Native American Kids 2001: Indian Children's Well-Being Indicators Data Book

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NICA was formed in 1999 between Casey Family Programs and NICWA. The goal of NICA is to increase permanency options for Indian children through three targeted project areas: 1) the conduct of research that can contribute to policy development on issues that impact Indian children; 2) the provision of on-site technical assistance and training to tribes to enhance service options for their children and families; and 3) the development of tribal adoption codes that incorporate historically and culturally defined practices and the implementation of a campaign to develop additional foster, kinship, or adoptive homes. Together, these three components will provide Indian children with a stronger foundation for achieving the permanency that all children deserve.

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ABSTRACT

Native American Kids 2001:
Indian Children's Well-Being Indicators Data Book

This report presents a literature review of 10 well-being indicators for American Indian and Alaska Native[1] children. Various governmental data sets are discussed. Using the KIDS COUNT Data Book (Annie E. Casey Foundation, 2001) as the model, a gap in the well-being literature is identified. This report produces the actual national percentages and rates for well-being indicators for American Indian and Alaska Native children and youth. The well-being indicators are: low birthweight babies; infant mortality; teen birth rates; teens who are high school dropouts (ages 16–19); teens who are not attending school and not working (ages 16–19); children in poverty; child death; teen deaths by accident, homicide, and suicide; children living with parents who do not have full-time, year-round employment; and families with children headed by a single parent. The report indicates that Native American children and youth are not doing very well in 9 out of the 10 indicators. This report documents that hard-to-find information on American Indian and Alaskan Native children and youth can be ferreted out of many resources and made explicit to interested parties given enough support, patience, determination, and resources. The report concludes with future recommendations for practice, policy, and research on Native American children's well-being indicators.

Native American Kids 2001:
Indian Children's Well-Being Indicators Data Book

This report extends the work from the first year's research project, which augmented the KIDS COUNT data books, published annually by the Annie E. Casey Foundation. These books on the national well-being indicators of children and youth do not cover American Indian and Alaskan Native populations in any detail. The first year's research project resulted in a report, Native American Kids 2000: Indian Child Well-Being Indicators (Goodluck & Willeto, 2000), that provided a literature review, definitions of "American Indian," the historical context of American Indian federal policies, and theoretical perspectives. It also discussed the complex nature of the methodological barriers encountered when conducting research into this specialized area.

The second year of research consisted of using secondary analysis research techniques to examine existing data on the 10 well-being indicators at the national level. This study came into existence because these indicators have not been presented in other national resources for American Indians and Alaska Natives. The target audience is professionals and paraprofessionals, governmental and tribal agencies, and child advocacy organizations interested in learning about the well-being of Native young people. A historical review is given of how this project came into existence, and the literature from the first year is briefly reviewed. Current theoretical perspectives on the 10 well-being indicators are based on the deficit model, and the authors state the need for alternative future research that uses the strengths perspective. The 10 well-being indicators are low birthweight, infant mortality, teen birth, teen dropouts, teens not attending school and not working, children in poverty, child death, teen deaths by accident, homicide, and suicide, children living with parents who do not have full-time, year-round employment, and families with children headed by a single parent. These are the same indicators reviewed by the Annie E. Casey Foundation. They are categorized into six thematic areas: infants, teens, poverty, mortality, family employment, and family structure. A definition and literature review is presented for each of the indicators, and a brief commentary is offered from the American Indian perspective.

The KIDS COUNT data books produced by the Annie E. Casey Foundation use four national resources of data: the U.S. Bureau of the Census, the Bureau of Labor Statistics, the National Center for Health Statistics, and the Urban Studies Institute at the University of Louisville. Data from Indian Health Service, which provides information specific to American Indian and Alaskan Native populations, are also offered here to complement the other national data sources. Contact information is provided for each agency.

This study provides a comprehensive overview of the 10 well-being indicators from a national per-

spective on American Indians and Alaskan Natives. One of the major findings is that of the 10 indicators, compared to the general U.S. population, American Indians are doing well in only one: low infant birthweight. Consequently, Native American children and youth are not doing very well in 9 out of the 10 indicators. It is clearly evident that young American Indians do not have the necessary social, educational, health, and environmental supports and resources. The other significant finding is that after a Native infant is born, all encounters along the developmental life span (birth to early adulthood) present extreme barriers and difficulties. This information is not new to tribal communities; other researchers have stated this in separate reports on education, health, and social and economic conditions. Yet this report shows the degree of difference between the national indicators and the indicators for Native American children and youth.

This report also documents that hard-to-find information on American Indian and Alaskan Native children and youth can be ferreted out of many resources and made explicit to interested parties given enough support, patience, determination, and resources. Practice and policy recommendations are given for each of the indicators, as well as information on how to understand and make changes in this specialized field of child welfare and services. Research implications and recommendations are presented, as well as the strengths and limitations of the study.

Introduction

Summary of Literature Review from Year 1 (2000)

The first year of the project comprised writing a comprehensive literature review on issues associated with Native American children. A literature review was prepared in the first year because there was no report on Native American children and youth well-being indicators in the literature in any national, state, or tribal reports, books, or articles. There is an annual national publication, the Annie E. Casey Foundation's KIDS COUNT Data Book series, that gives statistical data on the nation's children and youth in general. However, well-being information on Native children and youth is subsumed under the category of the general population of children, and they are not made explicit in the series.

Thus, the focus of the first report was to delineate the gap in the literature about indicators of Native children's well-being and to argue for future research in this often overlooked area. The first report, Native American Kids 2000: Indian Child Well-Being Indicators (Goodluck & Willeto, 2000), discussed significant issues that pertain to the world of Native children: historical influences, federal policies, and concepts related to the definition of "American Indian." Research with Native populations and methodological problems were covered in detail. Existing sources of data on Native children's well-being were reviewed, including issues and challenges related to data collection, for example the lack of access to and inconsistency of data on American Indian children. The KIDS COUNT Data Book 1999 (Annie E. Casey Foundation, 1999) was evaluated for relevant Native American materials, and it subsequently provided the basic model and format for the ensuing project.

Purpose of This Project

The first report, Native American Kids 2000: Indian Child Well-Being Indicators (Goodluck & Willeto, 2000) revealed a gap in the professional literature on Native children's well-being indicators, and recommended continuation of the research to further explore the nature of Native children's well-being indicators. For the current study, the authors reviewed and evaluated the 10 well-being indicators based on the KIDS COUNT Data Book 2001 and presented the existing material on Native children. The 10 indicators, which are nationally recognized as important measures of children's well-being, are (1) low birthweight babies, (2) infant mortality rates, (3) teen birth rates, (4) teens who have dropped out of school, (5) children living in poverty, (6) child death rate, (7) teen deaths by accident, homicide, and suicide, (8) teens who are not attending school and not working, (9) children living with parents who do not have full-time, year-round employment, and (10) families with children

headed by a single parent (see Table 1 for a listing that includes the well-being indicator and its thematic area).

Data books on assorted well-being indicators are produced by various organizations to meet their particular needs. The KIDS COUNT books are an excellent example. The Annie E. Casey Foundation compiles and produces information on well-being indicators that are reported by each state and over time (1990 to 1998), yet the series provides very little information by race or ethnic group. However, it is clear that American Indians and Alaska Natives rank near or at the bottom on socioeconomic indicators. Hence, there is an obvious need for a data book that reports well-being information on American Indian and Alaska Native children and youth.

Who Is the Target Audience?

The audience targeted by this publication includes professional, paraprofessional, governmental, private, and nonprofit organizations and agencies, and child advocates interested in learning about American Indian children and youth at all levels of society. The report provides accurate, research-based information for policy-making entities. Practice providers can use these data to improve their interventions with individuals, families, groups, and communities. Researchers can have current data and material to include in their reports and to help build a case for future research into this specialized field of American Indian child welfare and well-being of communities. Tribal and state entities can use these empirical data to share with one another and to plan for the American Indian children and youth in their communities.

How Was This Project Started?

This project started when the National Indian Child Welfare Association and Casey Family Programs convened a meeting of several American Indian researchers in Portland, Oregon in early 2000. There are three other research projects in addition to this one. The National Indian Child Welfare Association indicated that the nationally recognized annual KIDS COUNT data books provided little, if any, information on American Indian kids. Tribal communities and legislative bodies could use a similar data book to make planning recommendations for their children. States and federal agencies could also use such data to make the case for increased funds for Native children and youth. Thus, the project was born.

The authors used the most recent volume of KIDS COUNT, which was 1999, as the model for the first year. The literature review in the second year followed the lead of KIDS COUNT 2000. However, the June 2001 edition of the KIDS

COUNT series became available during data assessment and the collection of actual estimates on well-being indicators. This newer volume was then used as the model because it provided the most recent Web listings and other pertinent information on well-being indicators. Several editions of KIDS COUNT are therefore cited throughout this manuscript. The KIDS COUNT data books make concerted efforts to maintain continuity to facilitate year-to-year comparisons of well-being indicators. Much credit is due to the Annie E. Casey Foundation for their research into children's well-being indicators.

Theoretical Perspective

As discussed in greater detail in the first report, Native American Kids 2000: Indian Child Well-Being Indicators (Goodluck and Willeto, 2000), the theoretical base is important because it is directly related to our understanding of the assumptions of the research and its direction. As delineated in the first report, there are basically two major theoretical approaches to the study of children's well-being indicators: the assets perspective and the deficit perspective. There is extensive literature on the assets-based, strengths, and resiliency models (e.g., Bowers-Andrews & Ben-Arich, 1999; Saleebey, 1996), but most of the studies and research related to children in the past have been from the deficit perspective, including quantitative and statistical data and figures that pertain to risk factors such as mortality, teen pregnancy, dropout rates, and homicide. Many communities, cities, states, as well as the nation as a whole, use these indicators to determine the overall well-being of children. The KIDS COUNT materials allow state-to-state comparison of well-being indicators and also provide national information for child advocates to delineate their causes.

The KIDS COUNT publications currently tend to use the deficit model in their approach to data collection and the discussion of well-being. Yet there has been a slow and steady turn toward an asset-based perspective in determining the nature of a community's well-being, as acknowledged by the coordinator of KIDS COUNT (O'Hare, personal communication, June 24, 2000). The shift from the deficit perspective to the asset frame of reference is needed because tribes are well aware of the various problems evident in their nations. Yet they have long desired material on why they have succeeded as continuing resilient nations in the face of a long history of colonization.

There has been a strong plea from Native communities and human service providers to utilize the strengths (i.e., asset) perspective. This is in agreement with the authors' philosophical approach, but it is not yet feasible. Instead, in the second year of the study, the authors followed the lead of the KIDS COUNT Data Book 2001

and used existing secondary data that examine the well-being of children from the deficit perspective. The authors are mindful of this contradiction and hope to continue in the future with a more strengths or asset-driven approach to the study of child well-being, in addition to the well-established deficits-based indicators.

Native American Children and Youth:
10 Well-Being Indicators

The 10 well-being indicators comprise six thematic areas with subcategories listed in each area (Table 1). The infants and teenager subcategory is presented from life-span developmental models; poverty and family employment are related to employment and labor information; and single-parent family is an example of family structure.

Literature Review of the 10 Well-Being Indicators

This literature review differs from the previous report (Goodluck & Willeto, 2000). The literature review from the first year's research project provided a historical overview of policies and laws, definitions of "American Indian" and "Alaska Native," and methodological research and data issues. This literature review pertains solely to the 10 well-being indicators.

THEMATIC AREA: INFANTS

Low Birthweight Babies

Babies who weigh less than 2,500 grams (5 pounds, 8 ounces) are universally classified as low birthweight (World Health Organization, Expert Committee on Maternal and Child Health, 1950). These small infants almost always need special attention that tends to be quite expensive (Lewitt, Baker, Corman, & Shiono, 1995). They are at greater risk of dying before reaching their first birthday (McDorman & Atkinson, 1999). "Thus, the immediate outcome of pregnancy determines infant mortality in industrialized

TABLE 1: THEMATIC AREAS AND THE 10 CHILDREN'S WELL-BEING INDICATORS

THEMATIC AREA	WELL-BEING INDICATORS
Infants	Low birthweight and infant mortality
Teens	Teen birth rate, teens who are high school dropouts (ages 16–19), and teens who are not attending school and not working (ages 16–19)
Poverty	Children in poverty
Mortality	Child death and teen deaths by accident, homicide, and suicide (ages 15–19)
Family employment	Children living with parents who do not have full-time, year-round employment
Family structure	Families with children headed by a single parent

countries, and the chief indicator of how pregnancy has progressed is the infant's birthweight" (Paneth, 1995, p. 20). The problems associated with low birthweight babies continue into the childhood stages of development; such babies have "a high probability of experiencing developmental problems. Therefore, the percent of low-birthweight babies reflects a group of children who are likely to have problems as they move through the growth stages" (Annie E. Casey Foundation, 2000, p. 25).

