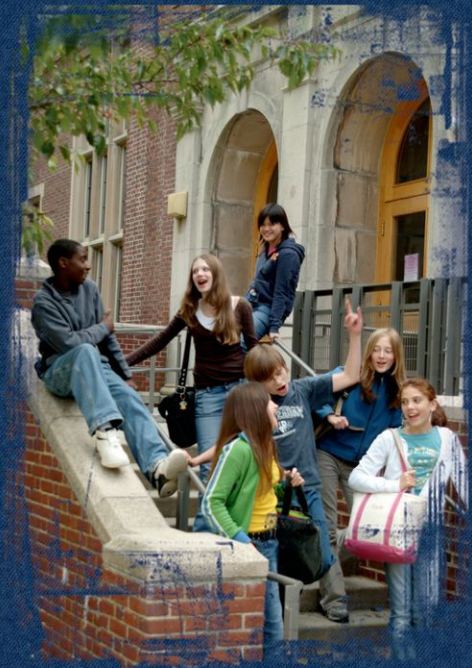

ADOLESCENCE

Growing Up in America Today

Joy G. Dryfoos and Carol Barkin

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The photos in this book were produced by the Photo Project, which was conducted at the Driscoll School in Brookline, Massachusetts, in 2005. In the Photo Project, 8th graders at the school were invited to participate in an after-school activity in which they would review the main points of this volume, suggest scenarios for each chapter, pose for the pictures, and take the pictures. The photographic expertise was provided by Pia Schachter, a renowned pho-

tographer and mother of one of the students, who instructed the students in photographic techniques and provided the camera and lighting for the project. The students who participated include: Chris Andrews, Taya Beattie, Dakotah Benson, Nathaniel Brown, Winston Chen, Sarah Coleman, Genevieve Greene, Samsun Knight, Nicholas McGee, Pamela Moy, Christian Nolte, Laurent Plaisimond, Julia Randle, Amy Rodgers-Dryfoos, Lucy Schachter, Eliza States, Jonathon Stevens, Rafael Toledo, Heather White, and Sarah Whitcher. The pictures were taken by Nathaniel Brown, Genevieve Greene, Pamela Moy, Christian Nolte, Lucy Schachter, and Eliza States.

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—Joy Dryfoos
Brookline, Massachusetts

Working on this book with Joy Dryfoos has been both inspiring and awe-inspiring. As in all of our joint projects, I have learned so much and have been energized by the give and take of the collaborative process. I hope readers will feel as invigorated and challenged as I was while working on this book.

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—Carol Barkin
Hastings-on-Hudson, New York

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ADOLESCENCE

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CHAPTER ONE

WHY LOOK AT TEENS IN THE 21ST CENTURY?

I (JD) was very pleased when my publisher invited me to write an update of *Adolescents at Risk: Prevalence and Prevention,* which was published in 1990. But it took me a long time to get started, and eventually I realized that I didn't really want to replicate that book. Instead, I wanted to approach the issues surrounding American adolescence from a different perspective. It seemed urgent to break out of academia and incorporate my own experience, along with that

of many others, into a manifesto that would command attention and move people to change the way we deal with these critical issues.

The more I worked on this book, the madder I got. Millions of kids are in terrible trouble. Huge numbers are depressed and stressed out, and they have few sources of support and nurturing. They go to substandard schools, sit in overcrowded classes, and are taught by overworked teachers. Too many young people never graduate from high school, especially if they are African American, Hispanic, or Native American. Without a diploma, they have little access to the labor market, and many young people drift into crime and end up in jail. They also drift at early ages into casual sexual arrangements; "making out" may begin with oral sex bestowed on boys by naive girls who are seeking popularity, and too often it leads to teenage pregnancy and parenthood.

