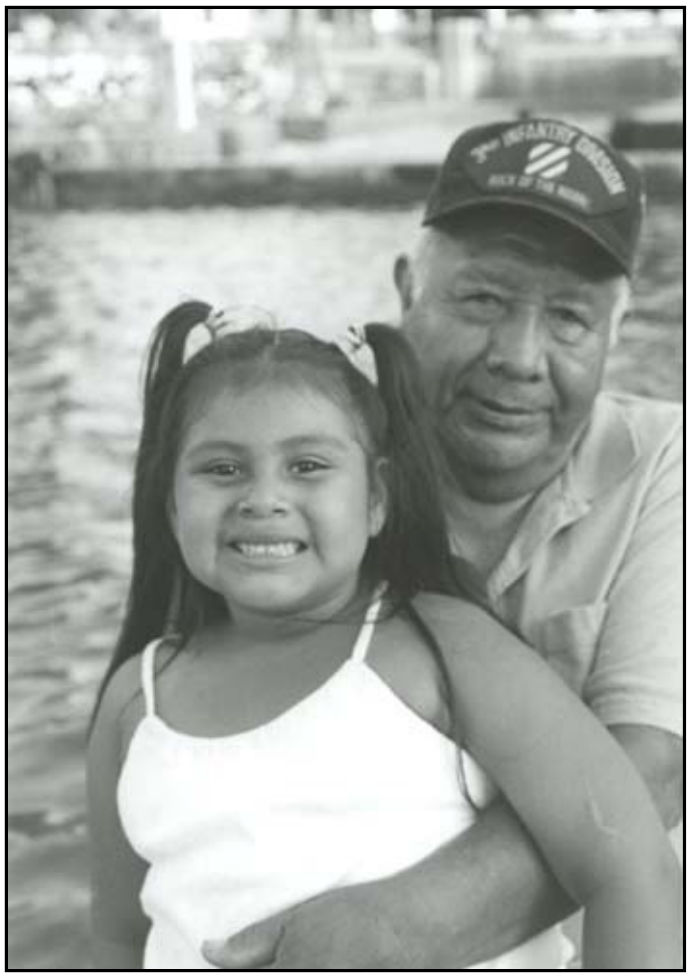

Native American Kids 2003: Indian Children's Well-Being Indicators Data Book for 14 States

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If you would like additional information about the contents of this report, please contact Angela Willeto, PhD, by e-mail at Angela.Willeto@nau.edu or by telephone at (928) 523-7278, or Charlotte Goodluck, PhD, by e-mail at Charlotte.Goodluck@nau.edu or by telephone at (928) 523-1638.

ABSTRACT

This is the fourth report in a series of publications on well-being indicators for Native American[1] children and youth. The report presents a literature review of 10 well-being indicators for American Indian/Alaska Native children that focuses on national, regional, and state empirical studies. Various governmental data sets and data acquisition tools are discussed. The study utilizes the *2003 KIDS COUNT Data Book: State Profiles of Child Well-Being* (Annie E. Casey Foundation, 2003) as the model and aims to reduce the gap in well-being indicators for Native American children. It also produces the American Indian/Alaska Native rates and percentages for 10 well-being indicators nationally and for 14 selected states (Alaska, Arizona, California, Michigan, Minnesota, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Texas, Washington, and Wisconsin). Well-being indicator information for the state of Texas was added to this year's publication; in the previous year, only 13 states were discussed. The indicators discussed in this data book are low birthweight; teen births; infant mortality; child deaths; teen deaths by accident, homicide, and suicide; teens who are high school dropouts; teens who are not attending school and not working; children in poverty; children living in families where no parent has full-time, year-round employment; and families with children headed by a single parent.

When focusing specifically on American Indian/Alaska Native well-being data for the 14 states, there is substantial variability across state rates. Overall, mean rankings demonstrate that California, New Mexico, and Oklahoma have the best rates of American Indian/Alaska Native well-being, and South Dakota, Montana, and Minnesota have the worst rates. Shifting the focus to percent differences between mainstream kids and Native American kids shows that Native American children and youth continue to have comparatively worse well-being rates at the national level in contrast to the rates for other children and youth living in the United States. Although there is variability in how Native Americans and mainstream kids compare in each of the 14 states, most of the weight for Native American children and youth falls toward the worst end of the distribution. Further, trend data are included for the first time in this year's data book. This report concludes with recommendations for addressing and improving the well-being of Native American children and youth.

[1] The terms "American Indian/Alaska Native," "American Indian," "Native," "Native American," "Indian," and "First Nations" are used interchangeably throughout the document to refer to the Indigenous people of the United States.

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EXECUTIVE SUMMARY

This report extends the work from the last three years of this research project (Goodluck & Willeto, 2000, 2001; Willeto, 2002; Goodluck, 2002), thus augmenting the *KIDS COUNT Data Book* series published annually by the Annie E. Casey Foundation. While the *KIDS COUNT Data Book series* contain valuable children and youth well-being indicator information at the state level, they include very little information on the Native American population. This report provides professional, paraprofessional, governmental, private, and non-profit organizations and agencies, and child advocates interested in the well-being of American Indian children and youth accurate, research-based information on the well-being of Native American children and youth.

The first year's research project resulted in a report titled *Native American Kids 2000: Indian Child Well-Being Indicators* (Goodluck & Willeto, 2000), which provided a literature review, definitions of "American Indian," the historical context of American Indian federal policies, and theoretical perspectives. It also discussed the complex nature of the methodological barriers encountered when conducting research into this specialized area. The second year of research, published in a report titled *Native American Kids 2001: Indian Children's Well-Being Indicators Data Book*, consisted of using secondary analysis research techniques to examine existing data on the 10 well-being indicators at the national level (Goodluck & Willeto, 2001). The third year of research consisted of using secondary analysis research techniques to examine existing data on the 10 well-being indicators for 13 states and resulted in a publication titled *Native American Kids 2002: Indian Children's Well-Being Indicators Data Book for 13 States* (Willeto, 2002). Because current theoretical perspectives on the 10 well-being indicators are primarily based on the deficit model, throughout the course of this project the authors repeatedly stated the need for alternative research that uses the strengths perspective when examining Native well-being. Therefore, in the third year of the project, additional research was conducted on the Native American strengths perspective (Goodluck, 2002).

The current report presents a literature review of 10 well-being indicators for American Indian/Alaska Native children, focusing on regional, state, and tribal empirical studies. Considering that the last report was completed approximately one year ago, there is little change in the literature, but a summary of the literature is provided for the reader in a bulleted format for greater accessibility and use. This report also produces the American Indian/Alaska Native rates and percentages for 10 well-being indicators nationally and in 14 selected states. The states are Alaska, Arizona, California, Michigan, Minnesota, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Texas, Washington, and Wisconsin. The indicators are low birthweight; infant mortality; teen birth; child death; teen death by accident, homicide, and suicide; teens who are high school dropouts; teens who are not attending school and not working; children living in families where no parent has full-time, year-round employment; children in poverty; and families with children headed by a single parent. This report continues to provide current well-being data on Native American children and youth for policymakers, tribal

members, and other interested parties.

The KIDS COUNT data books (Annie E. Casey Foundation, 2003) use three national resources of data: the U.S. Bureau of the Census, the Bureau of Labor Statistics, and the National Center for Health Statistics. These same resources were accessed for available data on American Indian/Alaska Native children, youth, and families. This required the utilization of various data acquisition tools and software, including the Statistical Extraction and Tabulation System (SETS) CD-ROMS, the Web-Based Injury Statistics Query and Reporting System (WISQARS), the Data Federal Electronic Research and Review Extraction Tool (FERRET), Microsoft Excel, and the Statistical Analysis System (SAS). People who are particularly interested in or need data on the Native American population are typically faced with a critical lack of information. This report further emphasizes this gap, as only Native American infant mortality rates were readily available in report form. All other indicators required special estimation techniques to produce well-being information on American Indian/Alaska Native children and youth. In contrast, KIDS COUNT data books report data that are easily available on six indicators so that only four indicators necessitate special tabulations. The lack of easily available data on Native American children and youth is a major hindrance for Native American child welfare advocates, particularly when it is increasingly compulsory to have empirical data to demonstrate need.