The factors most often associated with low birthweight babies are preterm delivery and smoking during pregnancy (Shiono & Behrman, 1995; Paneth, 1995). The linkage between smoking during pregnancy and adverse pregnancy outcome, which has long been established, is regarded as a key modifiable risk factor for low birthweight and infant death (Kleinman & Madans, 1985). Smoking while pregnant is an area of special concern because American Indians have the highest incidence of smoking in the United States, although considerable tribal and regional variation exists (Department of Health and Human Services, 1998; Centers for Disease Control and Prevention, 1993; Kegler, Cleaver, & Yazzie-Valencia, 2000).

In spite of the fact that American Indian females smoke at higher rates than White females (Department of Health and Human Services, 1998), American Indians and Alaska Natives have low birthweight rates that are comparable to the U.S. general population (Brenneman, Vanderwagen, & Porvaznik, 1990). In fact, ethnic minorities such as Asian Americans, Hispanics, and Native Americans demonstrate low birthweight rates very similar to White American rates (Paneth, 1995). For American Indian babies, this finding is attributed to the value of children in Native communities, where it is thought that a newborn brings

> new strength to the community and assures preservation of tribal or community heritage. Community involvement in pregnancy ensures that there is support for the pregnant woman regardless of her status, that the birth is received with joy, and that the newborn is lovingly nurtured. Pregnancy in this supportive environment is a healthier experience and produces healthier babies. (Brenneman et al., 1990, p. 22)

Hence, Brenneman and his colleagues (1990) think that strong Native American cultural values regarding infants has the positive result of minimizing problems with low birthweight among American Indian babies.

Infant Mortality

Life expectancy rates for American Indians have increased over time, in part due to significant decreases in infant mortality rates (Young, 1994, 1996). Snipp (1996) attributed a great deal of credit to the Indian Health Service (IHS) for

improvement in health care delivery to infants and mothers. He pointed out that although American Indians are among the poorest people in the United States, their infant mortality rates are relatively low. In this way, American Indians differ from other economically impoverished groups in the United States because high infant mortality generally correlates with poverty. Furthermore, by 1984, the gap between American Indians (11 deaths per 1,000 live births) and Whites (8.5 deaths per 1,000 live births) had decreased substantially to 29%, whereas in 1979 the gap between American Indians and Whites was 45% (Snipp, 1996, p. 32). Brenneman et al. (1990) also noted the remarkable decrease in infant mortality, citing figures that demonstrate convergence with the U.S. general population: in 1985 there were 9.7 deaths per 1,000 live births for American Indians and all races (p. 21).

The differing estimates for infant mortality rates among these researchers can be attributed to different data sources. Brenneman et al. (1990) cited figures from the Indian Health Service Chart Series Book, 1989. In comparison, Snipp (1996) used two sources of data:

> These reports are widely used and have the virtue of being available for lengthy periods in the past. However there is some evidence that American Indian infant deaths are underreported (Hahn, 1992; Hahn et al., 1992). In contrast, the special National Center for Health Statistics data file in which birth and death records are linked (National Center for Health Statistics, 1995) significantly reduces reporting errors, but has the disadvantage of being available only for the period since 1983. (p. 31)

The 1997 Trends in Indian Health, a more recent publication by IHS (U.S. Department of Health and Human Services, 1997), reported the American Indian infant mortality rates for 1992–94 as 8.7 deaths per 1,000 live births (unadjusted) and 10.9 deaths per 1,000 live births (adjusted for miscoding of Indian race on death certificates). The IHS infant mortality (adjusted) information (10.9 deaths per 1,000 live births) is very close to the National Center for Health Statistics data reported by Snipp (1996): 11 deaths per 1,000 live births.

Brenneman et al. (1990) attributed most of the overall decline in infant mortality to the reduction in post neonatal mortality (deaths occurring between 28 days and 11 months after birth). Snipp (1996) reminded us of the significant variation in rates in different regions, such that infant mortality rates are not universally low among all Native American tribal groupings:

> It is important to point out that infant mortality continues to be a serious problem in the northern plains. Some of the poorest reservations in the nation are located in this region, including Shannon County, South Dakota, the poorest county in the

> nation and the site of the Pine Ridge reservation. In this region, infant mortality rates are in the range of 16 to 18 per 1,000 live births. (p. 32)

Furthermore, the American Indian Research and Policy Institute (1994) reported that in Minnesota, the American Indian infant mortality rate has fluctuated over the last few decades, from 14–16 infant deaths per 1,000 live births in the late 1970s to its lowest rate (6–7 infant deaths) in the mid-1980s, and has then risen to the rate of 19.5 by 1992 (see www.airpi.org/appendxa.html). This information further substantiated Snipp's observation on tribal and regional variation in rates of infant mortality.

Acknowledging the significant decreases in the national rates of American Indian infant mortality does not diminish the fact that there are still substantial differences between the rates of Whites and Americans Indians. As Sullivan (1989) pointed out, the "relatively high proportion of Indians and Hispanics who do not receive adequate prenatal care compared to Anglos suggests that low birthweight and infant mortality, particularly the neonatal rate, could be reduced further with increased access to care" (p. 203). Furthermore, 1997 Trends in Indian Health (U.S. Department of Health and Human Services, 1997, p. 51) reported that the two leading causes of American Indian and Alaska Native infant death (birth to less than 1 year) are sudden infant death syndrome (SIDS) and congenital anomalies (1992–94).[2] This is followed, in order, by accidents, pneumonia and influenza, and disorders relating to short gestation and low birthweight.

THEMATIC AREA: TEENS

Teen Birth Rates

Giving birth to a baby as a teen is considered socially unacceptable behavior in mainstream American society. It seems no one approves of early child birthing, from the general public to elected officials and professionals (Luker, 1996). Especially problematic are empirical results that have societal implications:

> Children born to teenage parents are more likely to be of low birth-weight and to suffer from inadequate health care, more likely to leave high school without graduating, and more likely to be poor, thus perpetuating a cycle of unrealized potential. (Annie E. Casey Foundation, 2001, p. 1)

Native American teenage childbearing is a comparatively understudied area (Snipp, 1992). Yet, Brown (1995) found that American Indian and Alaska Natives who are new mothers and under 17 years old are a proportionately larger subgroup when compared to other racial and ethnic groups. Additionally, almost half (45%) of American Indians experience their first birth as teenagers (Snipp, 1996).

In 1995, the American Indian fertility rate for 15–17 year olds was 47.8 per 1,000 women, while the comparable rate in the total U.S. population was 36 per 1,000 women. In addition, the fertility rate for American Indians 18–19 years old was 130.7 per 1,000 women, and the equivalent rate for the total U.S. population was 89.1 per 1,000 women (Guyer, Martin, MacDorman, Anderson, & Strobino, 1997, p. 9). It appears that American Indian teens demonstrate higher fertility rates than their mainstream counterparts, particularly the 18–19 year olds. However, American Indian teens who experience pregnancy are also the most likely to be married as an adolescent (Berry, Shillington, Peak, & Hohman, 2000). Furthermore, according to Berry et al. (2000), living in poverty as a teen was the most powerful factor toward the likelihood of teen pregnancy for Americans Indians compared to Whites, Blacks, and Hispanics.

Teens Who Are High School Dropouts

Native Americans have the lowest educational attainment of all groups in the United States (National Center for Educational Statistics, 1993; Brandt, 1992). In comparison to other minority groups, American Indians have performed the worst in their educational pathways (Swisher, Hoisch, & Pavel, 1991). These findings justify the strong concern regarding issues of retention and attrition of American Indian students (Radda, Iwamoto, & Patrick, 1998). School failure has been a serious problem for the Native American population over time and it persists into current times.

As stated by Ambler (1999):

> Ever since the first schools were built for American Indian children 200 years ago, these students have not fared well. Today nearly half—44 percent—of all American Indian students drop out of high school, more than any other group in the country, according to the Department of Education. Forty percent of American Indian eighth graders score in the lowest quartiles on math, science, and reading tests. (p. 6)

According to a report produced by the U.S. Bureau of the Census (1993),

> the educational attainment levels of American Indians (including Eskimos and Aleuts) improved significantly during the 1980's, but remained considerably below the levels of the total population. In 1990, 66 percent of the 1,080,000 American Indians 25 years old and over were high school graduates or higher compared with only 56 percent in 1980. Despite the advances, the 1990 proportion was still below the total population (75 percent). (Paisano, 1993, p. 4)

A study by the National Center for Education Statistics (1994) reported a dropout rate of 25.4% among American Indian and Alaska Native individuals who should have graduated in 1992, thereby demonstrating the highest rate

among U.S. racial and ethnic groups. Other national figures on American Indian dropout rates range from 30% (Brandt, 1992; Swisher, et al., 1991) to almost 50% (Chavers, 1991).

Again, variation by region or tribe is evident: there is an approximately 60% dropout rate among the Native American student population of a Montana school district (Coladarci, 1983). In the states of Arizona, New Mexico, and Utah, where a great number of Indians live, Hispanics and American Indians share the lowest standing for high school completion (Willeto, 1999). McDonald (1987) reported that dropout estimates range from 79% to 93%, and Reyhner (1992) cited the figure 35.5% based on National Center for Education statistics (1989). Vigil (2001) stated that the Navajo Nation has a 31.1% dropout rate but pointed out that there are numerous challenges associated with defining dropouts. In contrast, the graduation rate for rural Alaskan high school students (who are primarily Alaska Natives) exceeds the national average (Kleinfeld, 1985, as cited in St. Germaine, 2001).

Given the range of estimates and approximations, it would seem that the true Native American dropout rate is somewhere between 25.4% and 93%. This figure stands in stark contrast to the 16% dropout rate demonstrated in the U.S. general population for individuals who are 25 years and older, and the figure decreases to 12% for young adults, ages 25–29 (U.S. Bureau of the Census, Current Population Reports, 2000). Younger Americans demonstrate an even lower dropout rate; for the period of October 1998 to October 1999, "4.7 percent of all students in the 10th, 11th or 12th grades dropped out of high school" (U.S. Bureau of the Census, 1999, p. 6).

That Native Americans experience such failure in the attainment of formal schooling comes as no surprise to Brod and McQuiston (1983):

> It is not surprising that Indians attain fewer years of formal education than members of other minority groups. For some, scholastic functioning is severely impaired, and lags in academic performance of one to two years in elementary school and two to four years in secondary school are not uncommon. Those 25 years or older average ten years of schooling, compared with a national average of twelve years. (cited in LaFromboise & Graff Low, 1989, p. 117)

Brod and McQuiston (1983) added that "about one third of adult American Indians are classified as illiterate, and only one adult male in five has a high school education" (cited in LaFromboise & Graff Low, 1989, p. 117). LaFromboise and Graff Low added that "dropout rates in urban high schools are particularly high, sometimes reaching 85 percent. In reservation schools and in boarding schools, which together educate about 80

percent of Indian youth, approximately 50 percent drop out" (Coladarci, 1983; Giles, 1985, cited in LaFromboise & Graff Low, 1989, p. 117). It should be pointed out here that reservations contain a variety of school types (e.g., mission, public, private, boarding, and tribal contract), and the Indian student population is distributed throughout each type, but they are primarily concentrated in public schools. Public schools educate about 87% of Indian students, BIA-funded schools have about 10%, and only 3% of Indian students attend private schools (17th Annual Report of the National Advisory Council on Indian Education, cited in the U.S. Department of Education Final Report of the Indian Nations at Risk Task Force, 1991, p. 3).

