CENTER FOR NATIVE AMERICAN YOUTH AT THE ASPEN INSTITUTE

casey family programs

Native American Youth: Status of Well-Being (2014)

Introduction

In the United States, the Native American community comprises 566 federally-recognized Indian tribes, 160 state-recognized tribes and many urban Indian communities (Bureau of Indian Affairs, U.S. Department of Interior, 2012). Approximately 4.5 million Americans, or one percent of the country's population, self-identifies as American Indian and Alaska Native (AI/AN) (U.S. Census Bureau, 2009). The population lives in thousands of tribal and urban Indian communities across the United States, with about 78 percent of the AI/AN population living in urban or non-reservation settings (not on Indian land) (U.S. Census, 2010). Approximately 1.9 million AI/ANs are eligible for federal benefits, including general health care and mental health services. These services are primarily provided by the Indian Health Service (IHS), an agency of the United States Department of Health and Human Services, which was established to carry out the federal government's trust responsibility to provide health care to AI/ANs (Indian Health Service, U.S. Department of Health and Human Services, 2012). In order to properly evaluate how are government and national stakeholders are serving AI/ANs and the status of well-being, it is necessary for government and private organizations to intentionally include AI/AN children in all efforts to evaluate programs and improve services.

Background on Well-Being and Lack of Research

Although the definition of well-being varies across literature, the definition used for this report and the analysis of KIDS Count and well-being measures is: "the balance point between an individual's resource pool and the challenges faced: stable wellbeing is when individuals have the psychological, social and physical resources they need to meet a particular psychological, social and/or physical challenge" (Dodge et al., 2012). Although, health professionals, scientists, policymakers, and many other stakeholders have examined this issue of "subjective well-being," a review of literature over the last decade illustrates the lack of consensus on a specific definition or construct of child well-being (Diener, 1984).

Measuring and impacting children's well-being should be a priority for policymakers who are responsible for overseeing and funding programs intended to ensure positive outcomes for AI/AN children. The lack of literature and research, concerns about the applicability of KIDS COUNT, and the absence of a comprehensive set of available national measures that include AI/AN youth, all make the case for more emphasis on AI/AN well-being in public health, child welfare, and related research.

Measures of AI/AN Child Well-being

As a first step, the attached infographic provides a set of measures for policymakers to collect, examine, and use to strategize and prioritize the network of programs and services impacting AI/AN children's well-being, and evaluate over time the effectiveness of federal, state, or tribal services. The suggested indicators are modeled after the Annie E. Casey Foundation's KIDS COUNT and its successful methodology for informing policymakers. A series of replacements have been made to account for factors related to tribal diversity, basic human and social needs, and to ensure a broad construct of AI/AN well-being. In addition, more reliable data sources were exchanged for KIDS COUNT indicators where identified. The four replacements are:

- Economic Well-being: children living in households with a high housing cost burden, replaced with homes without safe drinking water and sanitary sewage;

- Education: high school students not graduating on time replaced with high school graduation rates;
- Health: low birth weight replaced with youth suicide rates; and
- Family and Community: children in families where the household head lacks a high school diploma replaced with rate of children (under 18) in out-of-home care (per 1,000) (foster care).

The report suggests additional replacements related to over-crowded housing, exposure to violence, and lack of law enforcement among others are also important well-being considerations; however, access to recurring data in these sectors is either not available or difficult to collect for AI/AN children.

Future Recommendations and Policy Implications

Data inform policy-making and policymakers, and funders also want metrics to track impact. Policymakers should utilize the infographics provided in the appendices, and future profiles developed to capture the well-being of AI/AN children. The recommended indicators and infographic can be displayed during the formation of priorities and drafting of legislation, including at Congressional hearings and as part of legislative debate.

Policymakers should consider and support the data sources that supply these indicators as important tools for ensuring long-term, broad snapshots on AI/AN children's well-being. Further, these indicators could be used as guidelines for asset mapping that would show specific programs and services a particular audience oversees related to each statistic. For example, federal policymakers could map federal services through the Indian Health Service, Substance Abuse and Mental Health Services Administration, Human Resource Services Administration, Centers for Medicaid and Medicare, and many others to prioritize programming that can tackle the disproportional suicide rates of AI/AN youth. A national funder, like Casey Family Programs, might develop programming around these metrics, as they consider and plan action to support upstream, preventive programming that tackles the root causes of child welfare challenges.

