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Special Topic 1 Questions Response: America's Children 2020

The 2020 report *America's Children: Key National Indicators of Well-Being* contains a multitude of information about the status of children in the U.S. today. Demographic information can tell us a lot about where the needs of children are and where resources might best be focused. Statistics about the racial distribution of certain issues can expose the pressing reality of systemic racism that is pervasive within our society. The overall purpose of publishing a report like this is to examine the holes that exist within childcare and to allocate resources to issues that need more immediate attention. With this information, we can hopefully better care for the children within our society that need our aid.

A great example of how this information can be useful to instigate change is found on page 7 of the report, in the graph entitled "Birth rates for females ages 15–19 by race and Hispanic origin and metropolitan status, 2018". According to the report, "childbirth during adolescence often is associated with long-term difficulties for the mother and her child," and is therefore considered rather detrimental to both the well-being of the adolescent parents and the newly-born child. By examining the racial and metropolitan distribution of this issue, we shed light on which groups might be the best targets for better sex education and information about protected sex. In this graph, we see that rural areas have the highest incidences of adolescent births. The implications of this might be that rural areas should be focused on for better sex education to prevent and lower the occurrence of adolescent births. Additionally, Black, non-Hispanic, American Indian or Alaska Native, non-Hispanic, Native Hawaiian or Other Pacific Islander, non-Hispanic, and Hispanic adolescents all had a much higher incidence of adolescent birth than do White, non-Hispanic or Asian, non-Hispanic adolescents. This tells us that areas with high racial minority populations, likely coinciding with less access to resources in general because of systemic racism, might also benefit from more sex education. This is just one example that illustrates how the information found in this report could inform where more resources could be allocated in order to improve the well-being of children who are already at a disadvantage here.

Surprisingly, this report did not cover certain information that could be highly useful in aiding the children of our country. One of these topics was education level. Often, education level is measured by reading level or ability, or via some standardized test. This tells us how well children are learning, not just what grade they have completed, as different schools might have different standards for grade completion. Though standardized tests like this are always difficult because they have inherent bias, I would be interested to know how children scored on some of the most updated, well-vetted standardized tests out there. This would allow for data regarding which metropolitan areas, areas with a particular racial makeup, etc. might need more funding in

schools. One other very important area that was not covered was the multilingualism of children. I would be interested in finding out how many children speak another language at home, what that language tends to be, and if they receive support for this language at school. Information like that would be crucial in discovering whether more bilingual education support would be warranted in schools, which I highly suspect it would be. Language demographics could help convince state legislatures to reconsider their “English-only” laws in schools and perhaps start more of a conversation regarding the importance of bilingual and/or multilingual education, and especially its benefits to children’s learning.

Taking a look at the demographics of child poverty in this country, we are able to see very clearly the impact of upbringing on the well-being of children. Racial identity plays a huge role in the socioeconomic status of families, as we often see generational poverty and a cycle that dates back to the days of more overt racial discrimination. White, non-Hispanic individuals often have an advantage that comes with the historical privilege of being White and the opportunities that come with that. Racial minorities do not have the same head-start and therefore are disproportionately affected by poverty and other issues. Keeping this in mind, analyzing “Percentage of children ages 0–17 living in poverty by race, Hispanic origin, and metropolitan status, 2018” comes as no surprise (page 10). Here we see that Black, non-Hispanic children have the highest incidence of child poverty of any racial group, especially in micropolitan areas. American Indian or Alaska Native, non-Hispanic, and Hispanic children also had much higher rates of child poverty than did White, non-Hispanic or Asian, non-Hispanic children. Rural areas also had the highest incidence of children living in poverty. This very clearly proves that the environment and context in which a child is raised in directly affects their well-being. Obviously living in poverty is not ideal for anyone, let alone children. Parents in this situation might not have the resources to buy their children school materials, new clothes, school lunches, etc. Without these essentials, well-being understandably decreases. Being raised as a racial minority in a systemically racist society results in a higher chance of these conditions befalling a child, as does being raised in a rural area with fewer resources and opportunities. The context in which these children have been raised have put them in a more vulnerable position in society, which is a harsh reality of the injustice that pervades within our society.

I chose to visit the National Institute of Mental Health (NIMH, found at this URL: <https://www.nimh.nih.gov/>). This website has information about the mental health of children, something that is also touched on in the *America’s Children* report. While the report focuses on major depressive episodes (MDE), the NIMH website includes information about a wider list of mental health issues, including anxiety disorders, ADHD and ADD, autism spectrum disorder, bipolar disorder, trauma, depression, eating disorders, disruptive mood dysregulation disorder, and suicidal ideation. These are all important disorders that can affect the mental health of children. There is also a symptom list for parents to monitor their children for, both in young children and in teens or adolescents. For young children, parents are advised to look out for sleep problems, irritability, struggling socially and at school, among other things. For teens, the focus is more on bad habits like substance abuse, self harm, or other risky behaviors. This information

enriches what can be found in the original report, as it expands upon a more common experience, MDE, and notifies parents what they can look out for. External resources like this one are very useful to parents who might be interested in helping their child with mental health care. As the report tells us, MDEs are quite common, with 14% of children ages 12-17 having experienced at least one MDE in the past year in 2018 (page 23). Because mental health problems in children are quite abundant, resources like the ones found on the NIMH website are very helpful having had this information from the initial report to go off of.