The costs of dropping out of high school are "enormous and continue throughout one's lifetime. Unemployment rates are far higher for high school dropouts, benefits such as health insurance are more scarce, and average incomes are considerably lower" (Miringhoff & Miringhoff, 1999, p. 56). High school completion is a critical factor in future employment (U.S. Department of Commerce, 1994), particularly as it represents a transition point for college entrance and completion (Day & Bauman, 2000). Concerns about the value of the American labor force have been linked to the issue of minority education (Miller, 1997). Yet greater emphasis has been placed on issues of comparative achievement (i.e., test scores) than on attainment (i.e., years of school; Jencks & Phillips, 1998). Global economic shifts in technology and reduced dependence on manual labor have left the continuing high number of Native American dropouts in a bind that is increasingly difficult to surmount (Bowker, 1992). Native teen dropouts are at greater risk of not entering the labor force, and if they do obtain jobs, they most often enter low-paying service sector occupations. They then stand a greater chance of living in poverty and the underclass as they move from one menial job to the next without employment stability or regular full-time wages.

Teens Not Attending School and Not Working

According to the KIDS COUNT Data Book 2000, this indicator represents the percentage of teenagers aged 16–19 who are not enrolled in school (full- or part-time) and not employed (full- or part-time). This measure is sometimes referred to as "idle teens" or "disconnected youth" (Annie E. Casey Foundation, 2000, p. 182).

Late adolescence is a period of huge transition out of childhood and into the world of a young adult. This complex period places many stresses and responsibilities on older adolescents. The teenage well-being indicator is based on two major issues, education and employment, for teens aged 16–19. It primarily concerns teens

who have completed high school and are unemployed. From the national perspective, there was a "small decline in the share of 16- to 19-year-olds not attending school and not working, from 10 percent in 1990 to 9 percent in 1997. African-American and Hispanic youth were twice as likely as white youth to be in this category" (Annie E. Casey Foundation, 2000, p. 30). There were no data for Native teens in this category, but it is known that Native youths have a high dropout rate (as noted in other sections of this report).

Factors that "idle" Native teens have to face are high rates of poverty, interpersonal violence, gang membership, and substance abuse. However, there has been little research about the causes and effects of idle time, except as presented in first-person narrative accounts.

Waller and Patterson (in press) conducted an exploratory quantitative study with 25 Navajo individuals in northern Arizona. The study was based on adults only, but the embedded themes can be translated to members of the extended family including adolescents. There is some indication that idle teens provide important help and informal support to their relatives. This includes such activities as herding sheep, hauling water and feed, providing transportation, buying groceries, helping with living in a bicultural world (translation of the native language), filling out various documents, child care (babysitting), working on repairing the house or car, and family care (caring for elders). Informal helpers are the first tiers in a social network that provide assistance to others in a rural and tribally-oriented community. Teens learn the message from their relatives not to be idle but rather to become productive and active individuals in their cultural and social fabric of sharing, learning from others, and giving to others. This study has demonstrated that more research using a Native cultural perspective is needed.

THEMATIC AREA: POVERTY

Children Living in Poverty

In 1997, the U.S. poverty rate for persons under 18 years old was 19.9%. In contrast, only 10.9% of persons 18–64 years old and 10.5% of persons 65 and over were living in poverty. It is apparent from these figures that children comprise the largest proportion of people in poverty. This has not always been the case; in 1969, children had a poverty rate of 14%. From this low point, poverty has steadily increased until it reached 20% in 1981, where it has remained, with slight fluctuations, for 20 years (U.S. Bureau of the Census, 1998). In comparison, a much larger percentage of American Indian and Alaska Native children (U.S. Bureau of the Census, 1990, cited in U.S. Department of Health and Human Services, 1997, p. 36) live below the poverty line (under 5 years = 43.1%; 5 years =

41.6%; 6 to 11 = 37.7%; and 12 to 17 = 33.1%). In other words, the youngest have the highest rates of poverty. On average, about 38.9% of American Indian and Alaska Native children (less than 18 years old) are living below the poverty line, almost double the poverty rate in the U.S. general population, in part because of the challenges that face reservation communities:

> Historically, Indian reservations have been, and to a great extent, still remain, the poorest areas in the United States. Extremely high incidences of unemployment, combined with inadequate housing, health care, education and other infrastructure have resulted in standards of living and qualities of life at levels comparable to or even below many developing countries. (National Indian Gaming Association, 2000, p. 1)

Minnesota represents a case in point, where poverty is widespread on some of the larger reservations: White Earth = 66.8%; Leech Lake = 64.4%; and Red Lake = 55.6%. Furthermore, there are significant racial differences in rates of poverty among children: "By 1989, American Indian children were over five times more likely than white children to be living below the poverty line" (American Indian Research and Policy Institution, 1994, p. 2).

Examination of poverty trends (from 1959 to 1986) among Native American families suggests that poverty has decreased over time. A dramatic residential shift for some American Indians from rural regions to urban areas has significantly reduced their poverty rates (Jensen & Tienda, 1989). However, it is important to point out that Native American children's poverty rates are still substantially higher than White children's rates in spite of this gain.

In addition, Native American families demonstrate high rates of poverty with significant tribal and geographical variation (Bonvillain, 2001). Organizing the tribes into geographical regions, Bonvillain (2001) estimated family poverty. Two Plains groups, the Hidatsas and the Teton Lakotas, and the Southwest geographical region, have the highest average percentage of American Indian families living in poverty. These regions represent significant proportions of the U.S. Indian population. In contrast, the Northeast has the lowest average percentage of American Indian families in poverty, even lower than the national average. They represent a smaller proportion of the U.S. Indian population.

There is a crucial connection between poverty, violent behavior, and death. Two studies of Native North Americans have found strong correlations between poverty, homicide, and suicide rates (Young, 1990; Bagley, 1991).

> In general, the IHS areas with high (or low) poverty rates have similarly high (or low) homicide and suicide rates. An exception to this is the Navajo service area, which

has the highest poverty rate of the 12 IHS areas, but one of the lowest suicide and homicide rates. (Young, 1990, p. 1154)

THEMATIC AREA: MORTALITY

Child Mortality Rate

According to the KIDS COUNT Data Book 2000, "the Child Death Rate (deaths per 100,000 children ages 1 to 14) has fallen steadily for the past several years, due in part to advances in medical care" (Annie E. Casey Foundation, 2000, p. 26). In the United States in general, in 1990, the child death rate was 31 deaths per 100,000 as compared to 25 deaths per 100,000 in 1997 (Annie E. Casey Foundation, 2000).

The measure of child death rates has "improved among each racial and ethnic group, although the rate for … Native American (39 per 100,000) children was nearly twice the rate for children in other groups" (Annie E. Casey Foundation, 2000, p. 26). These figures do not take into account children from the ages of 15 to 18, thus indicating a gap in the data. Native teens have high rates of death due to car accidents and other violent incidents, such as self-inflicted injuries.

Teen Deaths by Accident, Homicide, and Suicide

According to the KIDS COUNT Data Book 2000, the "rate of teen deaths by accident, homicide, and suicide reflects deaths among 15- to 19-year-olds (per 100,000 teens in this age group) from these three causes. Deaths from these three sources accounted for 88 percent of all deaths in this age group in 1997" (Annie E. Casey Foundation, 2000, p. 27). However, Native American teen suicide rates are much higher. As stated in Suicide Among American Indian Adolescents (National American Indian Court Judges Association, 1984), the suicide rate for Native children and youth is considerably higher than that of the general population, but both rates are on the rise.

The rate of teen deaths from accident, homicide, and suicide dropped from 71 deaths per 100,000 teens in 1990 to 58 in 1997, an 18% drop. "This measure improved among all racial and ethnic groups during the period, but remains substantially higher for black and Native American teens" (Annie E. Casey Foundation, 2000, p. 27). The rate has decreased for the general population of children in the United States but has continued to climb for Native populations (Annie E. Casey Foundation, 2000).

Native American Youth Accident. More than a third of all deaths for people ages 15 to 20 result from motor vehicle crashes (Vital Statistics Mortality Data, Centers for Disease Control and Prevention, 1998). In 1999, more than a third of motor vehicle fatalities involved alcohol. Nearly two-thirds of the young motor vehicle occupant fatalities did not use a seat belt or motorcycle

helmet. Almost 70% of youth motor vehicle fatalities occurred in rural areas. Since 1989, less than half of youth motor vehicle fatalities have been alcohol-related. Drinking and driving is no longer the leading cause of death for teenagers, but motor vehicle crashes remain the leading cause (retrieved July 23, 2001 from http://www.nhtsa.dot.gov/people/injury/alcohol/1999%20YFCAF%20final%20web/page2.html).

According to the National Highway Traffic Safety Administration, "Native Americans (73.2%) and Hispanics of Mexican origin (59.7%) are more likely than members of other ethnic groups to be killed in alcohol-related traffic accidents … Native American drivers were found to have the lowest seat belt use rate (11%) in alcohol-related accidents" (Kalagher, 1999, p. 1). Furthermore, the "Indian mortality rate from motor vehicle accidents is about 5.5 times that of other races" (Manson, Walker, & Kivlahan, 1987, cited in LaFromboise & Graff Low, 1989, p. 116). According to May (1996), alcohol-involved death rates in the United States from 1987 to 1989 in motor vehicle accidents were 134.2 per 100,000 for American Indian and Alaska Natives compared to 56.6 per 100,000 for the total U.S. population (p. 246).

Native American Youth Homicide. Rural life on reservations with few employment, recreation, or housing choices and few resources can produce conditions that foster violent behavior between adolescents. These youngsters are trying to find themselves in a conflicted world of different values, traditions, and beliefs. As a backdrop to this discussion, LaFromboise and Graff Low (1998) described how Native teens are living:

> As Indian youth enter school, they often feel stranded between two cultures. Many of them speak an entirely different first language, practice an entirely different religion, and hold different cultural values than the dominant culture, and yet they are expected to perform successfuly according to conventional Anglo educational criteria. They encounter their parents' often hopeless attitudes resulting from overwhelming impoverishment and discrimination. They are also increasingly reminded of economic, experiential, and social discrepancies that exist between Indian and Anglo cultures. (p. 119)

The etiology of Native American homicide has been explored for several years. Some of the proposed explanations include the following theories and models: "social disorganization, economic deprivation, a subculture of violence, culture of conflict, and perceived powerlessness, and an intervening variable of alcohol/drug abuse and … internal colonialism" (Bachman, 1991, p. 471). The high rates of Native homicide also reflect these theories:

> Frequent relocation, substandard living conditions, and chronic unemployment in both urban and reservation areas have taken their toll on Indian people. Malnutrition, an alcoholism rate 3.8 times

> as high as that of other ethnic groups, a rate of cirrhosis of the liver 4.5 times as high, a homicide rate 2.8 times as high, a suicide rate 2.3 times as high, and environmental contamination continue to have a significant impact on Indian life expectancy and prevalence of illness. (LaFromboise & Graff Low, 1989, p. 116)

Young and French (1997) proposed that along with role confusion and labor force participation, "the disruption of aboriginal family and kinship systems has created an anomic situation that is associated with the murder of Native American children" (p. 57). Many theories have been proposed for the high rates of homicide among Native youths; however, no single theory or model stands out as providing the best explanation. It is a multifaceted social, economic, and psychological problem with no easy answers.

Native American Teen Suicide. In Suicide Among American Indian Adolescents by Irving Berlin (1984), the Native American suicide rate was postulated on reservations to have "increased 200 to 300 percent in the last two decades" (p. 4). Various scholars (May, 1987; DeBruyn, 1988; Tower, 1989; Manson, 1994) have explored the issue of Native American youth suicide for several years and have produced numerous works. Thus, the same rapidly increasing adolescent suicide rate that is being experienced by American society as a whole is also evident among Native youth. In the past 20 years, the number of suicide attempts among American Indian adolescents has risen (as in the general population) by almost 1000%, indicating that 10 times as many Indian youths today are attempting suicide as in 1984. Suicide in all groups has become the second most frequent cause of death in the 10–20 age group (U.S. Department of Health and Human Services, 1984). "For the past 15 years, suicide has been the second leading cause of death for 15- to 24-year-old American Indians and Alaskan Natives. The suicide rate for this age group is 31.7 per 100,000, as compared to a rate of 13.0 per 100,000 for persons in this age group for all races in the U.S. population. In addition, completed suicide for AI/AN occurs at a higher rate than in the general population" (Middlebrook, LeMaster, Beals, Novis, & Manson, 1998, cited in the congressional testimony report, "Suicide: A Crisis Within the American Indian and Alaskan Native Community" (retrieved May 26, 1999, from http://www.apa.org/ppo/issues/ psuicant.html).