There is no point in hiding my biases. I am an unreconstructed "liberal." I believe in government intervention. I believe in taxes. I would bend over backward to protect the right to free speech. And at this moment, I live in a country in which these views are not popular with the people in power. Every day I feel as though more of our rights are threatened, including the right to a fair trial in front of an unbiased judge, the right to go bankrupt, the right to have access to abortion, the right to receive Social Security as it is now constituted, and the right of my grandchildren to learn scientific truths about evolution.

What kind of society are we creating for young people to grow up in in the years to come? Are we making choices now that will greatly affect future generations?

Obviously I believe that the quality of life now and in the future can be improved. I am not only a "liberal," I am an activist. People can effect change. In fact, the key ingredient in social change is people, the doers who are willing to commit themselves to helping others advance in the society. So in this book my intention is to document the current status of youth and to suggest improvements that can be made in both programs and policies. I also want to show the high cost of doing nothing to buck the trends and allowing millions of young people to go down the drain. If they don't succeed, neither will the society. And I won't want to live in a country that is increasingly dangerous, culturally vacuous, and segregated by social class, income, and color.

In this book I want to communicate with a broad spectrum of readers—academics and students, certainly, but also parents, politicians, media professionals, youth workers, voters, and, of course, adolescents themselves. In some

places, I have written in the first person to present my thoughts, and I have incorporated the ideas of some of my most trusted advisors, including my 13- and 11-year-old granddaughters and my close friends and colleagues with whom I discuss the issues we care about so deeply.

When I completed the original *Adolescents at Risk* (*AAR*) in 1990, I was certain that we knew what to do to ensure that adolescents could grow into responsible adults. Now, my review of this field over the 15 years since the publication of *AAR* has convinced me that we haven't learned much that is new. I am troubled by the question this raises: If we already know what to do, why isn't it being done? Early intervention is a good example of what I mean. We know that young children who are talked to, played with, nurtured, read to, and otherwise stimulated enter school with a huge advantage over those who have not had these experiences. And as they mature into adolescents, they are much more likely to succeed. Yet despite all the research that proves this to be true, such rich preschool environments are not available to the children who need them most, and new efforts emerge every year to cut the funding of programs like Head Start. In so many areas we know some things that work or have promise, yet little or nothing has been done to implement them.

Perhaps even more important, we know what doesn't work. Myths, wishful thinking, and cynical slogans govern much of our approach to teenagers in the United States. For instance, it has been shown that marijuana use does not inevitably lead to addiction or to use of hard drugs, yet this myth is used to rationalize harshly punitive laws mandating jail time. Another myth, that abstinence in sexual behavior can be taught in school and that it is the only effective method of preventing teenage pregnancy, has been demonstrated to be untrue. It's easy to speculate about why adults want or need to believe such myths, but meanwhile teenagers are being deprived of the approaches that can actually make a difference.

HOW I GOT TO WHERE I AM

For those who are unfamiliar with my work on adolescents, I would like to tell you how I got to this place. For many years, I have been interested in the broad subject of adolescent development, starting with prevention of teen pregnancy and, over the years, broadening my scope to include high-risk behaviors in

general. I started my career in 1968 at the advanced age of 43 as the Director of Research and Planning at the Alan Guttmacher Institute, a leading think tank and advocacy group in the field of reproductive health care. Our efforts helped launch the federal family planning program and brought attention to the issue of teenage pregnancy. One of our most widely distributed publications was *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States.*[1] As we pointed out, pregnancy among teenagers in 1975 was almost as prevalent as the common cold, and, increasingly, those who were getting pregnant were young, white, and middle class. We estimated that 1 million pregnancies were being experienced by females ages 15–19 and that 1 in 10 female adolescents were conceiving each year. More than two-thirds of these pregnancies were unintended, and about 27% were terminated by induced abortion.

The million teen pregnancies became a call to action. We urged the nation to offer universal sex education and access to contraception for sexually active young people, along with quality reproductive health care and availability of safe and legal abortions.