Furthermore, as documented in past Native American Kids data books, it has been a challenge to exactly replicate three of the KIDS COUNT indicators: children living in families where no parent has full-time, year round employment; children in poverty; and families with children headed by a single parent (Goodluck & Willeto, 2001; Willeto, 2002). This year's efforts centered on successfully overcoming this barrier by exactly replicating the KIDS COUNT methodology for the indicator of children living in families where no parent has full-time, year-round employment. However, it was not possible to exactly replicate the KIDS COUNT methodology for the children in poverty indicator for reasons that are discussed later. For the families with children headed by a single parent, it was possible to replicate the KIDS COUNT methodology, but in order to maintain consistency across well-being indicators, the decision was made to slightly alter the KIDS COUNT methodology for reasons that are detailed later in the report.

This study provides a comprehensive overview of the 10 well-being indicators from a national and state perspective on American Indians and Alaskan Natives in 14 states. The results show the great variability in the 14 states across the well-being indicators for this unique population. Overall mean rankings demonstrate that California, New Mexico, and Oklahoma have the best rates of Native American well-being, and South Dakota, Montana, and Minnesota have the worst rates. Furthermore, readers are cautioned about the small numerators for some of the state American Indian/Alaska Native indicator results.

The major finding was that out of 10 indicators, compared to the general U.S. population, American Indians are doing well in only one—low infant birthweight. Native American children and youth were not doing well in 9 of 10 indicators. In three years of data collection and analysis, these findings further

indicate that Native American children and youth continue to fare comparatively worse than mainstream kids on the vast majority of socioeconomic and health indices. Similar to the findings from years two and three (Goodluck & Willeto, 2002; Willeto, 2002), only the rate of low birthweight babies is lower for American Indians than for All Races at the national level, although there is variability in how the 14 states compare in their American Indian/Alaska Native low birthweight rates to those of their within-state, non-Native counterparts. At the state level, the American Indian/Alaska Native rates in the 14 states demonstrate significant variability in the other well-being indicators; in a few cases, they are better than those of their within-state, non-Native peers, but in most cases, they are significantly worse.

A new chapter was added for this year's report that provides American Indian/Alaska Native trend data for each of the 14 states. Building upon the results from last year's efforts (Willeto, 2002), the trend data document the changes (better or worse) in the American Indian/Alaska Native well-being data from 1999 (Willeto, 2002) to 2000 (Willeto & Goodluck, 2003). This section also lists the state rankings on each of the well-being indicators for Native Americans. In order to accentuate easy referencing, the chapter is organized by state rather than by indicator.

FORWARD[2]

On December 1, 2003, at 1:45 a.m., I awoke from a dream. It occurred to me that this report is not just a document, but it has other contextual meanings. My dream conveyed to me a vivid picture of the children and youth reported on in the data books. It revealed to me that the lives of all the dead children and youth, and the dying of our children and youth, are telling us a greater story. This report is not just a recording of concrete measurements or a quantification of numbers, linear views, and objectification of our children and youth, but it is a record of our own dying, suffering, and bleeding one by one. Expressing themselves through these numbers and rates, our children and youth are telling us to make the world, environment, earth, place, reservation, and urban centers better places so they can do more than just survive but live out their lives as full, loving, and spiritual beings who are Native and human. During the months of conducting this research, it was found that numerous infants, children, and youth died, dropped out of school, were born to teens, and were killed in car accidents. The harmful story and statistics continue to no avail. In fact, during the writing of this report, a second cousin of mine, a young Navajo male from northern Arizona, died in a car accident on a rural road near I-40. His death was more than his own dying; it represented other Native youth who have gone through the same cycle of defeat and loss.

This research is not just telling the readers about the various indicator rates; it has profound meaning to us. I am directly connected to the youth who was killed in that car accident, and when he died, a little part of me died. I believe that we are all related to each other and his death represents more than a statistic. We are all products of our environment; we are the environment. To take the idea a bit further, when we write about these facts and figures, they are not just numbers and data; they have their own life. They are representative of our Native children and youth who are a reflection of the ongoing cycle of neo-colonialism. Often, American Indians/Alaska Natives are described as the "other." We are objectified and subjugated to victimhood. We are sent to educational systems that serve the oppressor. We are victims of racism, cultural imperialism, marginalism, exploitation, violence, and powerlessness. We are the targets of the "five faces of oppression" (Young, 1990).

This is a spiritual story. It is an opportunity to tell about the children's lives, not just their dying, existence, or survivorship. It is not an accident that this research project was given to two Navajo women in different parts of the life cycle with different talents and interests, different backgrounds, different clans, and different Native American experiences. This research project is a sacred gift to us to truthfully represent the totality of these Native children and youth who live and breathe. It was given to us as a spiritual gift; our Native children and youth are spiritual gifts from the Creator. Their stories are unique, sacred, contextual, meaningful, and connected to each of us.

Therefore, this document cannot be developed without reverence to protect, inform, and advocate for actions to change the contexts of the lives of Native American children and youth at the larger societal

[2] The Forward section is written by Charlotte Goodluck, PhD, with feedback from Angela A. A. Willeto, PhD, and expresses her feelings about the findings of the Native American kids data books.

level so the environment that produced these statistics can change. In changing these environments, the dying and deaths of so many of our children and youth can be stopped. The pain, hurt, tears, suffering, and mourning of our Native children and youth continue as we write these facts and figures. The cycle of oppression will not stop until all of us understand the concept that "we are all related" and that each of the percentages, numbers, and figures are really our Native children and youth at the cellular level. Until we grasp this notion, the oppression will continue. I believe in early intervention and "an early bottoming out." Our society has the ability, resources, dedication, and commitment to make these changes today, not tomorrow.

We have to address supra-organizational structures in order to make the daily lives of our children and youth more livable, loving, and free from the constraints and negative impact of poverty, ineffective educational systems, inadequate health care systems, and, in many cases, poor if not inaccessible service systems. So many of these systems are "strained by starvation"[3] by the governmental entities responsible for their existence. Unless we discuss and make these changes, the cycle of oppression will continue.

It is time for us to address some of these larger institutional, societal, and cultural issues. Otherwise, we as researchers will continue to write each year about the death toll of children and youth represented by these numbers who are part of a society that has not truthfully cared for them.

[3] Personal communication with Jean Toner, MSW, November 30, 2003.

INTRODUCTION

The Native American Kids Well-Being Indicators Data Book Project is an ongoing, collaborative endeavor that commenced in 2000. This document is the fourth in the series of reports that addresses the question of the well-being of American Indian and Alaska Native children and youth (Goodluck & Willeto, 2000, 2001; Willeto, 2002). The need for the data books on Native American children and youth has been discussed extensively in the last three reports; this need continues as much as ever before. There is little if no other source of information on the well-being indicators for American Indian children and youth that this report provides.

Target Audience

The audience targeted by this publication includes professional, paraprofessional, governmental, private, non-profit organizations and agencies and child advocates interested in the well-being of American Indian/Alaska Native children and youth. The report provides accurate, research-based information for policymaking entities. Researchers can use this current information in their reports to help build a case for future research into the specialized field of American Indian child welfare and the well-being of Native communities. Tribal and state entities can share the empirical data with one another and use them to plan for the future of American Indian children and youth living in their communities. Practice providers can use these data to improve their interventions with Native American individuals, families, groups, and communities.