There is a lot of variation among tribes in completed suicide and attempted suicide rates; for example, the Standing Rock Indian Reservation has had higher rates of suicide than other tribes. There are differences in gender, geographic location, and services available. In addition, Erickson (1999) stated that "urban American Indian youth are among the highest risk for suicide in the U.S., with overall rates as high as 1 in 4 having attempted prior to age 18" (p. 2637). Some of

the factors that could make this rate higher include the stress of relocating to the city, loss of tribal support, encountering pressures to acculturate and assimilate, not feeling part of the urban community, feeling rejected by peers in schools, and not fitting into the society. Identity issues of feeling psychological confusion about who you are and also feeling lost about where you are can lead to troubled decision-making.

As reported by the Centers for Disease Control (1999):

> American Indian/Alaskan Native (AI/AN) adolescents are more than twice as likely to commit suicide as any other racial/ethnic group. With 52.9 deaths per 100,000, adolescent AI/AN males are at four times the risk for suicide than are males of any other racial/ethnic group. Suicide is the second leading cause of death for AI/AN males. (Wonder, 1999, cited in National Adolescent Health Information Center, 2000, p. 3)

Geographic variation is also evident among American Indian and Alaska Native suicides (Wallace, Calhoun, Power, O'Neil, & James, 1996). "The age distribution of suicide rates for Native Americans is quite unlike that for the general population, because of high rates among young adults and lower rates among the elderly" (p. iii).

Cluster suicides, when one suicide triggers other suicides, have been a problem for American Indians and Alaska Natives in the past. Cluster suicides "are reported to be higher among American Indian youth. Alcohol seems to be one major cause; yet suicide rates are lower today than during the peak years of 1970–77" (Ardy Sixkiller Clarke, 2001, retrieved July 23, 2001, from www.sixkiller.com/book/chapter5.html).

Because of the high rates of suicide among Native teens and the considerable risk for this behavior, several tribes have developed active health and social service prevention programs with established community intervention programs. Healthy People 2010 has recognized these serious health and social problems, and the authors have

> identified reduction of adolescent mortality as a critical adolescent objective. The objectives call for a reduction of death rates to 16.8 per 100,000 for adolescents 10–14 years of age. Healthy People 2010 has specifically targeted the reduction of suicide and homicide rates as critical adolescent objectives. (U.S. Department of Health and Human Services, 2000, p. 56; available at www.cdc.gov/nchs/products/pubs/pubd/hus/charts/2000/husoof16.pdf)

These recommendations were stated for young people in general and were not geared toward American Indian and Alaskan Native youths in particular.

THEMATIC AREA:
FAMILY EMPLOYMENT

Children Living With Parents Who Do Not Have Full-Time, Year-Round Employment

It is well established that children tend to do better in their overall development when one or both parents work full-time and year-round. When children live in families without such employment, they do poorly, not only because of their exposure to the risks of poverty but psychologically as well (Annie E. Casey Foundation, 2000). The producers of the KIDS COUNT Data Book 2000 noted a steady decline in the rates of well-being in children living with parents who do not have full-time, year-round employment. However, the state unemployment figures vary from a "low of 17 percent in Nebraska to a high of 38 percent in West Virginia" (Annie E. Casey Foundation, 2000, p. 30).

Yellowbird and Snipp (1998) found that labor force participation is very poor for Native American single householders: "47.2 percent of single parent households do not participate in the labor force, and only 46.1 percent are employed" (p. 233). Children in these home environments experience fewer opportunities and have limited access to services and resources compared to families who have full-time employment. These children live on the margins of society and are set up for experiencing at-risk behaviors.

THEMATIC AREA:
FAMILY STRUCTURE

Families With Children Headed by a Single Parent

The majority of families throughout the world live in extended family structures; the single-parent family structure is a fairly new social form. Young mothers have historically had many family members to call on in difficult times and have not had to provide for a child all alone. Single-parent households are a recent social and economic phenomenon in the United States:

> From 1970 to 1990, the single-parent family emerged as a major family form in the United States. In 1991, 25 percent of families with children under 18 were headed by single parents, and most of these families were headed by women. (Kissman, 1991, cited in Strand, 1995, p. 2157)

Children who live in single-parent households typically have fewer human and economic resources than children living in two-parent households. Regarding children in female-headed households, almost half (46%) are poor (1998), and only a third receive child support or alimony. Even after controlling for the effect of poverty, children raised in fatherless homes experience a greater likelihood of incarceration, as discussed in the KIDS COUNT data book series (Annie E. Casey Foundation, 2000, p. 33).

Yellowbird and Snipp (1998) compared the family structural arrangements of American Indians to those of other racial and ethnic groups in the United States:

> American Indians occupy a position about midway between blacks and whites in terms of their propensity to live as married couples or as single female householders. However, another way of viewing this is that American Indians are noticeably less likely than either blacks or whites to live singly or with unrelated individuals in nonfamily households. About 23 percent of American Indian households consist of nonfamily units, compared with approximately 27 percent for blacks and whites, suggesting that American Indians have a somewhat stronger tendency than blacks or whites to reside in a family environment, either as married couples or as single family households. (p. 230)

Yellowbird and Snipp (1998) also noted that "nationwide, about 18 percent of Indian households are headed by a single female householder, combined with the fact that more than 70 percent of these women are caring for children under 18 years of age" (p. 231). In addition, a study by the American Indian Research and Policy Institute (1994) reported that almost half (49%) of American Indian children in Minnesota live with a single parent. The opportunities for the single female parent and her child(ren) are limited and often result in substandard living conditions with few educational opportunities for either the parent or the child. Yellowbird and Snipp (1998) stated that "about 24 percent of single parent female householders are high school dropouts with 9 to 11 years of school" (p. 232). The figures indicate that the life of a single female parent is fraught with many potential educational, employment, and social problems. This social situation is often referred to as the "feminization of poverty." However, the American Indian or Alaska Native single-parent householder may, in some cases, have access to the assistance of relatives, in the form of resource sharing and child care support, if they reside on the reservation. Indeed, the report by the American Indian Research and Policy Institute (1994) pointed out that American Indian single parents often have the additional support of a nonmarital partner (i.e., boyfriend or girlfriend) or other relative who provides some assistance with parenting.

Data and Methodology

Research Methodology

The statistical information reported here is from secondary analysis of data holdings from existing nationally recognized organizations and agencies. This includes endeavoring to reconstruct the efforts of KIDS COUNT in attempting to locate and report existing information on well-being indicators for American Indian and Alaska Native children and youth. However, where such well-being information is not readily reported or available, the authors have attempted to access the appropriate raw data and estimate the particular indicator. The authors did not conduct primary research. The following is a discussion of the national data sources used to ascertain the information for the majority of this report on well-being indicators.

National Data Resources

The first four sources of data support the statistical reporting of information in the KIDS COUNT Data Books. An additional source, IHS, was added to complement the efforts of KIDS COUNT by focusing on data specifically produced on the American Indian and Alaska Native population. The data sources were reviewed and examined for availability of statistical information specifically on Native American children and youth. The authors present what is available and discuss what is not obtainable. The next section discusses these five resources and presents a critical analysis of each as they relate to the well-being indicators.

U.S. Bureau of the Census

The KIDS COUNT Data Book 2001 (pp. 170–171) utilized the Small Area Income and Poverty Estimates (SAIPE) series of the U.S. Bureau of the Census to determine the percentage of children in poverty. This Web site (www.census.gov/hhes/www/saipe.html) provides no information on racial or ethnic groups. However, our attempt to locate the information supplied in KIDS COUNT Data Book 2001 resulted in finding the U.S. Bureau of the Census (2000) publication, Poverty in the United States: 1999. This publication presents information by race for Whites, Blacks, and Hispanics but conveys very little information specifically on American Indians and Alaska Natives.

U.S. Bureau of the Census and the Bureau of Labor Statistics

The Bureau of Labor Statistics contracts with the U.S. Bureau of the Census to produce the Current Population Survey (CPS). They survey about 50,000 households monthly on many topics (www.bls.census.gov/cps/overmain.htm). The Annie E. Casey Foundation contracts with the Bureau of Labor Statistics to produce much of the information on the following indicators for their data

books: “families with children headed by a single parent,” “teens not attending school and not working, ages 16–19,” and “teens who are high school dropouts, ages 16–19” (O’Hare, personal communication, July 2, 2001).

Although CPS data are methodologically sound and reliable, the American Indian and Alaska Native monthly sample size is unfortunately quite small, and CPS typically does not report estimates for this group because of this problem. The authors investigated and subsequently utilized a data extraction tool called the Federal Electronic Research and Review Extraction Tool (also known as Data FERRET). Data FERRET is useful in estimating the following indicators: percentage of teens who are not in school and not employed (16–19 years old) and percentage of teens who are high school dropouts (16–19 years old).

U.S. Bureau of the Census and the Urban Studies Institute at the University of Louisville

The Annie E. Casey Foundation contracts with the Urban Studies Institute at the University of Louisville (O’Hare, personal communication, July 2, 2001) to produce information for one indicator for their data books: “children living with parents who do not have full-time, year-round employment.” The closest we could approximate this indicator was by using the 1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language (1995).

National Center for Health Statistics

In 1960, the National Health Survey and the National Office of Vital Statistics merged to form the National Center for Health Statistics (NCHS). The NCHS (which is part of the Centers for Disease Control and Prevention in the U.S. Department of Health and Human Services) is the federal government’s principal agency for vital and health statistics. One of NCHS’s primary objectives is to supply data that monitor the nation’s health. This government agency and its parent organizations provided information for the KIDS COUNT Data Book 2001 on the following indicators: “infant mortality rate,” “low birthweight babies,” “child death rate (deaths per 100,000 children ages 1–14),” “teen birth rate,” and “rate of teen deaths by accident, homicide, and suicide (deaths per 1,000 teens ages 15–19).”

With the notable exception of teen deaths by accident, homicide, and suicide, acquiring the indicator information on American Indians and Alaska Natives has been straightforward. The producers of KIDS COUNT Data Book 2001 accessed the teen deaths by accident, homicide, and suicide indicator on-line at http://www.cdc.gov/nchs/data/98gm3_09.pdf and http://www.cdcgov/nchs/data/98gm3_10.pdf (p. 173). These Web sites list information for Whites, Blacks, and Others.

American Indians and Alaska Natives are included in the Other category. NCHS does not make this information on American Indians and Alaska Natives readily available, but they do distribute raw data on causes of death by age in the United States on CD-ROM. However, the raw data file is quite large (about 1.3 gigabytes) and requires that users have knowledge of working with large compressed files and statistical software (i.e., SAS and the Statistical Package for the Social Sciences on mainframe computers). Subsequent correspondence with NCHS led to the use of the Web-based Injury Statistics Query and Reporting System (WISQARS) to figure the rate of teen deaths by accident, homicide, and suicide for American Indian and Alaska Natives (ages 15–19). WISQARS is "an interactive database system that provides customized reports of injury-related data" (retrieved October 23, 2001, from http://www.cdc.gov/ncipc/wisqars/default.htm).

Indian Health Service, U.S. Department of Health and Human Services

IHS has been charged with the responsibility of providing health care services to American Indians and Alaska Natives since 1955 (U.S. Department of Health and Human Services, 2001). IHS also produces the Trends in Indian Health series and the companion volumes Regional Differences in Indian Health (1994, 1995, 1996, 1997, 1998–99), which report various health statistics.

To report infant mortality rates for American Indians and Alaska Natives requires the use of data provided annually to IHS from the National Center for Health Statistics (NCHS). In turn, the various state departments of health compile information reported on official state birth and death certificates and furnish this data to the NCHS. Because of the known misclassification of American Indians and Alaska Natives on death certificates when linked to their birth certificates, IHS provides both actual rates of infant mortality and adjusted rates. Adjusted rates take into account the racial miscoding that occurs when recording vital event statistics. According to the U.S. Department of Health and Human Services, "IHS service population figures are used in calculating Indian vital event rates for the IHS service area" (2001, p. 11).

It is important to understand that IHS reports data on their service population (i.e., Indians who are eligible for service) in the Trends in Indian Health series. "The service population estimates are based on official U.S. Bureau of the Census county data. These are self-identified Indians who may or may not use IHS Services" (U.S. Department of Health and Human Services, 2001, p. 11). However, in the Regional Differences in Indian Health volumes, data are

reported by the user population, referring to Indians who received direct or contract services from IHS or tribally operated programs in the last three years and thus appear in the IHS Patient Registration System (U.S. Department of Health and Human Services, 2001).