By the early 1980s, I began to understand that the problem of teenage childbearing was not going to go away without new approaches that would go beyond those being offered by the reproductive health care field. Further study of the target population convinced me that we were missing something. A strong message was delivered to me at a conference on teen pregnancy in Florida. The luncheon speaker was a very pregnant black 13-year-old child who described her plight to the mostly white audience: "I was just standin' there leanin' against a fence when he came along and stuck his thing in me . . . and later I found out I was goin' to have a baby." How could this be? Why did this happen? This girl's script was probably written early on—poorly educated, low expectations, and unlucky. What would it have taken to prevent this pregnancy from occurring?

More than sex education and contraception. What she lacked was what I called "life options." For many young people, choices are limited. They live outside of the "opportunity structure"; they do not have parents who program them to succeed; they do not go to schools that expect them to succeed; and they have very low expectations for their own futures. I developed what I called the "life options hypothesis": In order to avoid early parenthood, young people need individual attention from caring adults, high-quality schools, and healthy

communities, in addition to access to reproductive health care. Given this conviction, it was clearly time for me to move on from the significant but narrow scope of the Alan Guttmacher Institute.

Two weeks after I left in 1981, I sat on a commuter train to New York City next to a casual acquaintance who worked at the Rockefeller Foundation. As we talked, she confided that the foundation didn't know what to do about the problem of teenage pregnancy. By the end of our brief encounter, I was assured a grant to further explore the life options hypothesis. At that time, schools did not figure as a central delivery mechanism for the kinds of programs I thought necessary, though community health clinics and community-based organizations did. However, the Rockefeller Foundation suggested that as part of my work, I investigate a new type of intervention: a school-based primary health care clinic.

The first such model I visited was in Lanier High School in Jackson, Mississippi. There I observed a fully equipped clinic staffed by a white-capped registered nurse practitioner. Students were pouring into the space and receiving primary health care, including sports examinations, pregnancy tests, asthma treatments, and whatever else they required. A room was set aside for sex education and individual counseling, and a mobile unit housing a child-care center was attached to the school for the use of teen parents. This made so much sense. The students were there. They needed help and received it with little fuss, complete confidentiality, and no bureaucracy. All the school had to do was facilitate access to the clinic.

It is interesting to note that this clinic had been initiated in 1979 by Dr. Aaron Shirley, then director of the Community Health Center in Jackson, one of the first African Americans to graduate from the University of Mississippi's medical school and a leader in the struggle for adequate medical care for impoverished families and children. He had received a grant from the Mississippi Department of Health that enabled the Community Health Center to open the clinic in the very same high school he had attended as a teenager.

Within the next year, I discovered 10 such school-based clinic programs around the country (there are more than 1,500 today). A new field was emerging, and so was I. The concept of school-based health care opened up a new possibility for comprehensive programming, and I began to see the connection between adequate health care and educational achievement. I wrote an extensive report to the Rockefeller Foundation spelling out the life options hypothe-

sis and followed up with many published articles and presentations at conferences. In the mid-1980s, the Carnegie Corporation became interested in my work, and it supported my research and writing for the next 20 years.

As I pursued the issue of adolescent behavior, I began to focus on two overarching questions:

1. If unprotected sex among teenagers resulted from the lack of life options, was this also true of other high-risk behaviors such as substance abuse, delinquency, and school dropout?
2. If programs to prevent teen pregnancy were more successful when they were more comprehensive, was this also true of other prevention programs?

It took more than 4 years to answer these questions. I discovered a vast world of youth surveys, each covering different subjects, geographic areas, and age groups. Prevention programs were organized categorically (by problem), and the art of program evaluation was in its early stages. In 1990, all the information I had gathered was put together into *Adolescents at Risk: Prevalence and Prevention.*[2]

My major findings at that time were that a definable number of young people—7 million, or about 25% of 10- to 17-year-olds—were most at risk; that problem behaviors, no matter what they were, stemmed from similar antecedents; that successful categorical prevention programs had similar components, no matter what problem they were trying to address; and that in order for adolescents to make it, they needed powerful, sustained, comprehensive interventions.