Demographics of the American Indian and Alaska Native Population

The American Indian/Alaska Native population is quite diverse, with 562 federally recognized tribes and about 2.5 million people who represent almost 1% of the total U.S. population. Current age data from the U.S. Bureau of the Census (2002) indicate that the American Indian/Alaska Native population is quite young. The median age of this population, 28 years, is significantly lower than the general U.S. population's median age of 35.3.

This report includes a literature review section that overviews 10 well-being indicators for the American Indian/Alaska Native population at the state and regional levels and gives a discussion on the data and methodology used. Following the literature review, actual statistical well-being information on Native American children and youth for the 10 indicators is presented for 14 selected states. Percent differences that highlight the contrast between American Indians/Alaska Natives and mainstream kids are also detailed, and a new chapter is included on trends and rankings for the Native American data for each of the 14 states. The report concludes with recommendations for addressing the well-being of American Indian/Alaska Native children and youth.

LITERATURE REVIEW OF THE 10 WELL-BEING INDICATORS

This literature review uses a different framework than the literature reviews in the three previous publications on deficits-based well-being indicators by the researchers (Goodluck & Willeto, 2000, 2001; Willeto, 2002). The literature report in the first report consisted of a historical overview of federal policies and laws that described the gap in literature on this topic, a review of the deficit perspective, definitions of "American Indian" and "Alaska Native," and methodological research and data issues encountered with this population (Goodluck & Willeto, 2000). The second report's literature review pertained solely to the 10 well-being indicators at the national level (Goodluck & Willeto, 2001). The third year's literature review focused on well-being indicators literature as it pertains to the American Indian/Alaska Native population at the state level, including 13 states with high populations of American Indians, and thereby expanded the literature base established in 2001. Additionally, in the third year, a separate document that focused on the Native American strengths perspective was produced (Goodluck, 2002). The purpose of that report was to counterbalance the focus on the deficit approach.

This year, the literature review takes a different approach. The 10 well-being indicators for Native American children and youth are described in significant detail in previous publications (Goodluck & Willeto, 2000, 2001; Willeto, 2002; Goodluck, 2002), so this literature review gives only a brief summary of the well-being indicators by stating the definitions, major findings, and highlights. Another rationale for not having a longer, detailed literature review is that since the previous report was published in early 2003, few if any changes in the literature could be found. This is a highly specialized arena of research, so there are few new studies to add to this report on an annual basis. Readers who are interested in learning more about the well-being indicators can access the previous publications through the National Indian Child Welfare Association's (NICWA) website (www.nicwa.org/policy/research/index.asp).

Native American Children and Youth Well-Being Indicators

Table 1 summarizes the 10 well-being indicators discussed in this report. The well-being indicators are organized into two main categories: health and social. The categories are further organized into five thematic areas. Detailed information under each thematic area provides the reader with the specific name of the well-being indicator, the age range for the indicator, and the descriptive statistic used in the report. These indicators are parallel to those in the *KIDS COUNT Data Book* series published annually by the Annie E. Casey Foundation.

Table 1. Ten Child Well-Being Indicators Grouped Into Health and Social Categories

Health: Derived from the National Center for Health Statistics	
Thematic Area	**Well-Being Indicators**
Births	Percentage of low birthweight infants
	Teen birth rate (births per 1,000 females ages 15–17)
Mortality	Infant mortality (deaths per 1,000 live births)
	Child death (deaths per 100,000 children ages 1–14)
	Teen deaths by accident, homicide, and suicide (deaths per teens 100,000 ages 15–19)
Social: Derived from the Current Population Survey (CPS) and the U.S. Census Bureau	
Thematic Area	**Well-Being Indicators**
Education & Employment	Percentage of teens who are high school dropouts (ages 16–19)
	Percentage of teens who are not attending school and not working (ages 16–19)
Poverty	Percentage of children in poverty (ages 0–17)
Family Structure	Percentage of families with children headed by a single parent (ages 0–17)

Source: Willeto, 2002, p. 15.

HEALTH INDICATORS

Thematic Area: Births

Low Birthweight Babies (LBW)

Definition. The definition of low birthweight babies is "babies weighing less than 2,500 grams (about 5.5 pounds) at birth" (Annie E. Casey Foundation, 2003, p. 1). The data are reported by place of residence, not place of death (Annie E. Casey Foundation, 2003).

Highlights

- Low birthweight among Native American infants has been on par with the U.S. population. The rate for the U.S. population has been consistently around 7.6 percent (Annie E. Casey Foundation, 2003, p. 2).
- In some years, the percentage of low birthweight among Native American infants has been actually lower, as indicated in the following statement: "The rate of low birthweight for American Indian/Alaska Natives fell back to 6.8 percent in 2000, the same rate as in 1997–98" (Federal Interagency Forum on Child and Family Statistics, 2002, p. 30).
- Smoking among Native American teenagers has a definite role in mothers delivering low birthweight babies (Willeto, 2002). In addition, poor access to health care delivery for prenatals (Sullivan, 1989) and lower rates of under registration of Very Low Birthweight (VLBW) at the time of birth (Heck,

Schoendorf, & Parker, 1999, p. 1097) have impacted this well-being indicator. These are some of the reasons cited in the literature that impact the delivery of low birthweight babies among American Indian/Alaska Native teenagers between the ages of 15 and 17 years.

- This is the only well-being indicator that is actually lower than the U.S. population; however, the delivery of overweight babies is generally the norm for Native American women. This has been attributed to high rates of obesity, high rates of diabetes, and other social and economic factors.
- Judge-Lawton (1999) has presented a comprehensive review of American Indian/Alaska Native infant research.

Teen Birth Rates

Definition. Teen birth rates include the number of births to teenagers between 15 and 17 per 1,000 in this age category. . The data are reported by mother's place of residence rather than place of birth (Annie E. Casey Foundation, 2003).

Highlights

- The American Indian/Alaska Native teen childbearing rate is higher than the national rate.
- "In 2000, the birth rate for this age group was … 40 [per 1,000]" (Federal Interagency Forum on Child and Family Statistics, 2002, p. 36).
- Adolescent fertility rates are very high: "Almost 2 percent of the American Indian/Alaska Native births were to adolescent mothers less than 15 years old" (U. S. Department of Health and Human Services [USDHHS], 1997a, p. 19).
- There is considerable variation between tribal groups as to the teenage birth rate. For example, the birthrate for American Indian/Alaska Native teens in South Dakota is four times the national rate (Wilson, 1995). This rate is higher than the American Indian/Alaska Native rate in general.

Thematic Area: Mortality

Infant Mortality

Definition. There are three classifications of infant mortality rate. The age of the infant is a determining factor. Infant mortality can be defined as the number of deaths occurring to infants under one year of age per 1,000 live births. Infant death is "the death of an infant before his or her first birthday. The infant mortality rate (IMR) is an important measure of the well-being of infants, children, and pregnant women because it is associated with a variety of factors, such as maternal health, quality of access to medical care, socioeconomic conditions, and public health practices" (Kleinman & Kiely, 1991, as cited in Federal Interagency Forum on Child and Family Statistics, 2002 , p. 31).

The second classification of infant death, called "neonatal death," means that the death occurred before 28 days. The third classification, "postneonatal death," means that the death occurred after 28 days through the 11th month.

Highlights

- Historically, American Indian/Alaska Native infant mortality rates have been high (Robertson, DeRoo,

Gaudino, Hahn, & Rosenberg, 1999). Although infant mortality has decreased substantially in the Native American population, it still remains higher than the national rate (Nakamura, 1991).