Databook Summary:
National Level

This section presents American Indian and Alaska Native children and youth data on age and the 10 well-being indicators at the national level. For the sake of comparability with the KIDS COUNT Data Book 2001, the most recent well-being indicator data are reported. In the case of National Center for Health Statistics (NCHS) data, this happens to be the year of 1998. More recent Current Population Survey (CPS) data are available on some of the 10 well-being indicators, but to maintain as much consistency as possible, the 1998 CPS Basic Survey data are used in this report. However, in cases where 1998 data are not available on the various well-being indicators, the most recent available data are reported.

Furthermore, this report's objective is to delineate information specifically on American Indian and Alaska Native children and youth. Where feasible, comparable data on other racial and ethnic groups are included. However, readers who are interested in such information can refer to the national data resources cited throughout this report.

Population by Age

American Indians and Alaska Natives are a youthful racial group.[3] American Indians and Alaska Natives have the highest percentage of population aged 19 and younger (41.7%). Blacks come next with 35.8% of their population younger than 20 years old. The largest age category for young American Indians and Alaska Natives is 10–14 years old (Table 2).

Percentage Low Birthweight Babies

The National Center for Health Statistics (2000) reported that the America Indian and Alaska Native low birthweight rate of 6.8% is the same as it was in 1997 (p. 15).[4] In fact, they reported very little difference between the White rate of 6.6% and the American Indian and Alaska Native rate of 6.8% (Table 3). Further, the percentage of low birthweight babies for all American infants is 7.6 (Annie E. Casey Foundation, 2001, p. 29).

According to IHS data, in 1994–96 American Indians and Alaska Natives had a 6% low birthweight rate, which was slightly lower than the White population's rate of 6.2% in 1995 (U.S. Department of Health and Human Services, 2001, p. 47). IHS reported that the percentage of low birthweight babies for American Indians and Alaska Natives increased with the mother's age (see Tables 4 and 5): 30–34 = 6.6%; 35–39 = 8%; and 40 years and over = 9.8% (p. 48). The IHS regions of Tucson and Nashville had relatively higher rates of low birthweight babies, 7% and 7.1% respectively.

Infant Mortality Rate

The National Center for Health Statistics has reported that the American Indian and Alaska Native infant mortality rate (deaths per 1,000 live births) was 9.3 in 1998 (Table 6).[5] This rate is significantly higher than the All Races and White rates of 7.2 and 6.0 respectively yet is lower than the Black rate.

According to IHS data for 1994–96, the American Indian and Alaska Native infant mortality rate (see Table 7) was 9.3 per 1,000 live births (adjusted for miscoding of Indian race on death certificates) which is still 22% higher than the All Races rate of 7.6% in 1995 (U.S. Department of Health and Human Services, 2001, p. 56). The IHS regions of Billings, Phoenix, Bemidji, Alaska, Nashville, Tucson, and Aberdeen all had adjusted infant mortality rates above 9.3 deaths per 1,000 live births. Furthermore, Nashville (11.7), Tucson (12.5), and Aberdeen (14.1) had infant mortality rates that exceeded the U.S. rate by more than 50% (U.S. Department of Health and Human Services, 2001, p. 42; see Table 8).

TABLE 2: U.S. POPULATION BY AGE, MARCH 2000

	AMERICAN INDIAN / ALASKA NATIVE		WHITE		BLACK	
AGE	NUMBER	PERCENT	NUMBER	PERCENT	NUMBER	PERCENT
Under 5	297,000	10.4	15,439,000	6.9	3,017,000	8.5
5 to 9	294,000	10.3	15,979,000	7.1	3,308,000	9.3
10 to 14	334,000	11.7	15,808,000	7.0	3,328,000	9.4
15 to 19	265,000	9.3	15,842,000	7.0	3,057,000	8.6
0 to 19	1,190,000	41.7	63,068,000	28.0	12,710,000	35.8
20 +	1,657,000	58.3	161,738,000	72.0	22,799,000	64.2

Source: U.S. Bureau of the Census (2001). Retrieved June 29, 2001, from www.census.gov/population/socdemo/age/ppl-147/tab01.txt

TABLE 3: PERCENTAGE OF BIRTHS BY RACE IN 1998 WITH ASSOCIATED BIRTHWEIGHTS

BIRTHWEIGHT	AMERICAN INDIAN/ALASKA NATIVE	WHITE
Very low (< 1,500 grams, 3 lb 4 oz)	1.2	1.2
Low (< 2,500 grams, 5 lb 8 oz)	6.8	6.6
4,000 grams or more (8 lb 14 oz)	12.6	11.4

Source: Ventura, Martin, Curtin, Matthews, & Park (2001, p. 53, Table 24).

TABLE 4: BIRTHS OF LOW WEIGHT (< 2,500 G) BY AGE AND RACE OF MOTHER, 1994–96

AGE OF MOTHER	TOTAL LIVE BIRTHS	NUMBER LOW WEIGHT	PERCENT LOW WEIGHT
American Indian and Alaska Native[a]			
All Ages	98,808	5,962	6.0
Under 20 years	20,905	1,249	6.0
Under 15 years	477	30	6.3
15–19 years	20,428	1,219	6.0
20–24 years	32,022	1,779	5.6
25–29 years	22,946	1,283	5.6
30–34 years	15,134	1,000	6.6
35–39 years	6,448	519	8.0
40 years and over	1,353	132	9.8
White			
All Ages	3,096,063[b]	192,594	6.2
Under 20 years	355,159	28,427	8.0
Under 15 years	5,845	642	11.0
15–19 years	349,314	27,785	8.0
20–24 years	742,502	45,890	6.2
25–29 years	872,281	47,898	5.5
30–34 years	753,957	22,139	7.0
40 years and over	56,351	4,762	8.5

[a] Data based on self-identified American Indian/Alaska Native service population.

[b] Excludes 215 American Indian and Alaska Native live births; 2,822 U.S. White live births with birthweight not stated.

Source: U.S. Department of Health and Human Services (2001, p. 48, Table 3.2).

Table 5: Births of Low Weight (< 2,500 g) as a Percent of Total Live Births, 1994–96: American Indian and Alaska Native

	TOTAL LIVE BIRTHS[a]	NUMBER LOW WEIGHT	PERCENT LOW WEIGHT[b]
U.S. all races (1995)	3,899,589	285,152	7.3
All IHS areas	99,023	5,962	6.0
Aberdeen	7,924	488	6.2
Alaska	7,840	419	5.4
Albuquerque	5,151	328	6.4
Bemidji	5,865	297	5.1
Billings	4,066	251	6.2
California	8,208	535	6.5
Nashville	4,627	327	7.1
Navajo	14,091	819	5.8
Oklahoma	18,759	1,111	6.0
Phoenix	10,235	665	6.5
Portland	10,494	598	5.7
Tucson	1,763	124	7.0

Note: Data based on IHS user population.

[a] Includes 4,067 U.S. All Races births and 215 American Indian and Alaska Native live births with birthweight not stated.

[b] Percent low weight based on live births with birthweight reported.

Source: U.S. Department of Health and Human Services (2001, p. 34, Table 3.2).

TABLE 6: INFANT DEATHS AND MORTALITY RATES BY SPECIFIED RACE: UNITED STATES, 1998 LINKED FILE

RACE OF MOTHER	NUMBER OF LIVE BIRTHS	INFANT MORTALITY RATE INFANT DEATHS	(PER 1,000 LIVE BIRTHS)
All races	3,941,553	28,325	7.2
White	3,118,727	18,575	6.0
Black	609,902	8,418	13.8
American Indian[a]	40,272	376	9.3
Asian or Pacific Islander	172,652	956	5.5

[a] Includes Aleuts and Eskimos

Source: Matthew, Curtin, & MacDorman (2000, p. 3).

TABLE 7: INFANT MORTALITY RATES. AMERICAN INDIANS AND ALASKA NATIVES, IHS SERVICE AREA, AND U.S. ALL RACES AND WHITE POPULATIONS, 1987–1996

CALENDAR YEAR(S)	AMERICAN INDIAN & ALASKA NATIVE[a] ACTUAL	ADJUSTED	U.S. ALL RACES	U.S. WHITE
1994–1996 (1995)	7.6	9.3	7.6	6.3
1993–1995 (1994)	8.0	9.7	8.0	6.6
1992–1994 (1993)	8.7	10.9	8.4	6.8
1991–1993 (1992)	8.8	10.9	8.5	6.9
1990–1992 (1991)	9.4	11.7	8.9	7.3
1989–1991 (1990)	10.2	12.1	9.2	7.7
1988–1990 (1989)	10.6	12.5	9.8	8.2
1987–1989 (1988)	11.0	12.7	10.0	8.5

Note: Rate is per 1,000 live births. "Adjusted" specifies a number, rate, or ratio of rates adjusted to compensate for miscoding of Indian race on death certificates.

[a] Data based on self-identified American Indian and Alaska Native service population.

Source: Department of Health and Human Services (2001, p. 57, Table 3.8).

Table 8: Infant Mortality Rates (Under 1 Year), 1994–1996

	LIVE BIRTHS	INFANT DEATHS ACTUAL	INFANT DEATHS ADJUSTED[b]	RATE[a] ACTUAL	RATE[a] ADJUSTED
U.S. all races (1995)	3,899,589	29,583	7.6		
All IHS areas	99,023	753	922	7.6	9.3
Aberdeen	7,924	111	112	14.0	14.1
Alaska	7,840	71	83	9.1	10.6
Albuquerque	5,151	33	42	6.4	8.2
Bemidji	5,865	53	59	9.0	10.1
Billings	4,066	36	38	8.9	9.3
California	8,208	30	68	3.7	8.3
Nashville	4,627	40	54	8.6	11.7
Navajo	14,091	121	116[c]	8.6	8.2[c]
Oklahoma	18,759	82	141	4.4	7.5
Phoenix	10,235	97	99	9.5	9.7
Portland	10,494	60	88	5.7	8.4
Tucson	1,763	19	22	10.8	12.5

Note: Data based on IHS user population.

[a] Rate per 1,000 live births.

[b] Adjusted to compensate for miscoding of Indian race on death certificates.

[c] For the Navajo area, there were more American Indian deaths identified through use of the state death certificate records (121 infant deaths, actual data) than through use of a match between state birth and death certificate records (116 infant deaths, adjusted data).

Source: Department of Health and Human Services (2001, p. 42, Table 3.11).

Teen Birth Rate

The National Center for Health Statistics reported that in 1998, older teens (18–19) had the highest birth rate (births per 1,000 females) among American Indian and Alaska Native youth; this rate of 118.0 was almost double the comparable White rate of 60.6 (Tables 9 and 10).[6] For every teenage category, the American Indian and Alaska Native rate was significantly higher than the White rate. For children aged 10–14 years, the American Indian birth rate of 1.6 was four times the rate for same-age White youths, and the American Indian and Alaska Native rate for 15–17 years old was more than double the comparable White rate.

This information spans selected years from 1980 to 1998. Overall, and across all teenage categories, American Indian and Alaska Native birth rates have decreased, particularly from the peak years of the early 1990s (Table 10), but they remain considerably higher than the birth rates of White teens.

Percentage of Teens Who Are High School Dropouts (Ages 16–19)

Data FERRET was used to obtain access to the U.S. Bureau of the Census's Current Population Survey (CPS) basic data for the year 1998. This result shows that 17% of American Indians and Alaska Natives aged 16–19 years old are not enrolled in school and do not have a high school diploma (Table 11). In comparison, 9% of all Americans aged 16–19 are high school dropouts (Annie E. Casey Foundation, 2001, p. 29).

Table 9: Births and Birth Rates by Age, American Indian and Alaska Native Race of Mother: United States, Final 1997 and Preliminary 1998

	1998		1997	
	NUMBER	RATE	NUMBER	RATE
10–14 years	195	1.6	202	1.7
15–19 years	8,174	71.8	7,810	71.8
15–17 years	3,155	44.3	3,118	45.3
18–19 years	5,019	118.0	4,692	117.6

Note: Data for 1998 are based on a continuous file of records received from the states. Based on weighted data rounded to the nearest individual, so categories may not add to totals.

Sources: Martin (1999). Federal Interagency Forum on Child and Family Statistics (July, 2000). America's Children: Key National Indicators of Well-Being 2000.[7]

Table 10: American Indian Adolescent Birth Rates by Age and Selected Years 1980–98

	10–14	15–17	18–19	15–19
1980	1.9	51.5	129.5	82.2
1985	1.7	47.7	124.1	79.2
1990	1.6	48.5	129.3	81.1
1991	1.6	52.7	134.3	85.0
1992	1.6	53.8	132.6	84.4
1993	1.4	53.7	130.7	83.1
1994	1.9	51.3	130.3	80.8
1995	1.8	47.8	130.7	78.0
1996	1.7	46.4	122.3	73.9
1997	1.7	45.3	117.6	71.8
1998	1.6	44.4	118.4	72.1

Note: Rates are live births per 1,000 females in specified age group.

