse were occasionally, rarely or never adequate.¹²⁶
- A study of female adults sexually abused as children found that their abuse lasted an average of 7.6 years and began when they were 6 years old. Fifty-three percent were abused by biological fathers; 15% by step-fathers; 8.8% by uncles. In 77.2% of cases a disclosure was made during childhood and the abuse continued for at least a year.¹²⁷
- One in five violent offenders in state prisons reported having victimized a child.¹²⁸

Suicide

- Suicide is the ninth leading cause of death for all Americans and is the third leading cause of death for young people ages 15 to 24.¹²⁹
- Suicide took the lives of 31,284 Americans in 1995 (11.9 per 100,000 population).¹³⁰
- On an average day, 86 people die from suicide and 1,900 adults attempt suicide. More people die from suicide than from homicide in the United States. Over 60% of suicides are committed with a firearm.¹³¹
- Youth suicides involving a firearm increased 38% between 1979 and 1994, while nonfirearm suicides remained relatively stable.¹³²
- In 1995, 90% of suicides were among whites, with males accounting for 73%.
- Suicide among black youth, once uncommon, has increased sharply in recent years. In 1980, the rate of black suicide for teens 15 to 19 more than doubled. While white teens still have a higher rate of suicide, the gap is narrowing.¹³³
- Although the age-adjusted suicide rate has remained constant since the 1940s, suicide rates shifted between 1980 and 1992. Rates have increased among people ages 10 to 19, among black males, and among elderly males. Suicide rates for middle-aged adults declined during this period, but, for the first time since 1930, increased among Americans over age 60.¹³⁴

Notes

1. Egan, T. "From Adolescent Angst to Shooting Up Schools." *New York Times*, June 14, 1998.
2. National Television Violence Study (year 3) U of C/ Santa Barbara. As reported NYT, April 17, 1998.
3. Ibid.
4. National Institute on Media and the Family. "Parents Rate the TV Ratings." Final Report, May 1, 1998.
5. National Center for Missing and Exploited Children (NCMEC). "Child Sexual Exploitation on the Internet." August 18, 1998
6. Brown, R. "Violence in America: The Status Today" The American Medical Association's National Report Card on Violence 1996 (June).
7. US Department of Justice (DOJ), Bureau of Justice Statistics (BJS). "National Crime Victimization Survey (NCVS): Criminal Victimitizations 1996, Changes 1995-1996 with Trends 1993-1996." Nov. 1997.
8. L.A., Fingerhut, D.D., Ingram, J.J., Feldman. "Homicide Rates Among US Teenagers and Young Adults: Differences by Mechanism, Level of Urbanization, Race and Sex, 1987 through 1995." *JAMA* August 5, 1998, Vol 280, No. 5.
9. DOJ, Bureau of Justice Statistics news release. June 21, 1998.
10. National Institute of Justice (NIJ). "A Study of Homicide in Eight US Cities." November 1997.
11. Ibid.
12. US DOJ, Office of Juvenile Justice and Delinquency Prevention (OJJDP). "Juvenile Offenders and Victims: 1996 Update on Violence.," as reported in the American Medical Association's National Report Card on Violence 1996.
13. Butterfield, F. "As Crime Falls, Pressure Rises to Alter Data." *New York Times*, August 3, 1998.
14. NIJ. "A Study of Homicide in Eight US Cities" Nov. 1997.
15. NIJ. "Community Policing Strategies," November 1995.
16. Sherman. "Preventing Crime: What Works, What Doesn't, What's Promising." University of Maryland, Department of Criminology and Criminal Justice and US DOJ Office of Justice Programs, February 1997.
17. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
18. Butterfield, F. "With Juvenile Courts in Chaos, Critics Propose Their Demise." *NYT*, July 21, 1997.
19. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
20. Centers for Disease Control (CDC), reported by the Associated Press in the *New York Times* April 17, 1998. "US Easily Leads World in Gun-Related Deaths."
21. Handgun Control "Statement of Sarah Brady." August 6, 1998.
22. Egan, T. "From Adolescents Angst To Shooting Up Schools." *New York Times*, June 14, 1998.
23. *Time* Magazine, June 29, 1998. "Numbers" section, pg. 25.
24. Family Violence Prevention Fund (FUND). "The Violence Against Women Prevention Act of 1998" briefing paper. March 1998.
25. FUND. "The Violence Against Women Prevention Act of 1998" briefing paper, March 1998.
26. US DOJ BJS Factbook. "Violence by Intimates" March 1998.
27. The Commonwealth Fund. "First Comprehensive National Health Survey of American Women." July 1993. Also reported by the Family Violence Prevention Fund (FUND).
28. Tjaden, P., "National Violence Against Women Survey," CDC and DOJ, November 18, 1998.
29. Ghez, M. "Communications and Public Education: Effective Tools to Promote A Cultural Change on Domestic Violence." Family Violence Prevention Fund. March 31, 1995.
30. FUND. "Approaches to Child Abuse and Domestic Violence: Working Together to Make Peace at Home." 1998.
31. National Committee to Prevent Child Abuse (NCPA). "Child Abuse and Neglect Statistics." July 98.
32. Lisak, D. (1994). "The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors." *Journal of Traumatic Stress*, 7(4):525-548.
33. CDC Fatal and Nonfatal Suicide Attempts Among Adolescents - Oregon, 1988-1993. *MMWR* 1995;44:312-315,321-323.
34. Nielsen Media Research, 1995.
35. National Institute on Media and the Family, "FactSheet on Children and Media Violence," 1998.
36. Nielsen Media Research, 1993.
37. Litcher, R.S., Amundson D., "A Day of Television Violence," Washington, DC, Center for Media and Public Affairs.