- The IMR for the total U.S. population is 6.9 deaths per 1,000 as compared to 8.3 deaths per 1,000 for American Indians (Annie E. Casey Foundation, 2003).
- In 2000, the neonatal death rate for Native Americans was 4.4 per 1,000 live births, and the postnatal death rate was 3.9 for Native Americans (National Center for Health Statistics [NCHS], 2002, Table 20).
- A decline in the infant death rate has been noted in South Dakota's American Indian/Alaska Native population (Wilson & Talley, 2002). In addition, "dramatic decreases in infant mortality rates have been observed among the Pacific Northwest American Indian and Alaska Native populations" (Robertson et al., 1999, as cited in Willeto, 2002, p. 21). This illustrates the fact that there is considerable variance between tribal groups and/or geographic regions.

Another important topic related to American Indian/Alaska Native infant mortality is Sudden Infant Death Syndrome (SIDS). SIDS is the sudden and unexpected death of an apparently healthy infant whose death remains unexplained after the performance of an adequate postmortem investigation including (1) an autopsy, (2) investigation of the scene and circumstances of the death, and (3) exploration of the medical history of the infant and family.

"American Indian infants die from SIDS at three to five times the White rate" (Minnesota Department of Health, 2001, p.1).

- Among Northwest American Indians and Alaska Natives, the largest single cause of infant mortality has been SIDS, but the SIDS rate declined between 1985 and 1996 from 8.4 to 3.3. This decline is greater than the national decline (Centers for Disease Control and Prevention, 1999, p. 1).
- Chisholm (1978) suggested that infants who are raised for longer periods of time with child care practices of traditional and culturally based swaddling and/or cradleboard usage suffer less from social isolation and sleep problems, which are indicators of potential death from SIDS.
- There are numerous national, regional, state, and tribal efforts to prevent SIDS. These efforts have been successful.

Child Death Rate

Definition. Child death rate is the number of deaths (from all causes) of children between the ages of 1 and 14, per 100,000 children. The data are reported by place of residence rather than place of death (Annie E. Casey Foundation, 2003).

Highlights

- The child death rate for children in general has been declining over the years.
- American Indian/Alaska Native child death rate has continued to be higher than the U.S. rate in general.
- "This measure improved among each racial and ethnic group, although the 1998 rate for African American (42 deaths per 100,000) and Native American (41 deaths per 100,00) children was nearly

twice the rate for children in other groups" (Annie E. Casey Foundation, 2003b. This rate has increased from 39 per 100,000 in 1997, as discussed in Willeto (2002).

- Indeed, American Indian and Alaska Native children have the highest rates of injury, mortality, and morbidity, at almost double the national rate (American Academy of Pediatrics, 1999, as cited in Willeto, 2002).
- "Accidents play a major role in the mortality of Indian children under age five. Many of the deaths are caused by automobile accidents or other trauma associated with falls, etc." (USDHHS, 1994, as cited in Joe, 1996, p. 143).
- Car accident rates are especially high with American Indian/Alaska Native youth. Seat belt usage would help in reducing this figure.
- Pima (Gila River) males are at greater risk of car accident mortality with less survival probability, according to Sievers, Nelson, and Bennett (1990).
- Factors that impinge upon this indicator are racial misclassification, underreporting, and lower socioeconomic status in the United States (Willeto, 2002).

Teen Deaths by Accident, Homicide, and Suicide

Definition. Teen deaths by accident, homicide, and suicide are counted as deaths per 100,000 teens ages 15–19. The data are reported by place of residence, not the place where the death occurred (Annie E. Casey Foundation, 2003). This section describes three types of mortality in one indicator referred to as "teen deaths." This topic was described in much greater detail in the previous report (Willeto, 2002).

Highlights

- For 1998, the Annie E. Casey Foundation (2001) reported that the rate of teen deaths by accident, homicide, and suicide among Native Americans and African Americans was substantially higher than the rate for all other racial groups. Poverty, homicide, and suicide are strongly correlated among Native North Americans (Bagley, 1991; Young, 1990).
- "From birth to age 14, American Indian males and females demonstrate relatively similar mortality rates, yet by the age category of 15–24 years, young Indian males die at a disproportionately higher rate than their female counterparts" (Joe, 1986, as cited in Willeto, 2002, p. 23).

Native American Youth Accidents

Highlights

- "Motor vehicle and other accidents are the leading cause of death among American Indian/Alaska Native persons aged 15–24, whose rate of death due to accidents is almost three times higher than the rate for the total U.S. population (USDHHS, 1999, as cited in Clarke, 2002, p. 1).
- "Among adolescents in 1999, motor vehicle injuries were the most common cause of death among … American Indian/Alaska Native … males" (Federal Interagency Forum on Child and Family Statistics, 2002, p. 35).
- "Among youth attending Bureau of Indian Affairs (BIA) schools, there is lower-than-average usage of seatbelts, motorcycle helmets, and bicycle helmets" (Shaughnessy, Branum, & Everett-Jones, 2001,

as cited in Clarke, 2002, p. 1).

- Three typical at-risk behaviors associated with car accidents are not wearing seatbelts, driving and drinking, and traveling with another person who is drinking (Blum, 1992, as cited in Willeto, 2002, pp. 24–25).
- Accident rates are increased due to poor road conditions, rural inaccessibility, long driving distances on the reservations, driving fast, and few hospitals within close range.

Native American Youth Homicides

Definition. Homicide is defined as injuries inflicted by another person with intent to injure or kill by any means. This excludes injuries due to legal intervention and operations of war. Justifiable homicide is not identified in the Web-Based Injury Statistics Query and Reporting System (WISQARS). Legal Intervention is defined as injuries inflicted by the police or other law-enforcing agents, including military on duty, in the course of arresting or attempting to arrest lawbreakers, suppressing disturbances, maintaining order, and other legal actions. This excludes injuries caused by civil insurrections (Willeto, 2002, pp. 119).

Highlights

- In 1998, among American Indians and Alaska Natives, homicides and legal intervention were the sixth leading causes of death for 10–14 year olds and the third leading cause of death for 15–24 year olds (USDHHS, 2002, cited in Willeto, 2002, p. 25).
- "Homicide rates increase sharply among Native Americans by the age of 15 (Wallace, Calhoun, Powell, O'Neil, & James, 1996, p. 9). LaFromboise and Graff Low (1989) have stated that the Native American homicide rate was 2.8 times that of other ethnic groups. Yet, in a careful analysis of the various types of homicides, Bachman (1992, pp. 12–13) reported that although Blacks have a higher rate of homicide (33.1/100,000), the American Indian rate of 9.6 per 100,000 is more than double the rate of Whites (4.6/100,000)." (Willeto, 2002, pp. 25–26).
- Often homicides occurred with the use of firearms by individuals who know each other, and unemployment was associated with the incidents more often than not (Willeto, 2002).

Native American Youth Suicides

Definition. American Indian/Alaska Native youth who take their lives voluntarily are categorized under "Native American Youth Suicides." Suicide attempts are another aspect of this topic. The following statements are from the Willeto (2002) report on Native American kids well-being indicators.

Highlights

- Compared to all other ethnic groups in the United States, American Indians and Alaska Natives have the highest suicide rates (Borowsky, Resnick, Ireland, & Blum, 1999, cited in Willeto, 2002, pp. 26–27).
- For this racial/ethnic group, suicide is the third leading cause of death for 10- to 14-year-olds and the second leading cause of death for 15- to 24-year-olds (USDHHS, 2002, as cited in Willeto, 2002, p. 27).