Source: Federal Interagency Forum on Child and Family Statistics (July, 2000). America's Children: Key National Indicators of Well-Being 2000.

TABLE 11: PERCENTAGE OF AMERICAN INDIAN AND ALASKA NATIVE TEENS (AGES 16–19 YEARS) WHO ARE HIGH SCHOOL DROPOUTS, BY CURRENT POPULATION MONTHLY SURVEY, 1998

MONTH	DROPOUTS	AI/AN AGES 16–19		
January	34,429	169,459		
February	21,875	30,907		
March	20,103	123,082		
April	20,798	124,214		
May	31,519	144,920		
September	19,666	149,797		
October	27,365	176,552		
November	26,760	175,630		
December	30,773	181,944		
TOTAL	249,804	1,376,505	=	16.95%

Note: The Data FERRET team suggested the use of monthly averages for this indicator due to the small sample size of American Indians and Alaska Natives in the CPS basic survey(s). In addition, KIDS COUNT (2001) utilized only the traditional months when school is in session.

Source: U.S. Bureau of the Census. Current Population Survey, Basic, 1998. Data accessed with Data FERRET.

Percentage of Teens Not Attending School and Not Working (Ages 16–19)

Using Data FERRET to obtain access to the U.S. Bureau of the Census Current Population Survey (CPS) for the year 1998 shows that 18% of American Indians and Alaska Natives aged 16–19 years old are not enrolled in school and are not employed (Table 12). In comparison, 10% of all American youths aged 16–19 are "idle teens" (Annie E. Casey Foundation, 2001, p. 29).

Percentage of Children in Poverty

As stated previously, the KIDS COUNT Data Book 2001 used the Small Area Income and Poverty Estimates (SAIPE) series produced by the U.S. Bureau of the Census to estimate the percentage of children in poverty. Unfortunately, SAIPE does not provide information by racial or ethnic groups. Consequently, it is difficult to calculate this indicator for American Indians and Alaska Natives. Instead, the authors report two

TABLE 12: PERCENTAGE OF AMERICAN INDIAN AND ALASKA NATIVE (AI/AN) TEENS (16–19) NOT IN SCHOOL AND NOT EMPLOYED (IDLE TEENS), BY CURRENT POPULATION MONTHLY SURVEY, 1998

MONTH	IDLE TEENS	AI/AN AGES 16–19 YEARS		
January	36,680	169,459		
February	20,914	30,907		
March	17,168	123,082		
April	12,545	124,214		
May	20,549	144,920		
September	25,384	149,797		
October	40,259	176,552		
November	35,741	175,630		
December	39,564	181,944		
TOTAL	249,804	1,376,505	=	18.15%

Note: The Data FERRET team suggested the use of monthly averages to figure this indicator due to the small sample size of American Indians and Alaska Natives in the CPS basic survey(s). In addition, KIDS COUNT 2001 utilized only the traditional months when school is in session.

Source: U.S. Bureau of the Census, Current Population Survey, Basic, 1998. Data accessed with Data FERRET.

figures related to child poverty. One figure simply reflects the American Indian and Alaska Native poverty rate; this is secondary reporting of U.S. Census figures.

The second figure utilizes data from the 1990 U.S. Census, available on CD-ROM, "1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language" (1995), which was used to estimate the percentage of American Indian and Alaska Native children (ages 0–17) in poverty. Although this figure more closely matches the concept of child poverty (rather than overall poverty), it is more dated. However, KIDS COUNT 2001 figures for the 1990 and 1998 percentage of children in poverty (at the national level) show that this percent has not changed from 20%. This information is taken with the fact that American Indians and Alaska Natives demonstrate differing figures on the well-being indicators, but they most likely mirror the national trends. Hence, the 1990 data are quite likely to reflect very similar percentages to the 1998 data.

Using data that sampled the total U.S. population, the U.S. Bureau of the Census reported that the "1997–99 average poverty rate for American Indians and Alaska Natives was 25.9 percent, higher than for White non-Hispanics and Asians and Pacific Islanders, but not statistically different from Blacks and Hispanics" (U.S. Bureau of the Census, 2001, p. v). When using 1990 Census data, income data were estimated by age, and the poverty rate increased for persons aged 0–17 (Table 13). This high rate is apparent for all American Indians and Alaska Natives; further analysis demonstrated the incredibly high rates of poverty experienced by American Indian children.

Child Death Rates (Ages 1–14)

The child death rate (per 100,000 deaths) for American Indians and Alaska Natives is divided into two age categories: 1–4 and 5–14 years old. Given these two age categories, it appears that younger American Indians have a higher death rate. In addition, males and females demonstrate significant differences in child death rates. In 1998, boys had higher rates of death for each age category (Table 14). In order to make comparisons with KIDS COUNT Data Book 2001 figures, the information from Table 14 was used to produce the data in Table 15. Doing this required the authors to obtain population figures for American Indian and Alaska Native children ages 1–14 from the WISQARS Web site.[8] This resulted in the child death rate of 34 per 100,000.

TABLE 13: AMERICAN INDIAN AND ALASKA NATIVE INCOME IN 1989 BY POVERTY LEVEL, 0–17 YEARS OLD (CHILDREN'S POVERTY)

	BELOW POVERTY		ABOVE POVERTY	
	NUMBER	PERCENT	NUMBER	PERCENT
U.S. national	252,874	39.3	390,428	60.7

Source: 1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language (1995).

TABLE 14: DEATHS AND DEATH RATES (PER 100,000) BY AGE, SEX, AND AMERICAN INDIAN AND ALASKA NATIVE RACE: UNITED STATES, FINAL 1997 AND PRELIMINARY 1998, CONTINUOUS

	1998		1997	
	NUMBER	RATE	NUMBER	RATE
Total American Indian, both sexes				
1–4 years	96	60.4	95	59.1
5–14 years	116	24.8	119	25.5
American Indian, male				
1–4 years	54	67.2	42	51.6
5–14 years	70	29.5	68	28.7
American Indian, female				
1–4 years	41	52.2	53	66.8
5–14 years	46	20.0	51	22.2

Note: Data based on a continuous file of records from the states. Age-specific rates per 100,000 in specified group: age-adjusted rates per 100,000 U.S. population. Number of deaths and death rates for AI/AN should be viewed with caution because of inconsistencies in the reporting of race on death certificates, in the Census, and surveys. Figures for 1998 based on weighted data rounded to nearest individual, so categories may not add to total(s).

Source: Martin, Joyce A. (1999). National Vital Statistics Report Supplements. Hyattsville, MD: National Center for Health Statistics.

Table 15: Deaths and Death Rates (per 100,000) by Age, Sex, and American Indian and Alaska Native Race: United States, Final 1997 and Preliminary 1998, Continuous

	NUMBER	POPULATION[a]	CRUDE DEATH RATE
Total American Indian, both sexes			
1–4 years	96	158,834	60.4
5–14 years	116	467,205	24.8
TOTAL 1–14 years old	212	626,039	33.9

Note: Data based on a continuous file of records from the states. Age-specific rates per 100,000 in specified group: age-adjusted rates per 100,000 U.S. population. Number of deaths and death rates for AI/AN should be viewed with caution because of inconsistencies in the reporting of race on death certificates, in the Census, and surveys. Figures for 1998 based on weighted data rounded to nearest individual, so categories may not add to total(s).

Source: Martin, Joyce A. (1999). National Vital Statistics Report Supplements. Hyattsville, MD: National Center for Health Statistics.

[a] American Indian and Alaska Native population figures for children 1–4 and 5–14 years old were obtained from the WISQARS Web site. WISQARS obtains their population figures from the U.S. Bureau of the Census.

Rate of Teen Deaths by Accident, Homicide, and Suicide

The National Center for Health Statistics (NCHS) provides information on teen death (per 100,000 teens ages 15–19) by state for Whites, Blacks, and Others. American Indians and Alaska Natives are included in the Other category. The authors contacted NCHS and inquired about the availability of American Indian/Alaska Native data for this indicator, but NCHS responded that their data are not categorized this way.[9] However, NCHS suggested the use of the Web-based Injury Statistics Query and Reporting System (WISQARS), "an interactive database system that provides customized reports of injury-related data" (retrieved October 23, 2001, from www.cdc.gov/ncipc/wisqars/default.htm). Using WISQARS for separate analyses for accidents, homicides, and suicides for American Indians and Alaska Natives, ages 15–19, reveals the teen death rate of 79.52 per 100,000 (Table 16).

TABLE 16: AMERICAN INDIAN AND ALASKA NATIVE TEEN DEATHS BY ACCIDENT, HOMICIDE, AND SUICIDE (AGES 15–19), 1998

	# OF DEATHS	POPULATION	CRUDE RATE (PER 100,000)
Accident	105	228,853	45.88
Homicide	25	228,853	10.92
Suicide	52	228,853	22.72
TOTAL deaths by accident, homicide, and suicide	182	228,853	79.52

Produced by the Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC, with infomation supplied by Angela A. A. Willeto.

Data Source: NCHS Vital Statistics System for number of deaths. Bureau of Census for population estimates.

Family Employment

Percentage of Children Living With Parents Who Do Not Have Full-Time, Year-Round Employment

Originally, one of the authors was scheduled to train (on September 13, 2001) on Data FERRET to calculate this indicator. However, due to events on September 11, 2001, this training was canceled, and attempts to reschedule have been futile. The author has been able to calculate other indicators, but due to the complexity of this particular indicator, it has not been estimated. Electronic correspondence with the Data FERRET team informs us that "unfortunately, there is no easy way to do what you want … To do such an operation, you would need to download the entire dataset (by month) and loop through all records in the household to determine the presence of children" (Weyland, personal correspondence, October 31, 2001). Given that the authors are estimating the 1998 figures, this would necessitate that each of the data sets collected during the 12 months of 1998 go through the above process. It appears that this is an issue for those well-being indicators that require linking children with their parents and families.

Subsequently, the closest the authors could come is "work status in 1989, usual hours worked per week, and weeks worked in 1989" for American Indians and Alaska Natives 16 years and older. The authors used the 1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language (1995) data. While this CD-ROM has useful information, it does not contain raw data that can be subjected to statistical or descriptive analysis. Instead, it contains prepared tables available by tribe and geographical region (i.e., states, metropolitan areas, and regions such as the Southwest).

As estimated, this figure differs from the KIDS COUNT indicator by not breaking down the concept of parent's stable employment (full-time and year-round) for children under age 18. It simply shows that the number and percentage of American Indians and Alaska Natives, ages 16 years and older, who usually worked 35 or more hours per week (full-time) for 50 to 52 weeks in the year 1989 (year-round), was 30.6% (Table 17). The vast majority (69.4%) of American Indians and Alaska Natives (ages 16 years and older) do not have full-time and year-round employment.

TABLE 17: WORK STATUS OF AMERICAN INDIAN AND ALASKA NATIVES AGE 16 AND OLDER IN 1989

	NUMBER	PERCENT
Usually worked 35 or more hours per week and 50 to 52 weeks per year.	411,234	30.6
Usually worked less than 35 hours per week and 49 or less weeks per year, including the unemployed	932,158	69.4
TOTAL	1,343,392	100.0

Source: 1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language (1995).

Family Structure

Percentage of Families With Children Headed by a Single Parent

Information that requires linking children with their parents or families is not currently obtainable; for the reasons why, see the discussion in the previous section.

According to 1995 projections, it appears that 35% of American Indian families are composed of single-parent heads of households (Table 18). Most of these single parents are female (26%); males comprise only 9% of American Indian single-parent heads of households.

TABLE 18: COMPOSITION OF AMERICAN INDIAN AND ALASKA NATIVE HOUSEHOLDS

	PERCENT OF FAMILIES
Married couples	65%
Women with no husband present	26%
Men with no wife present	9%

Source: U.S. Bureau of the Census (2000).