38. Eron, L., MD, University of Illinois at Chicago, Testimony before the Senate Committee on Commerce, Science and Transportation, Subcommittee on Communications, June 12, 1995.
39. Gortmaker, S.L., Must A., Sobol A.M., et al. "Television Viewing as a Cause of Increased Obesity Among Children in the US, 1986-1990." *Archs of Pediatric and Adolescent Medicine*. 1996;150:335-62.
40. National Institute on Media and the Family, "Factsheet on Children and Media Violence," 1998.
41. American Medical Association, "Violence in the Media" (National Survey by Global Strategy Group). September 9, 1996.
42. National Television Violence Study, Mediascope, 1996 and the University of California Santa Barbara, 1998. Also reported in the *New York Times*, April 17, 1998.
43. National Institute on Media and the Family, "Parents Rate the TV Ratings," Final Rpt, May 1, 1998.
44. Kaiser Family Foundation, study as reported in the *New York Times*, Sept. 25. "Study finds TV Networks Fail in Alerts to Sex and Violence."
45. "TV Violence: More Objectionable in Entertainment Than in Newscasts." *Times Mirror Media Monitor*, March 1993. Also reported by Mediascope.
46. V-Chip Backed with Much Vigor by Americans." *The Hollywood Reporter*, Aug. 8, 1996, reported by Mediascope.
47. National Center for Missing and Exploited Children. Child Sexual Exploitation on the Internet, April 18, 1998.
48. Ibid.
49. Ibid.
50. Ibid.
51. FIND/SVP's "Emerging Technologies Research Group and Grunwald Associates as reported by the National Center for Missing and Exploited Children.
52. National Center for Missing and Exploited Children. Child Sexual Exploitation on the Internet. April 18, 1998.
53. National Institute on Media and the Family. "Third Annual Video and Computer Game Report Card," November 25, 1997.
54. Ibid.
55. Funk, J., Buchman, B., "Playing Violent Video Games and Adolescent Self Concept," *Journal of Communications*, 46(2), 19-32.
56. National Institute on Media and the Family. "Third Annual Video and Computer Game Report Card." November 25, 1997.
57. Ibid.
58. Mediascope, "The Social Effects of Electronic Interactive Games."
59. AAP Pediatrics, April 6, 1998.
60. Entertainment Monitor, December 1995.
61. Ibid.
62. Peter G. Christenson, Donald F. Roberts, *Popular Music in Early Adolescents*, Carnegie Council on Adolescent Development Working Papers, 1990.
63. National Institute on Media and the Family, "FactSheet on MTV," 1998.
64. DuRant, R., Rich, M., Emans, J. Rome, E. "Violence and Weapon Carrying in Music Videos," *Arch of Pediatr, Adolesc Med*, Vol 151, May 1997.
65. US DOJ, BJS. "National Crime Victimization Survey: Criminal Victimizations 1996, Changes 1995-1996 with Trends 1993-96," November 15, 1997.
66. Ibid.
67. NIJ. "The Extent and Cost of Crime Victimization: A New Look" Jan. 1996.
68. S DOJ, BJS. "National Crime Victimization Survey: Criminal Victimizations 1996. Nov. 15, 1997.
69. US DOJ, BJS. "Victim Characteristics" November 15, 1997.
70. US DOJ, BJS. "National Crime Victimization Survey: Criminal Victimizations 1996, Changes 1995-1996 with Trends 1993-96." November 15, 1997.
71. Ibid.
72. US DOJ, BJS. "Perceptions of Neighborhood Crime, 1995." April 1998.
73. US DOJ, BJS. "Workplace Violence, 1992-1996." July 26, 1998.
74. NIJ. "A Study of Homicide in Eight US Cities." November 1997.
75. CDC as reported by the *New York Times*. April 17, 1998. "US Easily Leads World in Gun-related Deaths."
76. Ibid.
77. National Institute of Justice survey released October 12, 1998, as reported in *USA Today*, October 13, 1998.