- "While suicide rates for youth fourteen through nineteen years old have decreased somewhat, rates for ten and fourteen year olds are approximately four times higher than that for the general U.S. population and have continued to increase steadily" (Johnson & Tomren, 1999, as cited in Willeto, 2002, p. 27).
- One risk factor for suicide ideation is if an American Indian/Alaska Native student is attending high school (Shaughnessey, Branum, & Everett-Jones, 2001, in Clarke, 2002).
- "American Indian/Alaska Native adolescents are more than twice as likely to commit suicide as any other racial/ethnic group. With 52.9 deaths per 100,000, adolescent American Indian/Alaska Native males are at four times the risk for suicide than are males of any other racial/ethnic group. Suicide is the second leading cause of death for American Indian/Alaska Native males" (Wonder, 1999, as cited in National Adolescent Health Information Center, 2000, p. 3, as cited in Willeto, 2002, p. 27).
- American Indian/Alaska Native youth suicide rates vary tremendously between tribes and geographical regions. An analysis of suicide data for American Indian children and youth (ages 0–19) for 10 Indian Health Services (IHS) regions shows that the three regions with the highest suicide rates are Alaska, Aberdeen, and Tucson (19.0, 18.03, and 16.31, respectively), whereas the three regions with the lowest rates of suicide are Oklahoma City, Nashville, and the Navajo Reservation (3.1, 3.72, and 6.57, respectively). Here it is important to note that although there is significant regional variability, all IHS regions except Oklahoma City score higher than the United States national rate (USDHHS, 2000b, as cited in Willeto, 2002, pp. 27–28).
- For males and females, the preferred choice of suicide is the use of firearms. For males, the second choice is hanging. For females, the second choice is poison (Joe, 2000, p. 4, as cited in Willeto, 2002, p. 28).
- Alcohol usage is highly associated with a completed suicide incident. Females have higher rates of attempted suicide with the use of medications.
- Table 2 presents the three leading causes of death for American Indian/Alaska Native males from 1995 to 1997. Table 2 illustrates the rank order, age range, and the cause of death.

Table 2. Three Leading Causes of Death in American Indian and Alaska Native Males, 1995–97

RANK	<1-4 YEARS OLD	5-9 YEARS OLD	10-14 YEARS OLD	15-24 YEARS OLD
1	Unintentional Injury & Adversarial Effects	Unintentional Injury & Adversarial Effects	Unintentional Injury & Adversarial Effects	Unintentional Injury & Adversarial Effects
2	Congenital Anomalies	Homicide& Legal Intervention	Suicide	Suicide
3	Homicide & Legal Intervention	Malignant Neoplasm	Legal Intervention	Legal Intervention

Source: This table is modified from the 10 leading causes of death among American Indian and Alaska Native Males, 1995-97 from the National Center for Health Statistics (NCHS) Vital Statistics System. Retrieved June 15, 2003, from http://www.cdc.gov/ncipc/osp/indianmales.htm

Table 2 demonstrates that males are at higher risk of dying throughout their childhood, adolescence, and young adulthood. American Indian and Alaska Native youth are dying at greater rates than youth in

the general population in the United States. The reasons are complex; however, poverty, racism, discrimination, despair, alcohol usage, and living in environments with fewer resources (economic, educational, and medical) are contributing factors.

- High rates of depression as a concurrent mental health factor are problematic, as are the limited mental health resources for American Indians/Alaska Natives.
- There are indications that culturally based practices can affect these increasing trends. Johnson and Tomren (2001) state the following:

> The utilization of traditional American Indian song and dance groups will help this extremely vulnerable group to regain touch with important cultural traditions. Indian elders can once again teach their traditional songs and dances and be revered as cultural role models. If the "at-risk" group of Indian youth can be reached through this intervention, be reconnected with their tribal culture through traditional song and dance, and tribal elders can once again function as role models, then the substance abuse and suicide rate among American Indian youth can be reduced. (pp. 244-245)

- American Indian/Alaska Native cultural strengths (Goodluck, 2002) and sources of resiliency (Goodluck & Willeto, forthcoming) may positively change these negative behaviors.

SOCIAL INDICATORS

Thematic Area: Employment & Education

Teens Who Are High School Dropouts

Definition. Teens who are high school dropouts is the percentage of teens between the ages of 16–19 years who are not enrolled in school and are not high school graduates (Annie E. Casey Foundation, 2003)..

Highlights

- American Indians have the lowest educational attainment (Brandt, 1992; National Center for Educational Statistics, 1993) and have performed the worst in their educational pathways compared to all other groups in the United States (Swisher, 1991).
- "As many as 35 percent, and in some places 50 to 60 percent, of American Indian/Alaska Native students drop out of school. American Indian/Alaska Native students have the highest high school dropout rate in the nation." (USDHHS, 1997a, p. 31, as cited in Willeto, 2002, p. 30).
- "Across all levels of education, American Indians are the most under-represented minority group" (Fore & Chaney, 1998, as cited in Willeto, 2002, p. 30).
- Catterall and Cota-Robies (1988) identified three types of at-risk students: (1) children who come from different cultural backgrounds, or minority students, (2) children from limited English-speaking families, and (3) children from poor families. Using their definition, the majority of Indian students would fall into one or more of these categories (Bowker, 1992, p. 1).
- "Not only are the dropout rates high, but Machamer and Guber (1996) found that American Indians are 'twice as likely to dislike school, and almost twice as likely to report school-related risk taking'

compared to their Caucasian and African American peers" (p. 137, as cited in Willeto, 2002, p. 31).

- It also appears that the ninth and tenth grades are the most likely years that American Indians will drop out of high school (Cavatta, 1982; Cavatta & Gomez, 1984; McBee, 1986, as cited in Bowker, 1992).
- The Annie E. Casey Foundation (2001) reported that Arizona ties with Nevada as having the highest dropout rates for All Races.
- Vinje (1996) found that lack of educational attainment (as measured by high school completion) was the principal reason for patterns of poverty rates on 23 reservations.
- On a brighter note, if American Indian /Alaska Native youth do graduate from high school, higher education has a positive impact on their economic well-being: "approximately one year after receiving their degrees or certificates, the overwhelming majority of Tribal College graduates, 91 percent, were either working or attending college" (Cunningham & Redd, 2000, p. 8).
- In a study that included American Indians and Alaska Natives, Choy (2001) found significant differences in rates of postsecondary enrollment by parents' level of education. Parents who had failed to complete high school had the lowest rate of children enrolling in college.
- Smith (2000) discussed "The Pernicious Triad: Brain Drain, Dropouts, and Joblessness" (p. 135) as issues that face many young American Indian youth. He discussed the interaction of these three factors as impinging upon the life choices made by young people in their decisions to continue in education. There are personal and structural reasons that determine the eventual completion or non-completion of high school by American Indian youth.

Employment

Definition. Teens who are unemployed are defined as those between the ages of 16 and 19 who are not participating in the labor force and not attending school..

Highlights

- In the general U.S. population, the vast majority of youth ages 16–24 who are not attending school are instead employed in the labor force.
- Though rates of employment vary by race, among youth not enrolled in school, Whites have the highest labor force participation rate with 84.6%, Hispanics are at 77.0%, and Blacks have the lowest rate, of 73.2% (U.S. Department of Labor, 2001a).
- Unfortunately, information for American Indian/Alaska Native youth was not reported. The Bureau of Labor Statistics (BLS) stated that it has no data on American Indians or Alaska Natives (Roger Comer, personal communication, February 12, 2002).
- Alcohol usage and gang association of American Indian/Alaska Native teens make them at a higher risk of not going to school and not working.

Children Living with Parents Who Do Not Have Full-Time, Year-Round Employment

Definition. Children in this category are those between the ages of 0 and 17 living with parents who do not have full-time, year-round employment.

