

Data About Youth in the United States

Given the growing amount of data on and from youth, the problem confronting policy makers is not really that of hearing from a few more young people or arranging to have a youth representative or two at the table. Addressing the matter in that way risks continuing the type of tokenism and use of youth as decoration that has been commonplace and also risks short-circuiting analyses of the larger body of available data. Meaningful youth participation always should be promoted. But promoting participation must not be confused with the parallel need for a comprehensive body of data on and from youth.

Adults Amassing Information About Youth

Data about youth are gathered from many sources and are readily available on the internet. For example, national and state reports regularly summarize statistical data about the condition of young people across the country (see Exhibit 1). And localities increasingly are publishing “report cards” on the status of children and youth.

Here, our main focus is on procedures designed by adults to elicit information *from* youth. A wealth of data are available from major surveys, polls, and research studies. We stress, however, that the large data-sets generated always have methodological limitations and so what is reported must be interpreted with care and sophistication (Center for Mental Health in Schools, 2008).

Also note that when procedures are designed by adults, the emphasis is on those matters they designate as most important. To counter this bias, a few efforts have been pursued to enable youth to speak their minds, including growing interest in engaging youth as partners in participatory research and evaluation. However, we could find no examples of *large scale surveys* using *youth defined* indicators of needs and interests.

The rationale adults provide for surveying and polling youth vary with the type of problem they want to address. For example, the news release from *America’s Promise Alliance* about the 2009 Gallup Student Poll states that it will help school systems and communities benchmark progress and determine solutions to the dropout crisis. The report stresses that

“Currently, one in three American students does not graduate from high school. ‘When more than 1.2 million young people drop out of high school every year, everyone needs to work together to address the crisis – educators, parents, business and community

leaders,’ said Alma Powell, chair of America’s Promise Alliance. ‘For too long the voice of youth has been missing from the national dialogue. This poll gives insights into the daily experiences, challenges and aspirations of our young people, so that we can better identify ways to meet their needs and help them be successful.’”

(See Exhibit 2 for the Gallup Poll’s main findings.)

The majority of youth surveys are designed to gather data about a range of problems experienced by youth (e.g., risk behaviors, prevalence and incidence of mental disorders, students diagnosed for special education, youth in the juvenile justice system) and on use of services. Below are examples of major national and local surveys that ask school-aged youth (as young as 6th grade) to volunteer answers relevant to physical health and psychosocial and mental health concerns:

>*Youth Risk Behavior Surveillance System YRBSS* – includes a national school-based survey conducted by the Centers for Disease Control and Prevention (CDC) and state, territorial, tribal, and local surveys conducted by state, territorial, and local education and health agencies and tribal governments. The national Youth Risk Behavior Survey (YRBS) monitors the following six categories of CDC priority health-risk behaviors among youth and young adults including

- behaviors that contribute to unintentional injuries and violence;
- tobacco use;
- alcohol and other drug use;
- sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases (STDs), including human immunodeficiency virus (HIV) infection;
- unhealthy dietary behaviors; and
- physical inactivity.

It also monitors prevalence of obesity and asthma. <http://www.cdc.gov/HealthyYouth/yrbs/brief.htm>

Presented in the box on page 4 is an example of recent findings.

Exhibit 1

Examples of National Sources for Statistics on the Status of Youth

Child Trends – An independent, nonprofit, nonpartisan research center whose mission is “to improve outcomes for children by providing research, data, and analysis to the people and institutions whose decisions and actions affect children, including program providers, the policy community, researchers and educators, and the media.” It has data on Child Poverty, Child Welfare, Early Childhood Development/School Readiness, Education, Fatherhood & Parenting, Health, Indicators of Child Well-being, Teen Sex & Pregnancy, Youth Development, and Children of Immigrants. (See <http://www.childtrends.org/index.cfm>)

Child Trends has developed “A Guide to Resources for Creating, Locating, and Using Child and Youth Indicator Data (http://www.childtrends.org/files/child_trends-2009_01_05_FR_childindicatorguide.pdf)

KIDS COUNT – The Annie E. Casey Foundation supports the KIDS COUNT Data Center with national, state, city, and community-level data on over 100 child well-being indicators, including economic, health, safety, and risk factors. Users can create maps, graphs, and charts for presentations or on organization websites. (<http://www.aecf.org/KnowledgeCenter/PublicationsSeries/KCDataBookProds.aspx>)

America's Children in Brief: Key National Indicators of Well-Being – The Federal Interagency Forum on Child and Family Statistics provides yearly reports on the well-being of children and families. Their reports draw on data from 22 Federal agencies and are organized into seven domains relevant to children's lives: *Family and Social Environment, Economic Circumstances, Health Care, Physical Environment and Safety, Behavior, Education, and Health*. (<http://www.childstats.gov/americaschildren/index.asp>)