78. US DHHS. "Health, United States, 1998: Socioeconomic Status and Health Chartbook." July 30, 1998.
79. CDC, National Center for Injury Prevention and Control. "Overall Firearm Deaths" August 1, 1997.
80. CDC 1997 and reported by Handgun Control and the Center to Prevent Handgun Violence, Washington DC. News Release July 24, 1998. "Mother of Jonesboro Victim and Gun Control Advocates Ask Republicans Why They Won't Protect Kids From Guns."
81. CDC 1997 and reported by Handgun Control and the Center to Prevent Handgun Violence.
82. NIJ. "Guns in America: National Survey on Private Ownership and Use of Firearms." May 1997.
83. Ibid.
84. US DOJ, BJS news release. June 21, 1998.
85. L.A., Fingerhut, D.D., Ingram, J.J., Feldman. "Homicide Rates Among US Teenagers and Young Adults: Differences by Mechanism, Level of Urbanization, Race and Sex, 1987 through 1995." JAMA August 5, 1998, Vol. 280, No. 5.
86. Ibid.
87. Kathleen Heide, professor of Criminology, University of South Florida as quoted in *USA Today*, August 14, 1998. "Shock Turns to Doubt in Chicago."
88. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
89. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1996 Update on Violence," as reported in the American Medical Association's National Report Card on Violence 1996.
90. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
91. US DOJ, OJJDP. "Juvenile Arrests 1996: Bulletin Highlights." December 1997.
92. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
93. Ibid.
94. Ibid.
95. US DOJ, OJJDP. Fact sheet "Highlights of the 1995 National Youth Gang Survey." April 1997.
96. NIJ. "Criminal Behavior of Gang Members and At-Risk Youths." March 1998.
97. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
98. Ibid.
99. *Time Magazine*, "Numbers" section. June 29, 1998, page 25.
100. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
101. Ibid.
102. US Education Department, Center on Education Statistics. "National Violence and Discipline Problems in U.S. Public Schools 1996-1997."
103. US Dept. of Education and US Dept. of Justice. "Student Reports of School Crime: 1998 and 1995."
104. US DOJ, Bureau of Justice Statistics: Factbook, "Violence Against Intimates," March 1998.
105. The Commonwealth Fund. "First Comprehensive National Health Survey of American Women." July 1993. Also reported by the Family Violence Prevention Fund.
106. The Commonwealth Fund, First Comprehensive National Health Survey of American Women, July 1993.
107. Dearwater, S., Prevalence of Intimate Partner Abuse in Women Treated at Community Hospital Emergency Rooms." JAMA, August 5, 1998.
108. Lieberman Research Inc., "Tracking Survey conducted for the Ad Council and the FUND," July-Oct. 1996.
109. Tjaden, P., "National Violence Against Women Survey," CDC and DOJ, November 18, 1998.
110. Zawitz, M. et al. "Highlights from 20 years of Surveying Crime Victims: The National Crime Victimization Survey, 1973-1992." Washington, DC: US DOJ BJS October 1993.
111. CDC as reported in the Atlanta Journal and Constitution, 1994.
112. US DOJ, Bureau of Justice Statistics: Factbook, "Violence Against Intimates," March 1998.
113. Family Violence Prevention Fund.
114. Miller, T., Cohen, M., Wiersema, B. "Victims Cost and Consequences: A New Look." NIJ. Feb, 1996.
115. National Safe Workplace Institute survey, as cited in "Talking Frankly about Domestic Violence," Personnel Journal, April, 1995.
116. Wang, C.T., and Daro, D. (1998). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey." Chicago, IL: National Committee to Prevent Child Abuse.
117. Ibid.
118. National Committee to Prevent Child Abuse. (April 1998) "Child Abuse and Neglect Statistics.

119. Wang and Daro (1997). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1996 Annual Fifty State Survey." Chicago, IL: National Center on Child Abuse Prevention Research, National Committee to Prevent Child Abuse.
120. Wang, C.T., and Daro, D. (1998). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey." Chicago, IL: National Committee to Prevent Child Abuse.
121. Ibid.
122. Ibid.
123. National Committee to Prevent Child Abuse. (April 1998) "Child Abuse and Neglect Statistics."
124. Wang, C.T., and Daro, D. (1998). "Current Trends in Child Abuse Reporting and Fatalities: The Results of the 1997 Annual Fifty State Survey." Chicago, IL: National Committee to Prevent Child Abuse.
125. Lisak, D. (1994). "The Psychological Impact of Sexual Abuse: Content Analysis of Interviews with Male Survivors." *Journal of Traumatic Stress*, 7(4):525-548.
126. Kerns, D., Terman, D., Larson, C., (1994) "The Role of the Physician in Reporting and Evaluating Child Sexual Abuse Cases." *The Future of Children*, 4(2):119-134.
127. Roesler, T., Wind, Tiffany Weissmann. (1994) "Telling the Secret: Adult Women Describe Their Disclosures of Incest." *Journal of Interpersonal Violence*, 9(3):327-338.
128. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
129. CDC, Center for Injury Prevention and Control. "Suicide in the United States. February 1998.
130. CDC. Fatal and Nonfatal Suicide Attempts Among Adolescents - Oregon, 1988-1993. *MMWR* 1995;44:312-315,321-323.
131. CDC, National Center for Injury Prevention and Control. "Suicide in the United States. Feb 1998.
132. US DOJ, OJJDP. "Juvenile Offenders and Victims: 1997 Update on Violence."
133. CDC, National Center for Injury Prevention and Control. "Suicide in the United States. Feb 1998.
134. Ibid.

Clinton Presidential Records Digital Records Marker

This is not a presidential record. This is used as an administrative marker by the William J. Clinton Presidential Library Staff.

This marker identifies the place of a tabbed divider. Given our digitization capabilities, we are sometimes unable to adequately scan such dividers. The title from the original document is indicated below.

Economic Conditions

Divider Title: _____



ECONOMIC CONDITIONS

SUBJECT INCLUDES: **Income/Poverty**
 Housing
 Jobs/Welfare

GRADE: **C-**

SUMMARY OF STATUS: America's economy is roaring. The stock market has hit record heights in 1998. Incomes are rising. Home sales are skyrocketing. Unemployment is at its lowest levels in 30 years.

But Americans are not benefiting equally from the nation's hot economy. The gulf between America's "haves" and "have-nots" is widening, and America's middle class is shrinking. While many Americans are reaping the rewards of the economy's five-year roll, many others are being left behind—suffering from poverty, unable to afford high-quality housing and trying to make sense of a new welfare system.

Income/Poverty

While median household incomes have risen for three consecutive years¹, over the past 25 years average hourly earnings have declined by almost 12 percent.² Furthermore, a greater percentage of people who work full time now live in poverty. Over the past 30 years, the proportion of households classified as middle-income has shrunk while the proportion of those living in either high-income or low-income has increased.

Despite this country's much-heralded economic boom, more than 35 million Americans suffer in poverty. While the percentage of people, including children, living in poverty has not dropped significantly over the past 10 years, the number of people living in extreme poverty is growing. (The 1997 federal poverty line is drawn at an annual income of \$12,802 to support a family of three.)

Although they don't garner the headlines that the rising stock market does, one in every five children in this nation lives in poverty. In fact, the United States' child poverty rate is the highest among industrialized nations.

Children are disproportionately affected by poverty, and they begin life with the odds stacked against them, suffering in ever greater numbers from poor health, hunger and school difficulties.