PUTTING SCHOOLS INTO THE PICTURE

You will not be surprised to learn that schools emerged as important players in the lives of young people. But up until that point, I had perceived them as a locus for programs and not necessarily as a prevention mechanism. Around this time, I encountered a new batch of comprehensive school-based programs largely stimulated by state governments. New Jersey's Department of Welfare was way ahead of the nation with its School-Based Youth Services Program, starting in

1987. Florida launched Full Service Schools in 1991 with the goal of enhancing the capacity of comprehensive school health services to prevent teen pregnancy, AIDS, and other sexually transmitted diseases. In 1991, the California legislature came up with the large-scale Healthy Start Support Services for Children Act, which brought health and social services to hundreds of schools. These initiatives became the next stage in my research. A whole wave of support services was beginning to be provided in schools by outside providers, usually with support from state departments of welfare or health (not education).

By 1994, I had enough material to produce *Full-Service Schools: A Revolution in Health and Social Services.*[3] In collecting examples of school-based services, I came across the Children's Aid Society (CAS) community schools; in 1992, CAS had opened the first of its "settlement house in the school" models, the Salome Ureña Middle School (IS 218) in the Washington Heights area of New York City. At first I thought of it only as a good example of a full-service school and described it as such in my book, along with the Hancock Middle School in Modesto, California, a Healthy Start model. But as I observed the CAS school, I saw how the effort extended beyond the "add-on" quality of many school-based services around the country. Rather, the CAS approach was aimed at school transformation and reform, the creation of a full-fledged community school. The CAS model included a primary health clinic (where I had started on this investigation), but it had so much more.

Focusing on the Salome Ureña Middle School, I became aware of how a whole new school had been created to center around the needs of the students. The school was divided into academies, creating smaller, more cohesive learning units and encouraging intensive study in specialized areas (math and science, arts, business, and community service). What went on in the classroom was linked to after-school activities to produce a holistic experience for the children. Parents were drawn in through a resource center and exposed to their children's school experience as well. And community well-being was another value that CAS brought to the school, opening the doors of the schoolhouse to all residents and maintaining an interest in neighborhood improvement.

As my consciousness was raised about community schools being more than full-service schools, I discovered other initiatives whose intent was to transform the whole school. This exploration led to another book, *Safe Passage: Making It Through Adolescence in a Risky Society,*[4] published in 1998. Once again, I reviewed the existing practices in prevention of high-risk behaviors,

but in this iteration, I focused much more on the role of schools in changing the outcomes for young people. I concluded that the fields of educational enrichment and youth development services had to be joined in marriage. For the first time, I could lay out my own vision of what I called a "Safe Passage" school, one that combined quality education with all the necessary support services to help children and families overcome the barriers to successful learning. It is important to recognize that these were not totally new ideas. A century ago, John Dewey and Jane Addams were talking about the same concepts. And in 1935, the Mott Foundation in Flint, Michigan, launched the Community Education movement, opening schoolhouses across the country to adult and community education and, later, to after-school programs.

By the time *Safe Passage* was published, a number of important "players" had come forward who shared this emerging vision of community schools. Clearly the folks from the Children's Aid Society were potential leaders, as were those from other school/community partnership models around the country; these included the University of Pennsylvania's Center for Community Partnerships (university-assisted community schools), Beacons (lighted schoolhouses), and United Way's Bridges to Success. Under the auspices of the Center for School Community Partnerships at Fordham University's School of Social Work, we organized an ad hoc gathering of community school advocates from around the country in 1998 and were pleased at the evidence of growing interest. It should be noted that most of the attendees were from fields other than education, such as social work (note the auspices), mental health, youth development, and philanthropy. We were still missing significant support from the education field.

The Institute for Educational Leadership in Washington indicated an interest in helping us organize an advocacy group. Martin Blank took on the role of executive director of what was first called the Emerging Coalition for Community Schools (CCS). By the end of 2000, "emerging" was dropped from the title, and today CCS is flourishing. More than 170 national organizations have become partners in this movement, including major educational groups such as the Council of Chief State School Officers, National Association of School Principals, National Education Association, American Federation of Teachers, and other groups representing youth and community development, family support, national and state government, local community school networks, policy and advocacy, and philanthropy.

