

# Report: Black children doing better in some ways

## Special to Sentinel-Voice

LOUISIANA (NNPA) - Black children are doing better than ever, but still have a long way to go before closing the racial-ethnic gap in quality of life, according to a report released last month, by the Foundation for Child Development.

The report was the first ever to analyze and compare trends in the well-being of Black, White, and Hispanic children over a span of nearly two decades.

According to the report, all children experienced overall improvements in quality of life between 1985 and 2004.

However, because improvements were greater for Black and Hispanic children during this time span — particularly after 1993 — the gap between them and Whites is narrowing.

But even if trends continue at their current pace, it will take at least an entire generation to fully eliminate these gaps.

“Even if we manage to continue to make progress towards closing the racial-ethnic gaps in children’s well-being at the same rate we have been, it would take another 18 years before Black children essentially caught up with White children,” Ruby Takanishi, President/CEO of FCD, said last week. “As a leading world superpower, America can do and should do better than this.”

The report is titled “Racial-Ethnic Inequality in Child Well-Being from 1985-2004: Gaps Narrowing but Persist.”

The researchers pulled data from several years of the FCD Child Well-Being Index, the CWI — an annual analysis of the quality of life for all American children. It found that the gap in the overall quality of life separating Black children from White children narrowed by 26 percent — a change driven largely by promising improvements in safety, economic security and health for children of color.

A few other key findings of the report, which measures include:

--Education is stagnant: While Black children have made progress in many areas, substantial gaps in education between White and Black children have shown little improvement. The Black disadvantage in preschool enrollment has been eliminated, but the gaps in reading and

math indicators have barely changed, and the same is true of the Black-White gap in completing a Bachelor’s degree.

—Black children have seen the biggest improvement in their likelihood to commit a violent crime. While all children were much less likely to commit a violent crime in 2004 than they were in 1985, the likelihood of Black children committing a violent crime has decreased so significantly that it is now nearly on par with Whites. Hispanic youths are less likely than Whites to commit crimes or be victims.

—While the likelihood of all youth voting is up, Black youth are now more likely to vote than ever before, and the likelihood of Black youth voting is improving faster than it is for White children.

—The poverty gap between White children and Black children is closing. While rates of poverty are decreasing for all racial/ethnic groups, they are decreasing more rapidly for Black children than they are for White children.

—Black and Hispanic children also benefited from advances in the safety-behavioral domains including reduced cigarette smoking, drinking alcohol and use of illicit drugs.

—Gaps in family economic well-being narrowed for both Black and Hispanic children as parental employment and health insurance coverage increased.

—Obesity rates rose less for Black and Hispanic children, although they remain higher than for Whites.

—Both Black children and Hispanic children were advantaged compared to White children in the emotional/spiritual domain.

—Even if Black and Hispanic children reached parity with the current level of well-being among White children, the overall well-being of all three groups would be substantially below the best that the U.S. has ever achieved on these measures, and levels of well-being currently experienced by international peers of the U.S.

The FCD Child Well-Being Index CWI is an annual analysis of the quality of life for American children. It measures how well or poorly they are doing in seven areas: Health, Poverty, Education, Safety and Behavioral Concerns, Social Relationships, Community Connectedness

and Emotional/Spiritual Well-Being, and then compares how well our children are doing today with how they have done in the past — to give an overall sense of whether their quality of life is improving over time.

This report is based on the full paper “Measuring Social Disparities: A Modified Approach to the Index of Child Well-Being (CWI) for Race-Ethnic, Immigrant-Generation, and Socioeconomic Groups with New Results for Whites, Blacks, and Hispan-

## Needles

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tional Black HIV/AIDS Awareness Day.

Blacks are disproportionately affected by HIV/AIDS — though comprising only 13 percent of the U.S. population, they accounted for roughly half of new HIV cases in 2005, according to federal figures.

Injection drug use is now blamed for causing roughly a third of new HIV cases in the United States — and it accounts for a higher proportion of cases among Blacks than among Whites.

Advocates of needle exchange say the programs reduce disease transmission and bring more drug addicts into supportive facilities where they can obtain social services and get treatment.

“They do not encourage drug use,” said Rep. Barbara Lee, D-Calif., one of the leading congressional opponents of the ban.

“These programs are the way you really reach these drug users and help them end their addiction.” However, opposition to the programs is entrenched, with skeptics questioning the health benefits of needle exchange and its ability to help addicts break their habit.

Dr. David Murray, chief scientist with the Office of National Drug Control Policy, is among those supporting the federal ban.

He would prefer that the limited pool of federal funds for drug-related programs be devoted to treatment aimed directly at ending addiction.

“Needles are not the magic bullet,” Murray said. “We are being politically pressured to make this decision (in favor of needle exchange). But it’s time to rethink if there’s a more humane, effective public health response than continuing to support injection drug use.”

ics,” drawing on a working paper prepared for the forum “Review of the Child Well-Being Index,” on May 10, 2006, co-sponsored by Foundation for Child Development and the Brookings Institution.

The Foundation for Child Development is a national, private philanthropy dedicated to the principle that all families should have the social and material resources to raise their children to be healthy, educated and productive members of their

communities.

The FCD seeks to understand children, particularly the disadvantaged, and to promote their well-being. We believe that families, schools, nonprofit organizations, businesses and government at all levels share complementary responsibilities in the critical task of raising new generations.

“With the possibility of an economic recession, policies should aim to protect the economic security of American families, as well as key pro-

grams in health and education that support the largest number of children, especially those whose families earn below the median family income,” said Don Hernandez, researcher and author of the report.

“A number of the positive changes outlined in this report can be attributed to smart policies and an active community. If we want to continue to improve our children’s lives, we must continue push for this kind of smart policy.”



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Daniel Raymond, the Harm Reduction Coalition’s policy director, said there are an estimated 1 million people in the United States who inject drugs, and less than 20 percent of them use needle exchange programs. “There’s a huge unmet need,” he said. “Even in places where there are programs, they can’t always meet the demand.”

To some extent, needle exchange is a partisan issue, with more Democrats in Congress than Republicans ready to lift the ban.

Democratic Sens. Hillary Clinton and Barack Obama have said they would move to repeal the ban if elected president; GOP front-runner John McCain’s Senate office did not respond to a query about his position.

Even without federal funding, exchange programs are proliferating.

Washington, D.C., which has the nation’s highest HIV infection rate, can now use its own funds for needle exchange thanks to recent congressional action lifting a local ban.

New Jersey’s first trial needle exchange program began in November in Atlantic City.

In Texas, where needle exchange has been illegal, legislators last year approved a pilot program for San Antonio’s Bexar County. But that initiative is in legal limbo and three local activists who tried to start their own program were charged earlier this month with possessing drug paraphernalia.

The federal funding ban dates to 1988 and was kept in place during President Clinton’s administration even though his secretary of health, Donna Shalala, con-

cluded that needle exchange programs had merit.

Opinions within the federal bureaucracy are divided.

For example, Dr. Anthony Fauci, now director of the National Institute of Allergy and Infectious Diseases, was among the experts who helped persuade Shalala that needle exchange programs should be encouraged. He subsequently said he still holds that view.

In a separate statement, Fauci termed the surging rates of HIV/AIDS among Blacks a calamity that required “drastic action.”

“In particular, Black leaders — religious, secular and political — have a key role to play in reducing the stigma often associated with HIV/AIDS and influencing African-Americans to get tested, counseled and treated,” he said.