The number of children living in working-poor families is on the rise. Also increasing is the percentage of children growing up in single-parent households, and these children are much more likely to live in poverty than children with married parents.

With more than 7 million families living in poverty, clearly much more needs to be done to ensure our country's economic success is shared by all families.

Housing

First the good news: a record number of Americans are now homeowners. A strong economy and low mortgage rates have sparked a home-buying boom. But despite these favorable economic conditions, more American families are facing housing problems.

Rising housing costs are consuming more and more of families' income, and the gap between the supply of affordable housing and the demand is growing. Not surprisingly, low-income families have been especially hard hit with a lack of affordable, high-quality housing. In fact, the shortage of low-cost housing is at record levels with nearly two low-income renters for every one low-cost unit.

There has been some improvement in the quality of housing, but still 7 percent of all American families live in overcrowded housing or housing with severe or moderate physical problems.

Jobs/Welfare

Unemployment in this country is dropping to record lows. Not since 1970 has the percentage of unemployed Americans sat below 5 percent, as it has for the past year.³ In addition, more than 16 million jobs have been added to the nation's payroll since 1990.⁴

More Americans are working thanks to the healthy economy and, in part, to the much-publicized overhaul of the welfare system. Since the passage of the Personal Responsibility and Work Opportunity Reconciliation Act in August 1996, the number of Americans on welfare has dropped by more than 30 percent. Since its peak in 1994, the percentage of welfare recipients has dropped by more than 40 percent.⁵

By this measure, welfare reform is working. But the number of welfare caseloads alone cannot truly measure the success of this reform. Formerly a federal, centralized program, states now control welfare and tie assistance to work requirements and time limitations. Programs vary widely from state to state and even from county to county, and most experts agree it is too early to fully understand the impact of welfare reform on families.

Questions have been raised about how many of those leaving the welfare rolls have found work versus those who have been taken off the welfare rolls for failing to meet administrative requirements. Questions have also been raised about how welfare reform will fare when the economy slows down.

It is clear that welfare recipients need a web of supporting social services to make the transition from welfare-dependency to self-sufficiency. Some need to find high-quality child care or transportation. Others must overcome health problems or lack of training.

Currently, the Administration's Welfare to Work Partnership encourages businesses to hire welfare recipients, and the Welfare to Work Coalition to Sustain Success works with civic groups (including the YMCA of the USA) to help former welfare recipients stay in the workforce and succeed. In addition, the Administration has toughened child support enforcement laws and unveiled a program to prevent teen pregnancy. To further support welfare reform the Administration is proposing more funding to help former welfare recipients with housing and transportation.

Ultimately, the well-being of America's families and children will determine the success or failure of welfare reform efforts.

YMCA CALL TO ACTION

- Business, community organizations and government should work together to provide former welfare recipients with the web of social services needed to overcome barriers to self-sufficiency. Affordable child care, health care, transportation and housing, along with high-quality job training, are critical ingredients in making welfare reform work.
- The success or failure of welfare reform should be measured neither by the number of welfare caseloads nor the level of poverty. Although these are important indicators of the effects of welfare reform and general economic conditions, the most important goal of welfare reform should be the overall well-being of low-income children and families.
- More affordable housing should be created to meet overwhelming demand. Commitment on the part of the federal government, as well as state and local officials, to meet the housing needs of low-income families is more important than ever.
- Families can make an immediate difference in the fight against homelessness and poverty by volunteering in their own communities. By volunteering at a shelter, food bank or social service organization, families can help others and help strengthen the community in which they live.
- Public awareness should be raised noting that, despite recent economic gains, millions of Americans still suffer from poverty. Even among poor families, awareness should be raised about opportunities such as the Earned Income Tax Credit.
- Poverty has traditionally been viewed as a personal failure, and it is time for politicians and policymakers to focus on poverty as a public health issue. Policymakers should increase their efforts to help individuals fight against their impoverished situation and address major risk factors such as too little education, lack of skills and single parenthood. Also, policymakers should address the plight of the working poor whose jobs do not enable them to pull their families out of poverty.

FACTS ON INCOME/POVERTY

"The Percent of Children in Poverty is perhaps the most global and widely used indicator of child well-being. This is due, in part, to the fact that poverty is closely linked to a number of undesirable outcomes in areas such as health, education, emotional well-being, and delinquency."

The Annie E. Casey Foundation⁶

- The gulf continues to widen between America's richest and poorest. From 1969 to 1996, the percentage of middle-income households has decreased (from 67% to 61%). From 1969 to 1993, the percentage of high-income families has increased (from 12% to approximately 17%) and the percentage of low-income families has also increased (from 21% to 23%).⁷
- In 1997, the top 5% of households by income (\$126,550) earned 8.2 times that of a household in the bottom 20% (\$15,400). In 1967, the top-earners made only 6.3 times the income of the bottom 20%.⁸
- From 1967 to 1996, the average income of the top 20% grew by almost 50% while the average income of the bottom 20% grew by only 22.3%.⁹
- Higher income inequality is associated with increased mortality at all per capita income levels. This mortality difference in areas with high-income inequality, compared to areas with low-income inequality, exceeds the combined loss of life from lung cancer, diabetes, motor vehicle crashes, HIV infection, suicide and homicide.¹⁰
- Average hourly earnings have declined by almost 12% since 1973.¹¹
- There is still a gender gap when it comes to pay. Women earn only 74 cents to every dollar men earn.¹²
- In 1997, Asians and Pacific Islanders had the highest median household income at \$45,249, followed by White households with a household income of \$38,972. Black households earned \$25,050 and Hispanic-origin households had a median household income of \$26,628.¹³
- Although most poor people are White (24 million), poverty disproportionately affects Black and Hispanic Americans. Twenty-seven percent of blacks and Hispanics live in poverty, while only 11% of whites are poor.¹⁴
- In 1997, the poverty rate of blacks, approximately 27%, was the lowest rate since the federal government started collecting these numbers in 1959.¹⁵
- In 1994, 16.2% of people who usually work full time and year-round lived in poverty, an increase from 14.6% in 1984.¹⁶