Implications and Conclusions

Internal (health, psychological, emotional, and personal) and external (social, cultural, economic, and environmental) factors seriously impact the well-being of Native American infants, children, youth, and their families. Young people in Native families and communities (rural and urban) are not doing very well overall. Children are growing up in very difficult personal and environmental conditions; however, families are endeavoring to make ends meet as they assist their children in making the most out of very limited resources. Table 19 compares KIDS COUNT 2001 figures with the results from this study on the 10 well-being indicators at the national level. The percentage differences between KIDS COUNT and Native American Kids 2001 figures are also listed. This allows comparisons between all children in general (as reported in KIDS COUNT 2001) and American Indian and Alaska Native children and youth (as reported in this study).

In summary, comparing Native American children to the general children's population in the United States shows that Native American children are worse off in terms of their well-being. Of the 10 well-being indicators, only in one indicator is the American Indian and Alaskan Native child (infant) doing better: low birthweight. The other nine indicators show that the Native population is doing very poorly. This information should come as no surprise to the American Indian and Alaska Native communities. What is different is that this report summarizes empirical information similar to the KIDS COUNT Data Books, and the information is presented in one uniform manner. It is important to note that these well-being indicators were selected by non-Natives to signify the well-being of children and youth in general. These indicators are not based on American Indian and Alaskan Native cultural assumptions and values. As such, the indicators reflect the deficit model and not the strengths perspective.

Table 19: Summary of Well-Being Indicators: KIDS COUNT 2001 and Native American Kids (NAK) 2001 and the Difference in Figures in Percentage (Better or Worse)

WELL-BEING INDICATOR	KIDS COUNT	NAK	PERCENT DIFFERENCE
Low birthweight	7.6%	6.8%	11% better
Infant mortality	7.2 per 1,000	9.3 per 1,000	29% worse
Teen birth	30 per 100,000	44 per 100,000	47% worse
Teens who are high school dropouts	9%	17%	89% worse
Teens who are not attending school and not working	8%	18%	125% worse
Child poverty	20%	39%[a]	95% worse
Child death	24 per 100,000	34 per 100,000	42% worse
Teen deaths by accident, homicide, and suicide	54 per 100,000	80 per 100,000	48% worse
Children living with parents who do not have full-time, year-round employment	26%	69%[b]	159% worse
Families with children headed by a single parent	27%	35%[c]	30% worse

[a] This figure reflects 1995 U.S. Census data.

[b] This figure uses 1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language (1995), and this figure is not directly comparable to the KIDS COUNT indicator (see discussion on indicator about "Children living with parents who do not have full-time, year-round employment"). It is listed for the reader's convenience.

[c] This figure uses 1990 Census of Population and Housing: Characteristics of American Indians by Tribe and Language (1995).

Practice Implications

Demographics: Age

- Almost 42% of the Native American population is younger than 19. This means that practice providers must be familiar with youth-oriented lifestyles, values, and issues. These young people were born after 1980, and their worldview is based on current values, experiences, and social and economic realities. Social welfare and health providers must be knowledgeable about their music, pop culture, media, recreation, and tribal interests, as well as their generational values and beliefs. The strengths perspective must include the ability to see and advocate for the needs of these youths regardless of age differences. Young people must be included when forming programs such as focus groups, youth task forces, and program development teams to make sure that the programs are youth-sensitive, competent, and not based on out-of-date techniques and practices. This requires understanding, valuing, and promoting their voices, their behavior, and their realities in the community. A favorite phrase is "youth is our future," but the future is now, so we must include their voices in our programs.

10 Native American Well-Being Indicators

Thematic Area: Infants

- Low birthweight infants: The rate of low birthweight among American Indians and Alaska Natives is 11% lower than in the general U.S. population. This is the one well-being indicator where Native Americans demonstrate a more favorable outcome than the All Races group. However, Native mothers are also giving birth to high weight babies, which is most likely associated with the high rate of Type II diabetes in the Native American population. Consequently, the low birthweight rate must be understood in a broader context of overall health issues. Practice implications should include more education on this indicator to underscore the other problems related to infant birthweight.

- Infant mortality: The rate of American Indian and Alaska Native infant mortality is 29% worse than the general population's infant mortality rate. The Native rate of infant mortality mirrors the national trend of an overall improvement over time, but the gap persists between the general population and Native Americans. Furthermore, health and social practitioners should be mindful of the difference between actual and adjusted rates of

infant mortality. Simply put, adjusted rates take into account the amount of racial misclassification that occurs when filling out vital statistics forms.

Practice recommendations include the following:

- Organize workshops for young mothers about nutrition and health care.
- Promote the importance of having normal birthweight babies as being good for their babies and communities.
- Continue to collaborate with health clinics to advocate for healthy babies and strong mothers and fathers.

Thematic Area: Teens

- Teen birth: Young Native mothers are still giving birth to babies at a considerably higher rate than the general U.S. population. This may imply that in tribal cultures motherhood is a sign of prestige and status, children are highly valued, and the stigma of teenage motherhood is not as prevalent. Larger families are a Native cultural norm. Practice implications include enhanced support for teen parents to complete high school and support for better health practices as an avenue for prevention. Parenting reflects social and cultural values; practice decisions must be made in the context of the total community and its tribal ethos and values regarding family.
- Teen dropouts: The percentage of teenage Native Americans who are high school dropouts is almost double the national rate. This has important social and economic implications. Teens who drop out are most likely to be at the bottom of the socioeconomic system in U.S. society. As a result, they will experience many stresses and problems throughout their lives. Practice implications must include them in the problem-solving process, making school programs more youth-oriented and culturally relevant so they will not drop out. Educating Native youths on the significance and even necessity of education is required. Educational role models that young people can identify with before they leave school are a must. Making education an obtainable reality is necessary to decrease the dropout rate of Native American teens.
- Teens who are not attending school and not working: This indicator ranks as the worst due to the 125% difference between the general population and Native American youth. This indicator reflects “idle teens” (ages 16–19) who are not attending school and are not employed. In reality, this indicator demonstrates the limited educational and occupational opportunities for Native American teens.

Idle teens must be understood within a cultural perspective and perhaps not viewed so negatively. Idle teens can gain tribal skills for living, and they can find support within their own communities. We should not freeze them out of the general population due to racism and oppression. Access to powerful role models, bridges to education, and linkages to employment such as role-sharing and apprenticeship opportunities are critical, as is reducing stigma on youths who are stereotyped as "idle teens" in a society in which the work ethic is so powerful. Practice includes having focus groups with these teens and getting their thoughts and opinions about their views on this indicator. They are living these indicators and should be involved in making changes in the system and empowering themselves. In tribal communities with high unemployment, idle young people may be making the best of the situation by using their time and energy to preserve their families and culture and not seeking employment when none is realistically available. They are playing in bands, going to pow wows, meeting other youths, going to rodeos, and singing in drum groups. Of course, they are also getting into trouble, using substances, and so forth, but this is not news. The practice implications give us a chance to revisit this indicator from a more cultural perspective and attitude.

Thematic Area: Poverty

- Child poverty: Native children experience child poverty at substantially higher rates than non-Native children. Practice must include working with families, groups, communities, or organizations to make resources available for children and their families, especially informing parents about which social programs their children are entitled to receive. This is important given the recent cuts in social welfare benefits. Parents may not realize that their children and families may still qualify for benefits such as food stamps even when they have been removed from welfare rolls. Additionally, increasing the employment of parents on reservations and in urban areas is a must for improving this indicator, as is educating the community so children will not continue to suffer from all the repercussions associated with poverty.

Thematic Area: Mortality

- Child death: The rate of child death for American Indians and Alaska Natives is 42% worse than that of the general U.S. population. Given the value of children and their future potential, the high rate of child death is a sobering fact. To decrease the child death rate, more information is required on the various causes that contribute the most to this indicator. Examining the 10 leading causes of

death for American Indians and Alaska Natives by age group (data retrieved October 30, 2001, from www.cdc.gov/ncipc/osp/indian/indians.htm) shows that unintentional injuries, adverse effects (deaths by accident), and homicide rank among the top three leading causes of death across the age groups encompassing American Indian and Alaska Native children 1–14 years old. Practice implications include ongoing prevention programs to educate communities about how to reduce the number of deaths in their communities by using seat belts, not drinking while driving, and not letting children ride in the back of pickup trucks.

- Teen deaths by accident, homicide, and suicide: Native teens are dying from accident, homicide, and suicide at a greater rate than the general population. Prevention programs have been in existence for years in tribal communities to prevent death by suicide. Peer counseling within schools has been successful for reducing suicide. Car accident deaths can be reduced with education about seat belt usage and not drinking when driving. Youths who are killing each other are often members of gangs, selling drugs, and using alcohol. Developing programs to reach out to troubled, isolated, and alienated teens can be helpful. Developing youth-to-youth programs to help detect early warning signs of teens in trouble can be useful. Developing safe places where teens can express themselves has assisted teens in not going "down the tubes" about their emotions. Many teens suffer from depression, and if this is recognized early they can get the professional care they need, and not use suicide as a way to express their pain about how they are feeling. Suicide is preventable.

Thematic Area: Family Employment

- Children living with parents who do not have full-time, year-round employment: The authors have not been able to exactly reproduce this indicator from CPS data. The closest the authors have come to approximating this indicator is the percentage of American Indians and Alaska Natives (16 years and older) who are not employed full-time and year-round (which is 69%). The authors could not link this information to Natives with children younger than 18, but it still serves to demonstrate the severe lack of stable and secure employment among American Indians and Alaska Natives. This information further underscores the necessity of addressing employment opportunities for Native people.

Thematic Area: Family Structure

- Familes with children headed by a single parent: Native chidren reside in single-parent families at 30% higher rates than the general U.S. population. Employment opportunities, day care, and other social, educational, and health services must be provided to single parents to make parenting more productive and less stressful. Advocacy, educational programs, and parenting aid support must be encouraged by the community to assist the single parents; maintaining links to their extended families when possible is paramount, as is transmitting cultural values and beliefs.

Policy Implications

Policy implications can be viewed from a broader perspective. The well-being indicators for American Indian and Alaskan Native children provide empirical evidence that they are not doing as well as their non-Native counterparts. There are important societal and structural implications due to the comprehensive nature of social and economic problems that the well-being indicators reflect.

Of the 10 well-being indicators, only one shows that the American Indian and Alaskan Native child (infant) is doing better: infant birthweight. This has significant policy implications for our communities. Native infants are born fairly okay; however, according to all the indicators after birth, they are SIGNIFICANTLY WORSE OFF! As Native children grow and start to encounter their social, educational, and economic environments, they become hurt, troubled, rejected, isolated, thrown out, killed, alienated, and so forth. Policies for Native children must come full circle and make the necessary changes to protect, provide for, care for, help, nurture, and sustain our young people.

- Infant, child, and teen development theories are a reflection of the importance placed on their well-being in a society as a whole. American Indian cultures and communities have philosophies of care for children, but there are fewer resources available for their care in these communities. Policy implications include making more concentrated efforts toward the health of infants and the development of children through planning and intervention with their parents and families so that babies are born healthy and fewer children die at an early age. An additional policy implication includes training those who misidentify the race of American Indian and Alaska Native infants to reduce the likelihood of racial miscoding on death certificates.
- Teen motherhood has been a major problem in the society in general, and the rate of teenage births is much higher for American

Indian teens. Policy implications related to cultural definitions of birth and parenting are necessary. This well-being indicator could actually be a strength for tribal communities and could be misinterpreted by the society in general. This indicator should be examined from the American Indian and Alaskan Native point of view. There is currently widespread use of abstinence-focused prevention programs by tribal and state health programs, but is this the most culturally relevant program available for tribal teens? Focus groups with teenage parents may be appropriate to get their thoughts and ideas for culturally-based programs geared to what they want in their lives in a cultural context.

- Teens who drop out of school have been an educational problem for years, and likewise, policy implications have been discussed by educators for years. The dropout rate is related to many complex, interwoven economic, educational, cultural, and personal issues that are beyond the scope of this project (see www.cdf.org; www.cwla.org). This study confirms that the rate of Native dropouts is quite high in comparison to the general society.

- Teens who are not attending school and not working are considered idle teens in the general population. Policy recommendations are similar to the above topic of school dropouts. Recommendations include an alternative concept for the term "idle teen" that is more positive than the pejorative term currently used. American Indian and Alaska Native teens who are not attending school and not working may instead be providing services and a source of labor to their families and communities. Hence, they may not have quite the same stigma as their counterparts in mainstream society (Waller & Patterson, in press). This may be another area where a strengths perspective could be employed.