Such a profile of indicators highlights the federal government's failure to provide adequate services across a number of sectors, despite a trust responsibility to AI/ANs, their children, and future generations. This profile and future well-being profiles should serve as an accountability tool and compel policymakers and the Executive Branch to focus attention on these areas, to ensure that AI/ANs, this nation's First Americans, are not last on the federal agenda.

Consideration

Indian tribes should be consulted, and AI/AN children and urban Indian communities conferenced on the suggested infographic. While a diversity of opinions may result, a baseline of support for the messaging should be secured before the profile is shared and advertised among sovereign nations, especially to the very stakeholders that have a trust responsibility to provide services. Further the well-being estimates for AI/AN children in some cases are based on data sources with lack of representation from all tribes in the U.S. and limited sample sizes. Another important consideration is to note that these measures do not provide information about the strengths and resiliency of AI/AN youth and how to build on them.

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The Well-Being of American Indian and Alaska Native Youth: Using What We Know to Make Better Policy

Set of indicators across four well-being categories, served by federal programs, show poorer conditions for American Indian and Alaska Native children compared with the national average.

ECONOMICS & COMMUNITY

CHILDREN IN POVERTY

NATIONAL AVERAGE **23%**

AMERICAN INDIAN **37%**

HOMES WITHOUT SAFE DRINKING WATER AND SANITARY SEWAGE

NATIONAL AVERAGE **1%**

AMERICAN INDIAN **13%**

US National Library of Medicine, National Institutes of Health
www.nlm.nih.gov/nativevoices/timeline/616.html

CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT

NATIONAL AVERAGE **31%**

AMERICAN INDIAN **49%**

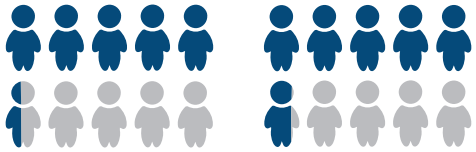
TEENS NOT IN SCHOOL AND NOT WORKING

NATIONAL AVERAGE **8%**

AMERICAN INDIAN **16%**

EDUCATION

CHILDREN NOT ATTENDING PRESCHOOL



NATIONAL AVERAGE **54%**

AMERICAN INDIAN **59%**

FOURTH GRADERS NOT PROFICIENT IN READING

NATIONAL AVERAGE **66%**

AMERICAN INDIAN **78%**

EIGHTH GRADERS NOT PROFICIENT IN MATH

NATIONAL AVERAGE **66%**

AMERICAN INDIAN **83%**

HIGH SCHOOL STUDENTS NOT GRADUATING ON TIME

NATIONAL AVERAGE **19%**

AMERICAN INDIAN **32%**

Unless cited otherwise, all data is from datacenter.kidscount.org/US.
This data composite is modeled after the Annie E. Casey Foundation's KIDS COUNT Data Book: 2014.

This set of indicators is not intended to suggest or provide evidence for correlations or causal associations across outcomes.

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HEALTH

RATE OF YOUTH SUICIDE (AGES 15 TO 24) PER 100,000

NATIONAL RATE (ALL RACES)	AI/AN RATE
5.8	14.1

National Vital Statistics System from National Center for Health Statistics and the Centers for Disease Control and Prevention (www.cdc.gov/nchs/deaths.htm).

CHILDREN WITHOUT HEALTH INSURANCE

NATIONAL AVERAGE	AMERICAN INDIAN
7%	16%

CHILD AND TEEN DEATHS PER 100,000

NATIONAL AVERAGE	AMERICAN INDIAN
26	30

TEENS WHO ABUSE ALCOHOL OR DRUGS

NATIONAL AVERAGE	AMERICAN INDIAN
6%	8%

CHILD WELFARE & FAMILY

CHILDREN IN SINGLE-PARENT FAMILIES

NATIONAL AVERAGE	AMERICAN INDIAN
35%	53%

RATE OF CHILDREN (UNDER 18) IN OUT-OF-HOME CARE (PER 1,000)

NATIONAL IN CARE RATE	AI/AN IN CARE RATE
5	11.4

Fiscal Year 2012, Children's Bureau and Claritas Population Projections Produced by Data Advocacy, Casey Family Programs.

RATE OF CHILDREN (UNDER 18) ENTERING OUT-OF-HOME CARE (PER 1,000)

NATIONAL IN CARE RATE	AI/AN IN CARE RATE
3.3	7.6

Fiscal Year 2012, Children's Bureau and Claritas Population Projections Produced by Data Advocacy, Casey Family Programs.

TEEN BIRTHS PER 100,000

NATIONAL AVERAGE	AMERICAN INDIAN
29	35

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