Highlights

- "The average unemployment rate on most Indian reservations is 45%, although in some communities the rate can be as high as 90%" (Russell, 1995, cited in Willeto, 2002, p. 35).
- "Of even greater concern is that the unemployment problem has been long term. In many communities, the unemployment rates have changed little over the last five decades" (Joe, 1996, p. 143, as cited in Willeto, 2002, p. 35).
- "Fifty percent of the American Indian and Alaska Native workforce was unemployed, and 30% of those who were employed were living below the poverty level" (U.S. Department of the Interior, 1997, as cited in Willeto, 2002, p. 35).
- McIntosh (1986) has suggested that American Indians' cultural differences, such as quietness, averting eyes when communicating, and lack of time constraint, account for many of their difficulties in obtaining employment.
- Snipp (1976) pointed to structural factors such as migrational shifts, lack of economic viability, and difficulties in matching skill levels between employers and employees as reasons for high unemployment in Wisconsin's American Indian population.
- Even when American Indians/Alaska Natives relocate to urban areas from the reservation, their participation in the labor force is low.
- For American Indians who reside on reservations, the types of jobs available are mostly governmental, either tribal or federal, with few private enterprise employment opportunities (Sandefur, 1991).
- Bowker (1992) has noted how studies frequently point out that White females earn substantially less than their White male counterparts (59 cents to the dollar). However, the wages of Native American females are rarely mentioned in this comparison; they make 17 cents for every dollar earned by White males.
- Further research is necessary, especially with the current climate of welfare reform, to determine the types of activities engaged in by the minimally educated to find employment (Reynolds, Fisher, Estrada, & Trotter, 1999, p. 28).

Children Living in Poverty

Definition. Children living in poverty are defined as those children between the ages of 0 and 17 years who live in families with incomes below the U.S. poverty threshold.

Highlights

- In the United States, children comprise the largest proportion of people living in poverty (Goodluck & Willeto, 2001).
- For American Indian/Alaska Native children, the rate of poverty is higher than that of the general population.
- "According to the 1990 census, the percentage of American Indian/Alaska Natives living below the poverty level (32%) is almost three times that of the general population (13%). An even higher percentage of American Indian/Alaska Native children live under the poverty level—43 percent of American Indian/Alaska Native children below the age of 5 live below

the poverty level" (USDHHS, 1997a, p. 37, cited in Willeto, 2002, p. 37).

- Native American families demonstrate significant regional and tribal differences in poverty rates (Trosper, 1996), with the Hidatsas and Teton Lakotas (Plains) and the Southwest geographical regions demonstrating the highest rates (Bonvillain, 2001).
- For other examples of tribal rates of poverty, see Willeto (2002).
- Trosper (1996) has suggested that reductions in federal expenditures on Indian programs contributed to the sharp increase in American Indian poverty in the 1980s.
- "Yet other scholars have found that poverty among Native American families has decreased over time, although it remains higher than for White families" (Jensen & Tienda, 1989, cited in Willeto, 2002, p. 38).

Thematic Area: Family Structure

Families with Children Headed by a Single Parent

Definition. This term is used for families with children ages 0 to 17 years where the family is headed by a single parent without a spouse present in the home.

Highlights

- "American Indian children are less likely to reside with two parents than are children in the total U.S. population" (Sandefur & Liebler, 1996, p. 196, cited in Willeto, 2002, p. 38).
- "According to 1980 U.S. Census data, most American Indian, single-parent households are headed by a female (about 18%), and male single-household heads comprise about 4% of American Indian households; hence, about 22% of American Indian households are headed by single parents" (YellowBird & Snipp, 1998, pp. 230–231, cited in Willeto, 2002, p. 38).
- U.S. Census data from 1990 reflect the growing trend of single-parent American Indian and Alaska Native households, with 26% headed by females and 9% headed by males (U.S. Bureau of the Census, 2000). Most of these households include children under the age of 20.
- Native American females are more likely to be divorced and are less likely to have ever been married than U.S. women in general (Sandefur & Liebler, 1996).
- Sandefur and Liebler's (1996) analysis showed that the Pine Ridge Reservation had the lowest percentage of children living with two parents, whereas Oklahoma Tribal Jurisdiction Statistical Areas had the highest percentage (65.8%).
- What is troubling about the growing trend of families headed by single parents is that Native American single householders have very poor labor force participation (YellowBird & Snipp, 1998). Those located on reservations fare much worse "with the highest unemployment rate of any Indian group (25.6), only 45.1% of American Indian women on reservations bother to join the workforce. All of this is exacerbated by the overwhelmingly high poverty rates on reservations" (Sandefur & Liebler, 1996, p. 214).
- American Indians are considered the most disadvantaged racial group due to the comparative swell in the proportion of single-parent families, which also have the lowest

household income (Supple, Snipp, & Eschbach, 1995).

In conclusion, the American Indian/Alaska Native well-being indicators have not changed significantly from last year's report (Willeto, 2002). Overall, the general well-being of American Indian/Alaska Native children and youth is not good. This population ranks poorly in every health and social category except low birthweight rates, and even that is not good when considering the fact that American Indians and Alaska Natives are having a greater number of high birthweight babies instead.

DATA AND METHODOLOGY

Research Methodology and Data Resources

This study involved secondary analysis of well-being data specifically for American Indian/Alaska Native children and youth at the national level and for 14 states. *KIDS COUNT Data Book* series (Annie E. Casey Foundation, 2003) are utilized as the model for the report. The data resources used to produce this data book are the National Center for Health Statistics (NCHS) and the U.S. Bureau of the Census and the U.S. Bureau of Labor Statistics (BLS), which collaboratively produce the Current Population Survey (CPS). For further discussion of these government organizations, please see Willeto, 2002. The 14 states examined in this report are Alaska, Arizona, California, Michigan, Minnesota, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Texas, Washington, and Wisconsin. Data on Native American children, youth, and families for the state of Texas is a new addition to this year's data book. These forementioned states were chosen because they have relatively large proportions and/or numbers of Native Americans, which increases the likelihood that well-being information that is both reliable and reportable can be produced.

Selecting states that have sufficiently high numbers and percentages of American Indians and Alaska Natives is important. The fact that the American Indian/Alaska Native population is comparatively small (See Table 3) is a commonly cited reason why Native American well-being data has usually not been released to the public in the past by most government agencies, foundations, or other empirically based entities. For this data book, every attempt was made to produce dependable indicator information. However, in some cases, indicator information was based on small sample sizes or survey data that are less than ideal. In such cases, the reader is cautioned about the particular rate/percentage, or an asterisk alerts the reader about some limitation or issue with the well-being rate/percentage being reported.

Table 3. American Indian and Alaska Native Alone Population for the United States: 14 Selected States (2000 U.S. Census)

	TOTAL UNITED STATES POPULATION	NUMBER OF AMERICAN INDIANS AND ALASKA NATIVES	% OF TOTAL POPULATION
United States	281,421,906	2,475,956	0.9
Alaska	626,932	98,043	15.6
Arizona	5,130,632	255,879	5.0
California	33,871,648	333,346	1.0
Michigan	9,938,444	58,479	0.6
Minnesota	4,919,479	54,967	1.1
Montana	902,195	56,068	6.2
New Mexico	1,819,046	173,483	9.5
North Carolina	8,049,313	99,551	1.2
North Dakota	642,200	31,329	4.9
Oklahoma	3,450,654	273,230	7.9
South Dakota	754,844	62,283	8.3
Texas	20,851,820	118,362	0.6
Washington	5,894,121	93,301	1.6
Wisconsin	5,363,675	47,228	0.9

Source: U.S. Census Bureau, Census 2000 Summary File 1; Ogunwole, S. U. 2003. The American Indian and Alaska Native Population: 2000. Census 2000 Brief, p. 5, Table 2.
(For information on confidentiality protection, nonsampling error, and definitions, see www.census.gov/prod/cen2000/doc/sf1.pdf)

People who are particularly interested in or need data on the American Indian/Alaska Native population are typically faced with a critical lack of information. This report further emphasizes this gap since the only indicator that had information in report form was Native American infant mortality rates. The other nine well-being indicators required special estimation techniques to produce the main contents of this report. Given that Native Americans give birth, experience the passing of loved ones, attend school, live in all kinds of family types, and work in the labor force, it is quite evident that American Indian well-being data are collected and sometimes analyzed but rarely released to the public. Since the producers of *KIDS COUNT Data Book* series, the Annie E. Casey Foundation, primarily focus on the well-being of *all kids* in the United States with no breakdown of data by race at the state level, the task of collecting well-being information is much simpler. The producers of the *KIDS COUNT Data Book* series access six of the well-being indicators in already prepared and easily accessible reports over the Internet and sub-contract the work of producing the other four indicators. In what follows, the well-being indicators examined in this report are listed and a brief description of the process that details how the data were accessed and/or prepared is presented to help the reader better understand the complex nature of gathering and reporting such information.