- Child poverty is a national problem in general, with high rates for children of all races. Yet American Indian and Alaska Native children experience this phenomenon at much greater rates, almost double those of all children. This has extensive policy implications at every level of the community and society. Economic redistribution of wealth is deemed necessary so that no child is living in poverty. Employment resources, adequate child care, and health insurance coverage is required to ensure that child poverty does not continue in any state or tribal nation. The Children's Defense Fund has extensive resources on this topic with many policy recommendations at the individual, community, and societal levels (www.cdf.org). Welfare reform initiatives have been deemed successful, but when Native reservations have little to no employment

resources, the issue is entirely different. The Kathryn M. Buder Center for American Indian Studies located at the Washington University George Warren Brown School of Social Work, St. Louis, Missouri, has conducted extensive research on American Indian welfare reform practices that can be accessed for policy recommendations. One such example is titled State of Welfare Families on Reservations: Progress, Setbacks, and Issues for Reauthorization Working Paper 3 (Pandey, Brown, Zhan, Hicks, & Welch, 2001). The National Congress of American Indians (NCAI) is another resource for recommendations and tribal resolution materials to combat child poverty in Indian Country.

- Teen deaths by accident, homicide, and suicide are serious problems within American Indian and Alaska Native communities. Policy implications include applying the policy declarations of Healthy People 2010 to Native communities. Policy-making bodies such as tribal councils should emphasize the importance of American Indian young people on a daily basis.

- Children living with parents who do not have full-time, year-round employment is an issue certainly related to the employment conditions in tribal communities and urban Indian communities. Underemployment and the lack of a high school degree place many parents in a web of unemployment with few, if any, chances of full-time and stable jobs. The service industry is the mainstay of these parents, but this environment provides few opportunities, no benefits, and revolving doors in physically demanding jobs with no status or future career-building opportunities. The unintended consequence for children and youths is the role modeling of their parents experiencing unemployment or basically becoming a servant in the low-end sector of the service industry with little hope or opportunity. Breaking out of poverty, unemployment, and underemployment is very hard and may not occur. Policy recommendations include working with tribal councils to improve the business structure in tribal nations and urban areas so that well paying jobs can be available. Further, efforts should be directed toward working with schools to make the notion of future opportunities through educational attainment a reality.

- Families with children headed by a single parent occur at a higher rate for American Indians and Alaskan Natives. The policy recommendations include the following:

  - Form an Association for American Indian and Alaskan Native Single Parents, an organization to advocate for their needs and empower them to make changes in

their communities as a political entity and a collective voice.

- Form a National Tribal Child Support Enforcement Office. Due to federal jurisdictional issues, many states cannot enforce getting money from fathers who reside on the reservation. Tribal offices vary tremendously in their services and abilities to assist in obtaining child support.

- Policy-making bodies need to be more accountable to their consumers. Action needs to be connected to the policy. Follow-through needs to be insured so that single parents can get what they need to become self-sufficient with the goal of bringing the family above the poverty level and having meaningful access to resources.

Research Implications

What Is the Overall Message to Be Gained from the Study?

Data on the 10 well-being indicators for American Indians and Alaskan Natives are available, but they are not easily ascertained unless one is willing to ferret them out of national data holdings. The information is complex, held within several agencies and organizations, and does not always use the same definitions of "American Indian"; nor is there consistency in the definitions of the well-being indicators made by the national organizations. It is a research puzzle of great magnitude, but it can be brought together with time, resources, patience, and determination. This study required creative thinking and problem-solving when confronted with numerous barriers. For those who are interested in obtaining American Indian and Alaska Native well-being indicators information, the lesson is that it takes time but is worth the effort. The overall message is that the data on the 10 well-being indicators are available but not necessarily accessible by a direct route.

The other overall message is that Native American children and youth are not doing very well in 9 out of the 10 indicators. There is a massive lack of resources and support for American Indian and Alaskan Native young people in our country.

What Needs to Improve?

Improving ease of access and making data available by American Indian and Alaska Native racial and ethnic category would substantially improve the current situation regarding well-being indicators. A number of national organizations collect what may be considered well-being indicator data, and they usually provide some sort of statistical program on their Web sites that enable individuals to access data. Some of the programs are relatively simple and require little

training, and data are available on American Indians and Alaska Natives (i.e., WISQARS). Others are relatively simple and require little training, but data are not separately available on American Indians and Alaska Natives and are subsumed in the "Other" category (i.e., WONDER). Still other programs have data available on American Indians and Alaska Natives, but the programs are difficult to use and require substantial training and cost (i.e., Data FERRET).

An additional area of improvement is encouraging the various national organizations to collect information on tribal heritage. For the 10 well-being indicators the authors have worked with, only the 1990 U.S. Census provided information by tribes. As the authors move along in this project, it is a possible future area of further exploration.

Where Do We Go from Here?

The first project provided a comprehensive literature review of the historical context, laws and policies, definitions of American Indian, and issues related to research methodology and data in Indian Country (Goodluck & Willeto, 2000). The second project provides the figures on the 10 well-being indicators at the national level on American Indian and Alaskan Native children and youth. A recommendation for the future is to continue research on the well-being indicators by looking at data from states and tribes to further delineate the information on Native American children and youth well-being indicators.

What Kinds of Questions Does This Study Raise?

Questions that could be raised would probably depend on the needs of the particular reader. For example, those who are interested in other racial or ethnic groups may wonder how American Indian and Alaska Native figures compare with these other groups. When such information was readily available, it was included in the various tables. But in other cases, it would require substantial effort to try to locate or produce the information. In addition, questions regarding trends over time and by state may also arise.

Additionally, questions may arise that address the validity of these particular well-being indicators as applied to Native Americans. Proponents of the strengths or resiliency perspectives may well question the appropriateness of indicators that measure well-being in terms of deficits. The authors are well aware of this problem, and again state that it is their intention to begin expanding the definition of well-being to include indicators of strength as well as those that indicate deficits.

Other questions may arise about how to make this report useful at the tribal level; in addition, national-level advocates may want to continue the dialogue on how to use this information for policy and practice initiatives. The study raises questions for future research, discussion, and debate.

What Are the Strengths and Limitations of the Study?

The number one strength of this study is that invisible data about American Indian and Alaskan Native children and youth has been made visible and explicit to the readers. Information on 10 well-being indicators at the national level has been made available for tribal governments and child welfare advocates to help raise the discourse on the overall well-being of Native children and youth in our country.

One limitation is that not all the indicators are estimated with data from the same year. Of course, there were valid reasons for this. The authors have pointed out that most of the indicators reflect 1998 data, and it was only in cases where the authors were constrained that data from other years was reported or produced. However, in the future, it may be possible to more easily access this information. From the November 1999 data set on, the Data FERRET team has produced two variables that would link children to their parents and families, thus making the analysis of these types of indicators much simpler.

This study provides descriptions of the rates and percentages of the 10 well-being indicators at the national level on American Indian and Alaskan Native young people. This is what the authors were seeking to study, and the report also discusses these indicators in detail with numerical and summary information on the literature for each indicator. The authors used the KIDS COUNT Data Book 2001 as the model for the project, using similar data resources and format for presenting the information. The authors have made explicit the rates and percentages for Native American youths on the 10 well-being indicators at the national level, thus calling attention to an overlooked area of interest for policy and child advocates. The authors searched the national resources data holdings to make the information available to the public.

Recommendations for the Future

Suggested Indicators for Future Research and Data Books

IHS materials were reviewed while collecting information for this project, and two indicators emerged as important enough to warrant the concern of IHS and possible inclusion in future data books. The primary limitation of this action would involve the time gap between the availability of the other 10 well-being indicators (1998) and the following two (1994–1996).

IHS has reported that the rate of high birthweight (4,000 grams or more) is “a relatively greater problem for Indian women than low weight births. High birthweights are a complication of diabetic

pregnancies and should be of concern" (U.S. Department of Health and Human Services, 2001, p. 49). According to the IHS, sudden infant death syndrome was the leading cause of death for American Indian and Alaska Native infants during 1994–96, and the Native rate is substantially higher than both the All Races and White rates in the United States in 1995 (U.S. Department of Health and Human Services, 2001, p. 60).

Conclusion

This report is the second of a series on making explicit well-being indicators for American Indian and Alaskan Native children and youth. The 10 well-being indicators are categorized into six themes: infants, teens, poverty, mortality, family employment, and family structure. The 10 well-being indicators are discussed individually, professional literature is provided for each indicator, and methodological research issues are discussed, such as the difficulty in finding each of the indicators from national data banks, and finding the information on American Indian and Alaskan Natives.

The KIDS COUNT data books were the model from which this study is designed in that the authors sought out the same resources that the Annie E. Casey Foundation's Kids Count Project used in their research; however, this study provided the next step to locate, analyze, and synthesize the material from the national levels on American Indians and Alaska Native children and youth populations.

The major finding is that of the 10 indicators only one has shown some improvement (infant low birthweight). The other nine indicators show extreme rates of doing very poorly in their environments (social, educational, economic, and health care). The argument for a study based on a strength and asset perspective is given as opposed to solely conducting more research on the current well-being indicators based on the deficit perspective. This report consolidates the information into one report, gives practice and policy recommendations and ideas for future research, and discusses strengths and limitations of the project.

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APPENDIX

American Indian Categories Used by the U.S. Bureau of the Census (2001)

SUMMARY FILE 1: POPULATION COUNTS FOR 36 SELECTED AMERICAN INDIAN CATEGORIES		
Apache	Delaware	Potawatomi
Blackfeet	Houma	Pueblo
Cherokee	Iroquois	Puget Sound Salish
Cheyenne	Kiowa	Seminole
Chickasaw	Latin American*	Shoshone
Chippewa	Lumbee	Sioux
Choctaw	Menominee	Tohono O'odham
Colville	Navajo	Ute
Comanche	Osage	Yakima
Cree	Ottawa	Yaqui
Creek	Paiute	Yuman
Crow	Pima	All other categories

* Aztec, Inca, Mayan, etc…

… and a population count for 5 selected Alaska Native tribes …

Alaska Athabaskan	Aleut	Eskimo
Tlingit-Haida	All other tribes	

These are the top 35 American Indian tribal groupings and four largest Alaska Native tribes/tribal groupings. There was a national threshold of 7,000 established in order for data for detailed groups to be shown in Census 2000 data products. The threshold was based on 1990 census results. Many of the individual American Indian and Alaska Native tribes will not meet this threshold, so in an effort to provide some data by tribes the census used the tribal group in concept that was used in the 1990 census.

U.S. Bureau of the Census. (2001). Census 2000 summary file 1. [Slide presentation]. Retrieved June 29, 2001 from http://www.census.gov/mso/www/rsf/summ1/sld019.htm.

Footnotes

[1] The terms American Indian and Alaska Native, American Indian, Native, Native American, Indian, and First Nations are used interchangeable throughout the document to refer to the indigenous people of the United States.

[2] Estimates are figured over three years, due to the small number of cases, to produce a more reliable estimate for the particular indicator.

[3] Age data are available by state from the Census 2000 redistricting data by accessing American Fact Finder.

[4] The rate of American Indian and Alaska Native teen low birthweight babies is available by state.

[5] Some data on infant mortality rate (IMR) is available by state (Alaska, Arizona, California, Michigan, Minnesota, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Washington, and Wisconsin). For all other states, the IMR figure does not meet standards of reliability or precision based on fewer than 20 deaths in the numerator. This IMR information is available online, in the National Vital Statistics Report, at www.cdc.gov/nchs/data/nvsr/nvsr48/nvs48_12.pdf.

[6] Some teen birth rate information is available on American Indian and Alaska Natives for 23 states (1991 and 1998 data: Alaska, Arizona, California, Colorado, Florida, Minnesota, Montana, New Mexico, New York, North Carolina, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, and Wisconsin; only 1998 data: Illinois, Kansas, Louisiana, Michigan, and Nevada). This information is from the National Vital Statistics Report 48 (6), p. 11, available online at www.cdc.gov/nchs/data/nvsr/nvsr48/vs48_6.pdf.

[7] Data in this table are the same as the National Vital Statistics Report, “Births: Final Data for 1998,” p. 28, Table 4 (Hyattsville, MD: National Center for Health Statistics).

[8] See “rate of teen death by suicide, accident, and homicide” for more information on WISQARS.

[9] NCHS does make available the raw data on CD-ROM, “1998 Multiple Cause-of-Death File.” The compressed file is 1.3 gigabytes and requires the use of statistical software (i.e., SAS) to retrieve information.