- Approximately 36.6 million Americans live in poverty. That's 13.3% of the country's population.¹⁷
- In the United States, approximately one in five children (19.9%) lives in poverty.¹⁸
- Even though children make up only one-fourth of the total population, children represent a large segment of the poor (40%).¹⁹
- In 10 states and the District of Columbia, a quarter or more of all children were poor in 1995.²⁰
- Compared to children living above the poverty line, children in poverty are more likely to suffer from poor health and have no usual source of health care. They are also more likely to face housing problems and hunger, have difficulty in school, become teen parents and, as adults, earn less and be unemployed.²¹
- Although the percentage of children living in poverty has remained steady over the past 10 years, in 1970 the poverty rate for children was significantly less at 15%. Almost 4 million more children are living in poverty today.²²
- The U.S. child poverty rate is the highest in the industrialized world. One study that examined child poverty rates in 17 developed countries found that the child poverty rate in the United States was not only the highest among the 17 countries studied, but it was also 50% higher than the next highest rate.²³
- Children living in poverty are more likely to live in households that sometimes or often do not have enough to eat. In 1996, 15% of poor households with children reported that they did not have enough to eat, compared to less than 1% of children living at or above poverty. Many more poor households are at risk of hunger—29% of poor families report having difficulty obtaining enough food.²⁴
- Despite years of economic growth and an increase in household income for the third consecutive year²⁵, the number of children in working-poor families has grown by a third.²⁶
- During the 1990s there has been a significant increase in the number of children living in working-poor families (where at least one parent worked 26 or more weeks, and family income was below poverty level)—from 4.3 million in 1989 to 5.7 million in 1996.²⁷
- There has been a significant increase in the number of people living in extreme poverty. In just two years the number of the extremely poor jumped from 13.9 million in 1995, to 14.4 million in 1996, and to 14.6 million (41% of the poor) in 1997.²⁸
- Young children are particularly vulnerable to living in poverty. In 1996, the overall poverty rate for children under 6 was 21.6%.²⁹

- The percentage of children living in poverty is higher than any other age group, about double the rate of poverty for adults 18 to 64 (11%) and the elderly (11%).³⁰
- In 1996, nearly half of the young poor live in extreme poverty (i.e., in families with a combined family income below 50% of the federal poverty line).³¹ The rate of young children living in extreme poverty doubled between 1975 and 1994, jumping from 6% to 12%.³²
- The poverty rate of poor, young children jumps dramatically to 59% when they live in a household headed by a single female—more than five times the rate (11%) of young children in married-couple families.³³
- Nationwide, the percentage of single-parent families increased from 22% in 1985 to 26% in 1995.³⁴
- In five states (Kansas, Minnesota, New Mexico, West Virginia and Wyoming) the number of children living in single-parent families increased by 50% or more between 1985 and 1995.³⁵
- In 1997, 68% of American children lived with two parents, down from 77% in 1980.³⁶
- In 1997, almost a quarter (24%) of children lived with only their mothers, 4% lived with only their fathers, and 4% lived with neither of their parents.³⁷
- Children of unmarried mothers are at higher risk of suffering adverse birth outcomes, such as low birthweight and infant mortality, and are more likely to live in poverty than children of married mothers.^{38,39}
- The number of parents living with a child is generally linked to the amount and quality of human and economic resources available to that child. Children who live in a household with one parent are substantially more likely to have family incomes below the poverty line than are children who grow up in a household with two parents.⁴⁰
- Children with two married parents are much less likely to be living in poverty than children living only with their mothers. In 1996, 10% of children in two-parent families were living in poverty, compared to 49% of female-householder families.⁴¹
- While most of the children who live in poverty are white and non-Hispanic, a higher proportion of Hispanic and black children live in poverty. In 1996, 10% of white, non-Hispanic children lived in poverty, compared to 40% of black children and 40% of Hispanic children.⁴²
- Black and Hispanic children are also less likely than white children to have a parent working full time all year.⁴³
- Currently, 10.3% of all families (7.3 million) live in poverty.⁴⁴

- Communities in the South and West have a disproportionate share of the poverty population. In 1997, both the South and the West had poverty rates of 14.6%, compared to 12.6% in the Northeast and 10.4% in the Midwest.⁴⁵
- Cities have the highest poverty rates; in 1996, 43% of the poor lived in cities compared to 30% of the general population.⁴⁶ More than 58% of poor, young children live in suburban or rural areas.⁴⁷
- The young child poverty rate has grown at a much faster pace in the suburbs than in rural or urban areas. The rate of poverty for young poor children living in suburban areas grew by nearly 60% between the late 1970s and early 1990s, whereas the poverty rates for young children living in urban and rural areas rose by 34% and 45%, respectively.⁴⁸
- The current official poverty definition is based on pre-tax income and does not count non-cash benefits. The federal government estimates that if an alternative definition were used to include noncash benefits (such as food stamps, housing subsidies and Medicaid) to post-tax income, the poverty rate would be approximately 10%.⁴⁹

FACTS ON HOUSING

“Safe, decent, affordable housing is a basic necessity for every family. Without a decent place to live, people cannot be productive members of society, children cannot learn, and families cannot thrive. Until our nation’s housing crisis is remedied, a myriad of social problems will not be adequately addressed. Families will continue to lose the battle against crime, poor education, inadequate nutrition, decaying neighborhoods, insufficient health care and welfare dependency. The foundation of family security and stability is the home. And the lack of decent, affordable housing is a fundamental societal problem.”