One day I received a phone call from Sue Maguire, then principal of the

Molly Stark School in Bennington, Vermont. She said that she had just read *Safe Passage* and was "doing all of that." I visited the school and observed that she had opened it up for extended hours and brought in a wide array of services and supportive people. It was her idea to document her model and update the field in a book. Together we wrote *Inside Full-Service Community Schools*,[5] which was published in 2002. Sue provided a detailed, hands-on description of how she accumulated the components that went into her school, and I expanded on those points, bringing in the national experience. Shortly thereafter, Sue was invited to become the principal of the local high school (Mount Anthony) and is in the process of transforming it into a full-service high school.

As I became involved in analyzing community schools, I got to know Jane Quinn, Director of Community Schools at the Children's Aid Society in New York. We recently documented CAS's community school work in a coedited volume, *Community Schools in Action: Lessons From a Decade of Practice*.[6] Carol Barkin was our third partner, a writer and editor who has been an invaluable member of my team for some years. This book describes selected program components of community schools, based on the experience of the diverse people who make it happen in 10 schools in New York City. It explains how and why CAS started this initiative and how community schools are organized, integrated with the school system, sustained, and evaluated; it also presents the work of the CAS National Technical Assistance Center in hundreds of sites in the United States and around the world. Contributions from experts outside of CAS—a city superintendent, an architect, and the director of the Coalition for Community Schools—fill in the picture. Jane and I provided commentary to connect the various components and illuminate the central ideas. We put together this book for those interested in transforming their schools into effective child- and family-centered institutions and for those concerned with educational and social policy.

FINDING THE RIGHT PATH FOR ADOLESCENTS

As you can see, for the past decade, most of my own efforts have been focused on full-service community schools. As I mentioned earlier, I was surprised and delighted when Joan Bossert, vice president of Oxford University Press and my

former editor, called to ask if I would be willing to update *Adolescents at Risk.* I knew that over the years, many friends and colleagues had moved ahead in working with adolescents and creating a rich new field of youth development. In a sense, they have questioned my concentration on "problem behavior," proposing that one should start with "wellness" rather than "pathology." "Problem-free is not fully prepared," a phrase coined by Karen Pittman, executive director of the Forum for Youth Investment, is the new battle cry.[7] According to Pittman and others, it is not enough to define youth outcomes as the absence of problems; one must also consider the presence of assets such as vocational readiness, social and emotional health, physical health, civic engagement, and educational attainment. In my view, in looking at the subject of youth development, we have to consider the whole society—the family, the school, the community, and the environment.

In this book, I want to set the stage for developing and implementing sound policies for American youth in the twenty-first century. It begins with basic data about drugs, sex, and violence and about health, mental health, and education. For each of these domains, I've looked at the facts and statistics we actually know, as opposed to the "accepted wisdom" and what people think they know. Working from this factual base, I've suggested the main elements of the problem that must be considered. Then, building on the labors of Katie Tobin, my research associate, I've presented brief portraits of selected programs that have been shown to be effective and analyzed the common strands that run through all of them. The last part of the book is devoted to two scenarios: first, a worst-case scenario based on our view of some negative trends in the United States; and then, a rosier picture of what life could be like for American teenagers in the future, the best case built on our knowledge of what works.

As we enter this discussion of the lives of American teenagers, a couple of essential concepts emerge. First, *diversity* must be taken seriously. We are a rapidly changing country, with increasingly different people from a vast array of backgrounds. If we are to create a healthy environment in which our young people can mature into responsible adults, we have to pay attention to the growing number of cultural, social, and language streams and view them as assets rather than liabilities. Another concept is *intensity.* If we are to have any hope of competing with the rest of the world, our young people will have to have the opportunity to study longer, harder, and better. I know that we can find the right path, but not without a lot of effort.