The 10 well-being indicators described in this report are low birthweight; teen births; infant mortality; child deaths; teen deaths by accident, homicide and suicide; teens who are high school dropouts; teens who are not attending school and not working; children living in families where no parent has full-time, year-round employment; children in poverty; and families with children headed by a single parent. The first five indicators are categorized as health indicators and the last five indicators are classified as social indicators.

Health Indicators

National Center for Health Statistics (NCHS)

Accessing and producing American Indian/Alaska Native health indicators is now a relatively straightforward process. The main challenges in the past were discovering where the data were stored, how to access the data, and how to construct the indicators. Accomplishing this entailed searches of the NCHS website, attending conferences, meeting with select state vital statistics personnel, special training sessions, brief conversations with NCHS staff following their presentations at conferences, and numerous e-mail messages and phone calls over the past three years. During a search of the NCHS website, the report containing the infant mortality rates for American Indians and Alaska Natives was located. The Statistical Extraction and Tabulation System (SETS) was discovered at the biennial NCHS conference. Arrangements for a training session with NCHS personnel then followed. Upon emailing the NCHS with questions about the indicators concerning deaths, the researchers learned about the WISQARS website. The following briefly describes each data tool and the location of the report.

*Statistical Extraction and Tabulation System (SETS 2.0).*This system includes large health data files that are released on a CD-ROM with an interface that is simple to use. The interface enables users to process data according to their particular needs without additional statistical software. The 2000 Natality Data Set CD-ROM was used to estimate the American Indian/Alaska Native percentage of low birthweight and the percentage of teen births for the 14 states.

Report. The American Indian/Alaska Native infant mortality rates for the 14 states were obtained through the National Vital Statistics Report, 51 (12), August 28, 2002. This report can be downloaded from NCHS's website at http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_12.pdf.

Web-Based Injury Statistics Query and Reporting System (WISQARS). This is a simple-to-use, Web-based database system that supplies tailored reports on injury-related data. WISQARS was used to estimate the American Indian/Alaska Native rates of child deaths (ages 1–14), and teen deaths (ages 15–19) from accident, homicide, and suicide for 14 states.

Social Indicators

U.S. Bureau of the Census and the Bureau of Labor Statistics

The Census Bureau and the Bureau of Labor Statistics (BLS) collaborate to produce the Current Population Survey (CPS) of approximately 50,000 U.S. households on labor force, employment, and

educational items (see http://www.bls.census.gov/cps/ for more information about the survey). It should be noted that "[L]ike all estimates derived from samples, these figures contain some amount of random error. The BLS suggests that state rankings based on these figures should be used with caution" (Annie E. Casey Foundation, 2003, p. 210). The CPS Basic and CPS March Supplement surveys were used to produce four of the well-being indicators. Producing indicators on "teens who are high school dropouts and teens who are not working and not attending school" indicators is now a straightforward process. However, constructing the "children living with families where no parent has full-time, year-round employment," "children in poverty," and "families with children headed by a single parent" indicators was challenging.

Data Federal Electronic Research and Review Extraction Tool (FERRET) and Microsoft Excel: teens who are high school dropouts and teens who are not attending school and not working. FERRET is a Web-based extraction tool that can be utilized to retrieve an array of data, including CPS *Basic* data. FERRET also allows tabulation of data that can be exported into other software, such as Microsoft Excel. Once exported, Microsoft Excel was used to estimate the American Indian/Alaska Native percentage of teens who are high school dropouts and the American Indian/Alaska Native percentage of teens who are not attending school and not working in the 14 states. Because the sample sizes for American Indians/Alaska Natives are small, three-year averages were estimated for these indicators. For each year of CPS *Basic* data, the nine months when youth are typically in school were used. Consequently, 27 months of CPS *Basic* data sets were employed in the analysis for these indicators.

Data FERRET, SAS, and Microsoft Excel: percent of children living with families where no parent has full-time, year-round employment. For last year's data book (Willeto, 2002), alternative data were used to replace this indicator. Hence, for the first time, this year's edition will present data on the percentage of children living with families where no parent has full-time, year-round employment, which is data that match the KIDS COUNT indicator.

In order to produce this indicator, Dr. Willeto worked with Mr. Robert Daugherty, statistician at the Center for Data Insight at Northern Arizona University, to explain what she had learned about constructing this indicator. The information Dr. Willeto shared with Mr. Daugherty, together with some critical instructions provided by Ms. Martye Scobee of the Urban Studies Institute at the University of Louisville, gave Mr. Daugherty the beginning foundation to build this indicator. Producing this indicator was particularly cumbersome and complicated and required strong computer programming skills in SAS data manipulation.

Producing this indicator also entailed using the FERRET extraction tool to obtain three years of CPS March Supplement Survey data as SAS datasets. These datasets were sorted and merged to link children to their parents and then to their respective families, and the results were transferred into Microsoft Excel files. Initially, Dr. Willeto intended to learn how to produce this indicator, but after viewing the extensive programming syntax and the numerous steps required, she decided to enlist the

assistance of the Center for Data Insight and will probably continue to do so for future editions of *the Native American Kids Data Book* report series.

Data FERRET, SAS, Microsoft Excel: percentage of children in poverty. For last year's data book (Willeto, 2002), alternative data were used to replace this indicator. Hence, for the first time, this year's edition will present data on the percentage of children in poverty. Before describing the actual process of producing this indicator, a limited overview is required to help the reader understand its development. KIDS COUNT Data Books (Annie E. Casey Foundation, 2003) use the Small Area Income and Poverty Estimates (SAIPE) child poverty estimates to produce data for this indicator. SAIPE are inter-censal estimates for states, counties, and school districts. Unfortunately, SAIPE estimates do not take in account the race or ethnicity of individuals, and SAIPE uses models that cannot be replicated for Native Americans. In fact, substitute child poverty data were used for this indicator for the 2001 and 2002 editions of the *Native American Kids Data Book* (Goodluck and Willeto, 2001; Willeto, 2002).

For this report, it became imperative to locate suitable and permanent alternative child poverty data on American Indians and Alaska Natives that would be available on an annual basis. While investigating the SAIPE procedures, it became evident that SAIPE, at its foundation, uses CPS March Supplement data. Therefore, the decision was made to use CPS March Supplement data for this indicator. Once the CPS March Supplement child poverty indicator was constructed, comparisons between the results for CPS March Supplement and SAIPE indicators for All Kids were necessary to identify any significant differences in the national and state child poverty rates (see Table 4). Only South Dakota demonstrates significantly different child poverty rates between the KIDS COUNT/SAIPE and CPS March Supplement estimates. All other states' rates are either the same or show between 1–2% differences in rate. While it is problematic that South Dakota's CPS March Supplement rate is somewhat lower than the KIDS COUNT/SAIPE rate, the decision was made to proceed with the CPS March Supplement child poverty figures, since there are no viable alternative data sources. Due to the fact that the CPS March Supplement state rates are slightly different than the KIDS COUNT/SAIPE rates, comparisons and discussion in the subsequent chapters will utilize the CPS March Supplement child poverty rates for All Races and Native American kids.