National Low Income Housing Coalition⁵⁰

- Sales of new and existing homes continue to climb. From 1994 to 1997, a record-breaking 4 million households joined the ranks of homeowners.⁵¹
- Rising from 30% in 1978, in 1995, 36% of all households with children had one or more of the following three housing problems: physically inadequate housing, overcrowded housing or housing that cost more than 30% of their household income.⁵²
- As of 1995, 5.5 million renter households (37.5%) and 3.8 million owner households (32.6%) were spending more than half their incomes on housing and/or living in severely inadequate units.⁵³
- In 1995, there were only 6.1 million low-cost units but 10.5 million low-income renters. This shortage of 4.4 million units is the widest gap on record.⁵⁴

- Between 1978 and 1995, the percentage of households with children paying more than 30% of their income for housing (a federal standard for affordability) rose from 15% to 28%. The percentage with severe cost burdens, paying more than half of their income for housing, rose from 6% to 12%.⁵⁵
- The lack of affordable housing has hit working-poor families especially hard. Over half of all poor renter families have one or more working adults, and 59% of working-poor renters spend more than 50% of their income on housing, compared to just 2% of renters with incomes exceeding twice the poverty line.⁵⁶
- Over the past 30 years there has also been a drastic reduction in the number of single-room occupancy (SRO) hotels.⁵⁷
- Although there has been some improvement since 1978, 7% of families still live in housing with severe or moderate physical problems, and 7% live in overcrowded housing.⁵⁸
- A higher proportion of renter households live in inadequate housing than do owner households. Almost 11% of renter households with children live in either moderately or seriously inadequate housing, while almost 5% of owner households with children live in moderately or seriously inadequate housing.⁵⁹
- Five percent of all households lack adequate heating, 1.5% lack adequate plumbing, and 1.1% lack an adequate kitchen.⁶⁰
- Substandard housing affects residents in rural areas disproportionately. While 22% of the country's population lives in rural areas, 29% of rural residents live in substandard housing.⁶¹
- In poor urban areas, well over half the children are affected by exposure to lead paint.⁶²
- While approximately 700,000 people are homeless on any given night, a Columbia University study found that 12 million adults have been homeless at some point in their lives.⁶³
- The fastest growing segment of the homeless population is families with children.⁶⁴
- Families with children constitute approximately 40% of people who become homeless, and on any given night, 20% of the homeless population is families.⁶⁵
- Recent research indicated that homelessness among families is increasing. Between 1996 and 1997, requests by families with children for emergency shelter in 29 U.S. cities increased by 5%.⁶⁶
- A survey of U.S. cities found that 32% of requests by homeless families for shelter could not be fulfilled, and 92% of cities expect the number of requests to rise in 1998.⁶⁷

FACTS ON JOBS/WELFARE

"This legislation provides an historic opportunity to end welfare as we know it and transform our broken welfare system by promoting the fundamental values of work, responsibility, and family."

President Bill Clinton
August 22, 1996

"We know far too little about why caseloads are dropping and far too little about what happens to families who leave welfare. Some of the decline is for the best of reasons because the economy is chugging along and more people are finding good jobs. But some of it is for the worst of reasons because there are so many hurdles now that families can't surmount them when they're in crisis. Or parents are so troubled that they can't comply with rules, are dropped from the rolls, and no one cares. These families, this generation of poor children, are the great unknown of our national welfare experiment."

Deborah Weinstein
Children's Defense Fund

- Fully 6.2 million Americans were unemployed, at a rate of 4.5%, as of July 1998.⁶⁸
- More than 63% of Americans age 16 and older hold jobs.⁶⁹
- From August 1990 to August 1998, the nation experienced a 13% increase in nonfarm payroll employment. The rise represents an addition of 16.6 million jobs.⁷⁰
- Since August 1990, the number of people working has increased by more than 12 million.⁷¹
- There are 3.8 million fewer welfare recipients since the passage of the 1996 welfare reform law.⁷²
- There are currently 8.4 million people receiving welfare. This is down from a high of 14.2 million in 1994.⁷³
- One in three families who received welfare in 1996—1.7 million people—were working in 1997.⁷⁴
- Every state except Hawaii has seen a drop in its welfare rolls. The most dramatic drops have been in Idaho (81%), Wyoming (74%) and Wisconsin (71%). Seventeen states have seen drops of more than 40%.⁷⁵
- Ninety-four percent of welfare recipients do not have automobiles.⁷⁶
- Seventy percent of employers rate welfare recipients positively in terms of attitude and reliability, and 66% of employers rate reliability and a positive attitude as the most important qualities they're looking for in an employee.⁷⁷

- Seventy-six percent of businesses participating in the Administration's Welfare-to-Work Partnership say former welfare recipients have turned out to be "good, productive employees." Forty-eight percent say that their welfare-to-work hires have the same or higher retention rates than those hired through standard channels. Fifty-one percent consider employee transportation a problem.⁷⁸
- To evaluate how welfare reform will affect children's growth and development, evaluation must take into account changes in family income, parent behavior and stress, and children's access to services such as child care and health care. Very little to no information is yet available.⁷⁹
- Most former welfare recipients who are able to find full-time employment should stay above the poverty line with the help of subsidized child care and other government assistance (such as the Earned Income Tax Credit and food stamps).⁸⁰
- Those who remain on welfare are going to be an increasingly disadvantaged group, made up disproportionately of those least likely to succeed in the job market.⁸¹
- Recent job growth and tougher welfare policies together have pushed and pulled into the job market many of those who otherwise would have remained dependent on government assistance. In the future, however, if the economy slows, the push may become stronger than the pull, and we could see as many as 100,000 to 150,000 additional workers per year competing for a less rapidly growing number of jobs.⁸²
- Jobs usually requiring an associate degree or higher degree will grow faster than average job rate. And though occupations requiring less education and training are expected to grow more slowly than average, they account for more than half of the numerical growth in employment because of their large number.⁸³
- Service and retail trade industries will account for 14.8 million out of a total projected growth of 17.5 million wage and salary jobs by 2006.⁸⁴