Morbidity and Mortality Weekly Report (MMWR) – Major summaries of statistics relevant to those concerned with youth are prepared by the Centers for Disease Control and Prevention (CDC) and included in the *MMWR* Series. For example, see “Mental Health in the United States: Health Care and Well Being of Children with Chronic Emotional, Behavioral, or Developmental Problems— United States, 2001” in the Oct. 7, 2005/ 54(39); 985-989 issue. (<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5439a3.htm>)

National Survey of Children's Health (NSCH) – Examines the physical and emotional health of children and adolescents from birth through age 17. The 2007 survey updates data collected for the 2003 NSCH and includes new indicators of children's well-being under the topics of physical and dental health, emotional and mental health, health insurance coverage, health care access and quality, community and school activities, family and health activities, neighborhood safety and support. (<http://www.nschdata.org/Content/Default.aspx>)

National Center for Education Statistics (NCES) – The primary federal entity for collecting and analyzing data related to education. Publications include *The Condition of Education* which each year summarizes “important developments and trends in education using the latest available data. The report presents 46 indicators on the status and condition of education. The indicators represent a consensus of professional judgment on the most significant national measures of the condition and progress of education for which accurate data are available. The 2009 print edition includes 46 indicators in five main areas: (1) participation in education; (2) learner outcomes; (3) student effort and educational progress; (4) the contexts of elementary and secondary education; and (5) the contexts of postsecondary education.” (<http://nces.ed.gov/>)

In addition to the above, a variety of longitudinal studies provide data on factors associated with adult status. For example, the *National Longitudinal Study of Adolescent Health (Add Health)* continues to follow a nationally representative sample first interviewed in grades 7-12 during the 1994-95 school year. The most recent in-home interview was in 2008, when the sample was aged 24-32. “Add Health combines longitudinal survey data on respondents’ social, economic, psychological and physical well-being with contextual data on the family, neighborhood, community, school, friendships, peer groups, and romantic relationships, providing unique opportunities to study how social environments and behaviors in adolescence are linked to health and achievement outcomes in young adulthood. The fourth wave of interviews expanded the collection of biological data in Add Health to understand the social, behavioral, and biological linkages in health trajectories as the Add Health cohort ages through adulthood.”

Exhibit 2

Main Findings from the Gallup Student Poll Reported in May 2009

The online survey of students in grades 5-12 is described as “a new, groundbreaking survey administered anonymously in America’s schools.” The survey is seen as “the beginning of what will quickly become the largest-ever survey of American children.” It was designed to assess hope, engagement and well-being, which are described as “true indicators of student success that link to grades, test scores, retention and employment. Gallup will conduct the poll twice annually, in March and October. The national results will be used by America’s Promise Alliance, the American Association of School Administrators and others in designing appropriate responses that support youth.

The following data were gathered in March 2009. The Poll surveyed “more than 70,000 students in grades 5-12, located in 18 states and the District of Columbia. More than 330 schools and 58 school districts participated. The results were verified by polling a nationally representative sample.” Questions focused on:

- Hope — the ideas and energy students have for the future;
- Engagement — the level of student involvement in and enthusiasm for school; and
- Well-being — how students think about and experience their lives.

On the hope index, the responses are interpreted as follows:

50% were considered hopeful
33% were considered stuck
17% were considered discouraged

On the engagement index the responses are interpreted as follows:

50% were considered engaged
30% were considered not engaged
20% were considered actively disengaged

On the well-being index the responses are interpreted as follows:

63% were considered thriving
36% were considered struggling
1% were considered suffering

The headline for the news release states: *First-Ever Gallup Student Poll Shows That One-Third of America’s Young People Are Struggling Or Suffering*. The first line stresses this and also states that half are not hopeful. See the news release at

<http://www.americaspromise.org/About-the-Alliance/Press-Room/Press-Releases/2009-May-5-Gallup-Poll.aspx>

For a copy of the full report or more details about the upcoming polls,
visit <http://www.gallupstudentpoll.com>.

> *Youth Survey, Communities that Care* – This survey is described as “a reliable and valid instrument to measure the incidence and prevalence of substance use, delinquency and related problem behaviors, and risk and protective factors that predict those problems in your community.” The Substance Abuse and Mental Health Services Administration (SAMHSA) has added Communities that Care (CTC) as a part of the Center for Substance Abuse Prevention toolkit. <http://ncadi.samhsa.gov/features/ctc/resources.aspx>

> *National Survey on Drug Use & Health* (formerly the National Household Survey on Drug Abuse) – This SAMHSA survey provides yearly national and state-level data on the use of alcohol, tobacco, illicit and non-medical prescription drugs in the United States. Other health-related questions also appear from year to year, including questions about mental health. <http://www.oas.samhsa.gov/nhsda.htm>