NOTES

1. Alan Guttmacher Institute. *11 Million Teenagers: What Can Be Done About the Epidemic of Adolescent Pregnancies in the United States* (New York: Alan Guttmacher Institute, 1976).

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CHAPTER TWO

STATUS OF YOUTH TODAY

In the first decade of the twenty-first century, our country is in a complex transition. On the one hand, a conservative white-dominated autocracy promotes abstinence and religious observance as the teenage ideal; on the other hand, growing diversity in an articulate minority presses for nontraditional transformations of schools and social institutions. I don't really know what this looks like to the average teenager, if there is such a person. In this book I present as unbiased an account as I can of where teenagers are and how we can help them cope with the usual problems they confront. We will go beyond

drugs, sex, and violence and dig into education, health and mental health, and quality of life. But before we get into those issues, we need to review some basic information about population, families, and social status.

Because we have relied on a great variety of data sources, our "facts" describe different age groups, racial breakdowns, and years. Mainly, we are interested in 10- to 17-year-olds, but few studies oblige, so sometimes we present results for ages 15–19 or for 9th through 12th grades. In tables by race and ethnicity, sometimes whites include white Hispanics, and other times they are specifically categorized as white non-Hispanics. The years range from 2000 to 2005.

Because we are interested in trends, we generally make comparisons with 1986, the year for which data were presented in *Adolescents at Risk* (*AAR*).

MAJOR TRENDS

- More than 33.5 million 10- to 17-year-olds make up almost 12% of the population.
- The teen population is growing larger, fed by immigration.
- The fastest growing group is Hispanic.
- By midcentury, more than half of all teens will be nonwhite.
- Less than two-thirds of teens live with both parents.
- At least 15% of teens' families live in poverty.

POPULATION

More than 33.5 million 10- to 17-year-olds lived in the United States in 2003. This figure represents a 20% increase from almost 28 million in 1986. The younger age group, ages 10–14 (21.2 million), increased by 26%; the group ages 15–17 (12.3 million) increased by only 10%.

Much of the change in population can be attributed to immigration. The birth rate in the United States has been declining since the 1960s, reaching a new low in 2001 (the beginning of the twenty-first century) of about 14 births per 1,000 population of childbearing age. When those who were 10–17 years old in 2004 were born (1987–1994), birth rates were already coming down.

Some 16% of school-age children (ages 5–17) have immigrant mothers, so that almost 9 million students fall into the category of immigrants. The chil-

dren of immigrants account for such a large percentage of the school-age population because a high proportion of immigrant women are in their childbearing years and immigrants tend to have more children than natives. The effect of immigration on public schools will be even larger in the coming years because 18% of children approaching school age have immigrant mothers.[1]

The U.S. Census Bureau changed its methodology for defining race and ethnicity in 2000, making it a little more difficult to understand the trends. Individuals were allowed to report themselves as being of "two or more races," but we don't know what races these were. Separate tabulations were made for Hispanics or Latinos, who may be either black or white. Looking at the actual numbers reported in 2003 on Table 2.1 for 33.5 million 10- to 17-year-olds by race, 25.7 million were white, 5.3 million black, 1.2 million Asian, and 1.3 million others, including American Indians, Alaskan natives, Hawaiians, and those reporting two or more races (a growing group). Thus, 77% were white, 16% black, 4% Asian, and 4% others. About 5.6 million Hispanic teens, who may be counted as either black or white, made up about 17% of the teen population.

In light of the enormous impact of immigration, it is not surprising that the most significant population changes took place among Hispanic youths. The number of younger Hispanics doubled since 1986; in contrast, the number of white teenagers increased by 15%, and the number of black teens grew by 22%, not a huge difference.