Notes

1. U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
2. U.S. Bureau of Labor Statistics, "National Employment, Hours and Earnings," Average Weekly Earnings in 1982 Dollars, June 1998.
3. U.S. Bureau of Labor Statistics (Note: Past year is July 1997 to July 1998).
4. U.S. Bureau of Labor Statistics, "National Employment, Hours, and Earnings," Non-farm Employees, August 1990, August 1998.
5. U.S. Health and Human Services Administration for Children and Families, "Aid to Families with Dependent Children (AFDC) Temporary Assistance for Needy Families (TANF) 1960-1997," August 1998.
6. The Annie E. Casey Foundation, (1998) The 1998 Kids Count Data Book, page 22.
7. McNeil, John, U.S. Bureau of the Census, Current Population Reports, Special Series, pages 23-196, U.S. Department of Commerce, *Changes in Median Household Income: 1969 to 1996*, July 1998, page 4.
8. U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
9. U.S. Bureau of the Census, Current Population Reports, pages 60-197, *Money Income in the United States: 1996 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1997, page xi.
10. Lynch, John; Kaplan, George; Pamuk, Elsie; "Income Inequality and Mortality in Metropolitan Areas of the United States," *American Journal of Public Health*, July 1998 (based on 1995 statistics).
11. U.S. Bureau of Labor Statistics, "National Employment, Hours and Earnings," Average Weekly Earnings in 1982 Dollars, June 1998.
12. U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
13. U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
14. Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, Table A.
15. Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998.
16. Ryscavage, Paul, *A Perspective on Low-Wage Workers*, U.S. Bureau of the Census, Current Population Report, August 1996.
17. Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page v.
18. Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
19. Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
20. The Annie E. Casey Foundation, (1998) The Kids Count Data Book, page 23.
21. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, pages iii & 10.
22. Dalaker, Joseph and Mary Naifeh, U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, Table C-2.
23. Rainwater, Lee, and Smeeding, Timothy M., 1995, "Doing Poorly: The Real Income of American Children in a Comparative Perspective," Working Paper No. 127, Luxembourg Income Study, Maxwell School of Citizenship and Public Affairs, Syracuse University, Syracuse, NY (From The Annie E. Casey Foundation, (1998) The 1998 Kids Count Data Book).

24. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, pages 14-15.
25. U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
26. The Annie E. Casey Foundation, (1998) The Kids Count Data Book.
27. The Annie E. Casey Foundation, (1998) The Kids Count Data Book.
28. Dalaker, Joseph and Mary Naifeh , U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page xii & Lamison-White, Leatha, *Poverty in the United States 1996*, U.S. Bureau of the Census, Current Population Reports, Series P60-198, 1997.
29. Dalaker, Joseph and Mary Naifeh , U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
30. Dalaker, Joseph and Mary Naifeh , U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
31. National Center for Children in Poverty, "Young Children in Poverty: A Statistical Update," Columbia School of Public Health, March 1998.
32. National Center for Children in Poverty: Long Term Young Child Poverty Trends, Columbia School of Public Health.
33. Dalaker, Joseph and Mary Naifeh , U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page vi.
34. The Annie E. Casey Foundation (1998), The Kids Count Data Book, page 23.
35. The Annie E. Casey Foundation (1998), The Kids Count Data Book, page 23.
36. U.S. Bureau of the Census, "March Current Population Survey," (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
37. U.S. Bureau of the Census, "March Current Population Survey," (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
38. McLanahan, S. (1995), *The consequences of nonmarital childbearing for women, children, and society*, In National Center for Health Statistics, Report to Congress on out-of-wedlock childbearing. Hyattsville, MD: National Center for Health Statistics (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
39. Ventura, S.J., Martin, J.A., Curtin, S.C., and Mathews, T.J. (1997), *Report of final natality statistics, 1995* Monthly Vital Statistics Report, 45 (11, Supplement 1), Hyattsville, MD: National Center for Health Statistics, Ventura, S.J. (1995), *Births to unmarried mothers: United States, 1980-92*, Vital and Health Statistics 53 (Series 21), Hyattsville, MD: National Center for Health Statistics (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
40. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office.
41. U.S. Bureau of the Census, "March Current Population Survey," (From the Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*).
42. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 10.
43. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 12.
44. Dalaker, Joseph and Mary Naifeh , U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page v.
45. Dalaker, Joseph and Mary Naifeh , U.S. Bureau of the Census, Current Population Reports, Series P60-201, *Poverty in the United States: 1997*, U.S. Government Printing Office, Washington, DC, 1998, page xi.
46. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page vii.