> *Monitoring the Future (MTF)* – Funded by the National Institute of Drug Abuse (NIDA), a component of the National Institutes of Health (NIH) and conducted by the University of Michigan. Since 1975, this survey has measured drug, alcohol, and cigarette use and related attitudes among adolescent students nationwide. Survey participants report their drug use behaviors across three time periods: lifetime, past year, and past month. <http://www.drugabuse.gov/drugpages/MTF.HTML>

> The following are a few examples of state and county healthy youth surveys:

>> *California Healthy Kids Survey* – Students in grades 5-12 answer questions about youth health risks, assets, and behaviors. An example of recent findings is presented in the box below. http://www.wested.org/cs/chks/print/docs/chks_overview.html

Example of Findings from the Youth Risk Behavior Survey
http://www.cdc.gov/HealthyYouth/yrbs/pdf/yrbs07_us_overview.pdf

- > 18.0% of students had carried a weapon (e.g., a gun, knife, or club) on at least 1 day during the 30 days before the survey.
- > 7.8% of students had been threatened or injured with a weapon (e.g., a gun, knife, or club) on school property one or more times during the 12 months before the survey.
- > 35.5% of students had been in a physical fight one or more times during the 12 months before the survey.
- > 5.5% of students had not gone to school on at least 1 day during the 30 days before the survey because they felt they would be unsafe at school or on their way to or from school.
- > 14.5% of students had seriously considered attempting suicide and 6.9% of students had attempted suicide one or more times during the 12 months before the survey.

Example of Findings from the California Healthy Kids Survey
http://www.wested.org/cs/chks/print/docs/chks_overview.html

Aggregated State Data for 2005-2006 & 2006-2007 Grades 7, 9, & 11

	Percentage of Students Scoring High, Moderate, and Low								
	Grade 7			Grade 9			Grade 11		
	H	M	L	H	M	L	H	M	L
External Assets*									
Caring Relationships	59	35	6	54	39	7	59	35	6
High Expectations	67	30	3	61	35	5	66	31	3
Meaningful Participation	33	51	16	26	51	23	27	52	21
*averaging responses for ratings of school, community, peer, & home environments									
School Connectedness	41	44	15	33	50	17	27	48	24
Internal Assets									
Cooperation and Communication	52	41	7	46	46	8	49	45	5
Self-efficacy	59	36	5	54	41	5	57	39	4
Empathy	55	37	8	54	37	8	60	35	6
Problem Solving	49	40	11	44	42	13	47	42	11
Self-awareness	63	31	6	58	36	7	59	34	6
Goals and Aspirations	81	16	3	79	17	4	81	16	3

>> *Washington State Healthy Youth Survey* – Students in grades 6, 8, 10 and 12 answer questions about safety and violence, physical activity and diet, alcohol, tobacco and other drug use, and related risk and protective factors. <http://fortress.wa.gov/doh/hys/>

>> *Fairfax County Youth Survey* – An anonymous, and voluntary survey of risk and protective factors and various health behaviors that influence the health and well-being of the county's youth. Beginning in Fall 2009, the survey will be administered every year in the public schools in 6th, 8th, 10th, and 12th grades.

http://www.fairfaxcounty.gov/demogrph/youthsurvey_pilot.htm

For more on surveys and other youth data gathering activity, see the Center's Online Clearinghouse Quick Find on *Youth Development*
<http://smhp.psych.ucla.edu/ql/youthdev.htm>

What Do Youth Say Without Adult Prompts

David Nyberg has labeled the “strong tendency for interpreting a child’s behavior in adult terms” as *adulthoodism*. And those calling for inter-generational equality have coined the term *adulthoodism* to label the tendency for adults to shape and make all the decisions that affect children and adolescents. The concerns underlying these terms highlight the need for empowering youth to provide an insiders viewpoint of youth experiences, needs, and wants.

In the 1960's, the anthropologist Robert Edgerton broke ground in the disabilities field by recognizing that the literature reflected only the views of professionals. He was the first to make a sociocultural attempt to understand and analyze the experiences of people with disabilities from their own perspective.

Since then, efforts to ask segments of the youth population about their lives have burgeoned. However, clearly society is still on the cusp of moving *beyond the ways adults frame matters* in learning about how youth perceive their world.

Efforts to enable youth to relate their views without being too constrained by adult frameworks are seen in the growth of youth councils, youth summits, and youth media groups, and publication of findings from youth focus groups, unstructured and open-ended interviews, and in the increasing attention being paid to youth participatory research and evaluation. The strongest movement for promoting uninhibited expression of organized youth voices and agenda are the growing efforts to establish youth-led organizations. Some of these are involved in youth participatory action research and are developing surveys that include young people’s views of what to ask. An example related to mental health concerns is seen in a recent youth-led needs-assessment by lesbian, gay, bisexual, transgender, and questioning youth in Sacramento, California.*

Finally, the internet clearly has opened up channels for youth voices, and eventually, efforts will be made to capture and summarize a significant sample for sharing and interpretation.