Table 2.1 Population Ages 10–17 by Race and Hispanic Origin, 2003

Race/Origin	*Number Ages 10–17 (in thousands)*	*Percent of Total*
Total	33,519	100.0
White	25,703	76.7
Black	5,254	15.7
American Indian, Alaskan	428	1.3
Asian	1,228	3.7
Native Hawaiian, Pacific	71	0.2
Two or more races	761	2.3
Hispanic or Latino origin (may be black or white)	5,601	16.7

Source: U.S. Bureau of the Census, *Statistical Abstract of the United States 2004–2005: The National Data Book* (Washington, DC: The Bureau, 2004), Table 15.

Table 2.2 Population Projections for 14- to 17-Year-Olds by Race and Hispanic Origin (in thousands)

Year	White Non-Hispanic	Black	Hispanic	Total (not including others)	% of Total Black	% of Total Hispanic
2000	10,444	2,414	2,179	15,037	16	14
2020	9,465	2,910	3,490	15,865	18	22
2050	9,386	3,887	6,202	19,475	20	32

Source: U.S. Bureau of the Census, "Current Population Reports: Population Projections of the United States by Age, Sex, Race, and Hispanic Origin, 1995–2050," http://www.census.gov/prod/1/pop/p25-1130/p251130b.pdf.

The most dramatic change projected for the future is the further growth in the Hispanic population. By 2020, only about 15 years from the date of this writing, fully 40% of 14- to 17-year-olds will be black or Hispanic, and by 2050, more than half of all teenagers will be black or of Hispanic origin (Table 2.2). The increase among Hispanic teenagers will be much more dramatic than that among blacks; the projected growth rate between the years 2000 and 2050 is 185%, compared with a rate of 61% for blacks. Among non-Hispanic whites, the population is projected to decline by 10% by 2050, reflecting a decreasing birth rate.

Mobility

About 14% of all teenagers moved during the year 2002–2003.[2] This means that about 4.6 million young people were in different houses than they had been in the previous year and probably also in different school districts. About 40% moved to different counties.

WITH WHOM DO TEENAGERS LIVE?

Family Structure

Only two-thirds of U.S. 12- to 17-year-olds in 2002 lived in two-parent families. It is estimated that the remaining one-third (almost 11 million teenagers, or 33% of 33 million) lived in single-parent homes. Some 17% of the total

lived with mothers who had been previously married, and 6% lived with mothers who had never been married.[3] Another 5% lived with their fathers, and 5% lived with neither parent. Black children were much more likely to live with their mothers only (48%) than Hispanic children (25%) or non-Hispanic white children (16%). More than 230,000 12- to 17-year-olds lived in group quarters, such as hospitals, orphan asylums, or detention facilities.

In about 69% of all married-couple families with children ages 6–17, both parents worked outside the home. In 71% of single-mother families and 85% of single-father families, the parent was working. According to one study, on the average, children were "on their own" 20–25 hours a week.[4] Another study found that 8th graders who cared for themselves 11 or more hours per week were twice as likely to use drugs as those who were always supervised.[5]

Teenagers in Foster Care

In 2001, more than half a million children were in foster care, and 45% of them (247,000) were ages 11–18.[6] Many children entering foster care have acute, chronic, disabling, or potentially life-threatening conditions. More than three-fourths of teenagers screened on foster care entry in Baltimore needed mental health referrals, and more than 12% of those entering in San Francisco tested positive for tuberculosis. Every year, large numbers of young people age 16 and over leave foster care. They often are expected to live independently; most states stop providing housing, medical care, and other services once foster care youths reach age 18.

POVERTY

In 2002, about 15% of all 10- to 17-year-olds lived in families who fell below the poverty line. This represents almost 5 million youngsters, an increase since 1986, when about 4.5 million were in poverty. Black and Hispanic young people had more than three times the poverty rate of non-Hispanic whites. For blacks the rate was 29%, for Hispanics 27%, for non-Hispanic whites about 8%, and for Asians 13%. Children living in immigrant families were much more likely to be poor than those in U.S.-born families (21% versus 14%).

Another way of viewing economic status is to measure the "net worth" of a