47. National Center for Children in Poverty, "Young Children in Poverty: A Statistical Update," Columbia School of Public Health, March 1998.
48. National Center for Children in Poverty, "Long Term Young Child Poverty Trends," Columbia School of Public Health, 1994.
49. U.S. Bureau of the Census, Current Population Reports, P60-200, *Money Income in the United States: 1997 (With Separate Data on Valuation of Noncash Benefits)*, U.S. Government Printing Office, Washington, DC, 1998.
50. National Low Income Housing Coalition, "Housing America's Future: Children at Risk," 1996.
51. Joint Center for Housing Studies of Harvard University, "The State of the Nation's Housing," 1998, page 1.
52. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 13.
53. Joint Center for Housing Studies of Harvard University, "The State of the Nation's Housing," 1998, page 17.
54. Center on Budget and Policy Priorities, "In Search of Shelter: The Growing Shortage of Affordable Rental Housing," June 15, 1998.
55. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 13.
56. Center on Budget and Policy Priorities, "In Search of Shelter: The Growing Shortage of Affordable Rental Housing," June 15, 1998.
57. Cuomo, Andrew, "Housing and the Federal Homeless Plan," Housing Research News, Volume 3, Number 1, Fannie Mae Foundation, February 1995.
58. Federal Interagency Forum on Child and Family Statistics, *America's Children: Key National Indicators of Well-Being, 1998*, Federal Interagency Forum on Child and Family Statistics, Washington, DC: U.S. Government Printing Office, page 13.
59. National Low Income Housing Coalition, "Housing America's Future: Children at Risk," page 15.
60. U.S. Department of Commerce and U.S. Department of Housing and Urban Development, *American Housing Survey for the United States in 1995*.
61. Housing Assistance Council, "Information About Rural Housing Quality."
62. "Housing America's Future: Children at Risk," National Low Income Housing Coalition, page 17.
63. Link, Bruce, "Life-time and Five-year Prevalence of Homeless in the United States: New Evidence in an Old Debate," National Coalition for the Homeless, NCH Fact Sheet #2.
64. National Coalition for the Homeless, NCH Fact Sheet #7.
65. National Coalition for the Homeless, NCH Fact Sheet #7.
66. Waxman, Laura, and Trupin, Remy, "A Status Report on Hunger and Homelessness in America's Cities: 1997," (From the National Coalition for the Homeless, NCH Fact Sheet #7).
67. Waxman, Laura, and Trupin, Remy, "A Status Report on Hunger and Homelessness in America's Cities: 1997," (From the National Coalition for the Homeless, NCH Fact Sheet #7).
68. U.S. Bureau of Labor Statistics, "The Employment Situation: July 1998," August 7, 1998.
69. U.S. Bureau of Labor Statistics, "The Employment Situation: July 1998," August 7, 1998.
70. U.S. Bureau of Labor Statistics, "National Employment, Hours, and Earnings," Non-farm Employees, August 1990, August 1998.
71. U.S. Bureau of Labor Statistics, Labor Force Statistics from the Current Population Survey, Employment Level, August 1990, August 1998.
72. U.S. Department of Health and Human Services, "Change in Welfare Caseloads Since Enactment of the New Welfare Law."
73. Health and Human Services Administration for Children and Families, "Aid to Families with Dependent Children (AFDC) Temporary Assistance for Needy Families (TANF) 1960-1997," August 1998.
74. U.S. Dept. of Health and Human Services, TANF Report to Congress, August 4, 1998.
75. U.S. Department of Health and Human Services, "Change in Welfare Caseloads Since Enactment of the New Welfare Law."
76. Children's Defense Fund, "Welfare in the States: New Studies Look at the Status of Former Welfare Recipients," May 27, 1998.
77. Regenstein, Marsha; Meyer, Jack; Hicks, Dickemper, *Job Prospects for Welfare Recipients: Employers Speak Out*, The Urban Institute, July, 1998.

78. The Welfare to Work Partnership, "Welfare by the Numbers."
79. Collins, A., and Aber, J.L., Children and Welfare Reform Issue Brief 1: How Welfare Reform Will Help or Hurt Children, National Center for Children in Poverty, 1997.
80. McMurrer, Daniel; Sawhill, Isabel; Lerman, Robert, "Welfare Reform and Opportunity in the Low-Wage Labor Market," The Urban Institute, 1998.
81. McMurrer, Daniel; Sawhill, Isabel; Lerman, Robert, "Welfare Reform and Opportunity in the Low-Wage Labor Market," The Urban Institute, 1998.
82. McMurrer, Daniel; Sawhill, Isabel; Lerman, Robert, "Welfare Reform and Opportunity in the Low-Wage Labor Market," The Urban Institute, 1998.
83. U.S. Bureau of Labor Statistics, *1998-1999 Occupational Outlook Handbook*.
84. U.S. Bureau of Labor Statistics, *1998-1999 Occupational Outlook Handbook*.



YMCA of the USA Nation's Report Card

ADVISORY PANEL

Larry S. Goldman, M.D.

Director, Department of Mental Health, American Medical Association

Thomas P. Houston, M.D.

National Director, Robert Wood Johnson Foundation, SmokeLess States Tobacco Prevention and Control Program

Director, Department of Preventive Medicine and Public Health, American Medical Association

Diana L. Kerr, M.S., R.N.

Deputy Director, Center for Health Promotion and Disease Prevention, Henry Ford Health System (Detroit, Michigan)

Don Kyzer

Associate Director, Program Development Division, YMCA of the USA

Vacera Morgan

Director of Operations, Austin YMCA (Chicago, Illinois)

John S. Rolland, M.D.

Associate Clinical Professor, Department of Psychology, Pritzker School of Medicine, University of Chicago

Gary Sandefur, Ph.D.

Professor of Sociology and Research Affiliate, Institute for Research on Poverty, University of Wisconsin-Madison

Barbara Taylor

Associate Director, Program Development Division, YMCA of the USA

David Walsh, Ph.D.

President, National Institute on Media and the Family

Froma Walsh, Ph.D.

Co-Director, Center for Family Health, School of Social Service Administration, University of Chicago

Lana Weiner

Executive Director, Kohl/McCormick Early Childhood Teaching Awards



YMCA

We build strong kids
strong families, strong communities