See Exhibit 3 for one sampling of what youth say in the absence of adult prompts.

*Sánchez, J., Lomelí-Loibl, C., & Nelson, A. (2009). Sacramento’s LGBTQ Youth: Youth-Led Participatory Action Research for Mental Health Justice with Youth In Focus. *Focal Point*, 23, 6-8. <http://www.rtc.pdx.edu>

Concluding Comments

Many youth advocates are concerned about how data on youth are used and misused (often by ignoring positive findings and appropriate comparisons with adults). Promoting youth participation and hearing directly from youth are critical in efforts to counteract the tendency to view young people mainly as problems to be dealt with rather than as resources to be mobilized. Just like their parents, youth represent an amazing range of diversity and a source of human and social capital that every community and school needs to build upon. At the same time, we must be careful not to end up drowning ourselves in “needs” data on young people. And, policy makers must ask themselves: Are we spending more money on gathering and reporting data on the problems confronting youth than we are on solving those problems?

Why do they keep asking us the same needs-assessment questions over and over again?

Because it's cheaper than doing something to address our needs!



Exhibit 3

An Example of Youth Voices from the *What Kids Can Do* Website

What Kids Can Do (WKCD) is a national nonprofit founded in 2001. The aim is “to promote perceptions of young people as valued resources, not problems, and to advocate for learning that engages students as knowledge creators and not simply test takers.” Just as urgent, the organization wants “to bring youth voices to policy debates about school, society, and world affairs.”

“Using the Internet, print, and broadcast media, WKCD presses before the broadest audience possible a dual message: the power of what young people can accomplish when given the opportunities and supports they need and what they can contribute when we take their voices and ideas seriously. The youth who concern WKCD most are those marginalized by poverty, race, and language. WKCD presents young people's lives, learning, and work, and their partnerships with adults both in and out of school.”

Below, from the website, is a sampling of youth voices on a couple of school-related matters.
(<http://www.whatkidscando.org/featurestories/a.html?../archives/featurestories/stpfeature.html>)

On working things out . . .

“Students are the main source, and if you don't tap into it, then you're never going to know what to do. Every time something major is about to change about the way things are run in your school, like schedule or curriculum, you should run it by your students. And if it's something that would affect students in a bad way, and you can't do anything about it, then you should say that to them.” (Asiya)

“A student always wants to feel like they have accomplished something and they have done something positive. I think it's just how you approach the students, not making the student feel that they're always doing something wrong, but that they can do something right, and there's rewards out there for you to do something right.” (Rayna)

“Everybody wanted to listen to CD players with headphones, during break when we went from one class to another. The principal didn't really trust us to make that a law, but allowed it 'cause they were like, ‘We'll see what will happen.’ The students don't listen to it during class, they pause it but just leave it on their table, and the teachers don't mind 'cause they know it's turned off. And then during break they turn it on.” (Enka)

“Adolescents are known to be rebellious. And the only way to get over that is to be in an environment where the administration isn't just as stubborn as the students.” (Adit)

On keeping us safe . . .

“We're kids, and we're bound to mess up. Kids make mistakes, everybody's not perfect. We're not just doing it because we feel like it, you know what I'm saying? There has to be a deeper reason, a reaction, for every action. So don't just put us in a jail cell. We need-information at least.” (Kayla)

“There's nothing constructive about kicking kids out of school. Or suspending kids, when in fact, you could have some kind of more helpful program for the kids themselves. In the end, you don't just want the safety of everyone. You want the kids to become better people.” (Adit)

“We need a principal that enforces rules and teachers that aren't afraid to approach students and keep them in line. That may seem like it's cracking down on individual liberties, but the reality is, if you have kids who are getting jumped and no one really feels safe, you have to put safety ahead of a vibe.” (Luke)

“It's enough that we have security guards patrolling our school, but to have cameras watching everything we do-it's very demeaning. I mean, we talk to our friends, we have boyfriends.” (Eleonora)

“Our school is [near a subway stop that] most students have to walk through, not a really safe area, and a couple of students were jumped and beat up. We had an assembly about it, so the principal could let us know a whole bunch of precautions-other routes, other options, don't walk by yourself, things we could do to take care of ourselves. Also, they got more police in the area, and the teachers even went themselves to make sure students are okay.” (Apocalipsis)

ABOUT THE CENTER FOR MENTAL HEALTH IN SCHOOLS at UCLA

The Center, co-directed by Howard Adelman and Linda Taylor, is one of two national centers funded in part by the Office of Adolescent Health, Maternal and Child Health Bureau (Title V, Social Security Act), Health Resources and Services Administration (Project #U93 MC 00175), U.S. Department of Health and Human Services.