Table 4. KIDS COUNT/SAIPE Child Poverty Rates (in percentages) and CDI/CPS March Supplement Child Poverty Rates (in percentages) for All Kids in 14 Selected States in 2000.

	KIDS COUNT/SAIPE	CDI/CPS MARCH SUPPLEMENT
United States	17	16
Alaska	11	10
Arizona	19	18
California	20	18
Michigan	14	13
Minnesota	9	8
Montana	20	19
New Mexico	26	26
North Carolina	17	17
North Dakota	16	17
Oklahoma	20	20
South Dakota	15	9
Texas	22	21
Washington	13	12
Wisconsin	11	11

To produce the "children living in poverty" indicator, Dr. Willeto again enlisted the aid of Mr. Robert Daugherty, statistician at the CDI at Northern Arizona University to explain what she had learned about this indicator. This information, together with SAIPE material obtained through the www.census.gov website, enabled Mr. Daugherty to actually calculate this indicator. Mr. Daugherty critically analyzed the SAIPE model and in his estimation, it would be practically impossible to reproduce the SAIPE child poverty indicator for American Indians and Alaska Natives. This is because while SAIPE utilizes CPS March Supplement data, it also employs a complicated model wherein U.S. Census data, tax return data, and data on food stamp program enrollment are added to the model to make adjustments for county-level estimates. The tax return and food stamp data used in the SAIPE models do not include information on race; thus it would be impossible to exactly reproduce the models used by the SAIPPE for the American Indians/ Alaska Native population. While county-level estimates are an important component of KIDS COUNT work, the incorporation of adjustments made for county-level data substantially obscures the model. Further, it would be highly unlikely that American Indian/Alaska Native county-level estimates would be possible due to very small numbers of American Indians and Alaska Natives at that level.

Producing the CPS March Supplement indicator entailed using the FERRET extraction tool to obtain three years of CPS March Supplement Survey data as SAS datasets. These datasets were merged and sorted, and the results were transferred into Microsoft Excel files. Based on Mr. Daugherty's recommendation, Dr. Willeto intends to learn how to produce this indicator for possible future editions of the *Native American Kids Data Book*.

Data FERRET, SAS, Microsoft Excel: percentage of families with children headed by a single parent. For last year's data book (Willeto, 2002), alternative data were used to replace this indicator. Consequently, for the first time this year's edition will present data on the percentage of families with children headed by a single parent. Before describing the actual process of producing this indicator, a limited overview is required to help the reader understand the development of this indicator.

KIDS COUNT Data Books (Annie E. Casey Foundation, 2003) contract the work of producing this indicator to the BLS, and Ms. Rowena Johnson does the actual statistical programming. Dr. Willeto met with Ms. Johnson and was able to obtain the computer syntax to construct the indicator. Given the complex nature of the numerous data sets, data manipulation and statistical programming required, Dr. Willeto again enlisted the assistance of Mr. Robert Daugherty, statistician, Center for Data Insight (CDI), to decipher the syntax and build the indicator. Upon examining the SAS programs, Mr. Daugherty discovered how the indicator was built and informed Dr. Willeto of some data manipulation choices made by the BLS. At this juncture, decisions needed to made as to whether the indicator should be constructed exactly the way BLS does or whether a slightly different indicator should be developed. The primary benefit of replicating the BLS model would be that the *Native American Kids Data Book* would enable direct comparisons to the KIDS COUNT data for this indicator.

However, given that Mr. Daugherty and Dr. Willeto had the experience of working together to build two other indicators (children living in families where no parent has full-time, year-round employment and children in poverty), a number of decisions were made to maintain consistency across well-being indicators rather than exactly replicating the BLS indicator. For example, the BLS method determines race/ethnicity of the family by the *race/ethnicity of the reference person* (the person who is actually interviewed for the survey) for the indicator "families with children headed by a single parent." In contrast, the Urban Studies Institute[4] determines race/ethnicity by the *race/ethnicity of the actual child* for the indicator "children living in families where no parent has full-time, year-round employment." Hence, rather than exactly replicate the BLS method by determining race/ethnicity by the race/ethnicity of the reference person, the decision was made to maintain consistency across indicators by determining race/ethnicity by the race/ethnicity of the children in the family. Additionally, the BLS measure examines only the primary family in each household surveyed. Other indicators, such as children in poverty, also take into account any subfamilies living in the household. In order to be consistent with other indicators, it was decided to include subfamilies in this analysis even though this is a departure from the method used by the BLS on behalf of KIDS COUNT.
This decision has long-term consequences. KIDS COUNT's families with children headed by a single parent indicator is not directly comparable to the Native American Kids Data Book's families with children headed by a single parent indicator and probably never will be. However, it is important to

[4] The Annie E. Casey Foundation contracts the work of producing the percentage of families with children where no parent has full-time, year-round employment indicator to the Urban Studies Institute at the University of Louisville.

compare the All Races rates for these two indicators to determine how different the indicators are from each other (see Table 5).

Table 5. KIDS COUNT/BLS Method Families with Children Headed by a Single Parent Rates (in percentage) and CDI Method Families with Children Headed by a Single Parent Rates (in percentage) for All Kids in 14 Selected States in 2000.

	KIDS COUNT/BLS METHOD	CDI METHOD
United States	28	31.83
Alaska	30	33.68
Arizona	30	34.52
California	26	31.13
Michigan	28	31.67
Minnesota	21	24.10
Montana	30	32.96
New Mexico	34	37.62
North Carolina	29	32.72
North Dakota	25	27.93
Oklahoma	26	30.89
South Dakota	24	26.44
Texas	27	31.52
Washington	30	32.57
Wisconsin	26	29.41

The differences between the two indicators range from a low in South Dakota of 2.44% to a high in California of 5.13%. The CDI method indicator data show slightly higher percentage rates of families with children headed by a single parent than the KIDS COUNT/BLS method. Due to the fact that the CDI method rates are slightly different than the KIDS COUNT/BLS rates, comparisons and discussion in the subsequent chapters will utilize the CDI method families with children headed by a single parent rates for All Races and Native American kids.

Producing the CDI Method indicator entailed using the FERRET extraction tool to obtain three years of CPS Basic Survey data as SAS datasets. These datasets were merged and sorted, and the results were transferred into Microsoft Excel files. Given the complexity of constructing this indicator, Dr. Willeto intends to continue to subcontract this indicator to the CDI.

Summary

The ease of producing well-being indicators for American Indian/Alaska Native children and youth ranges from simply obtaining a report that details infant mortality to consulting and hiring a statistician with strong computer programming skills. Seven of the indicators were produced by one of the researchers; three of the indicators required outside assistance from a statistician who was comfortable

working with numerous and large datasets and performing complicated data manipulation maneuvers. Various data acquisition tools and statistical software packages, including a SETS CD-ROM, WISQARS, Data FERRET, Microsoft Excel, and SAS, were utilized by the researcher and statistician. In addition to the range in complexity of building indicators; the checking and double checking of the various calculations, the entry of data into tables, and writing of descriptive narratives is a lengthy and time-consuming process.

The next section presents the actual American Indian/Alaska Native children and youth well-being rates and percentages for each of the 14 states. Given that well-being data on Native Americans are rare, the documentation of variability in American Indian/Alaska Native state rates is an important leap in the field of well-being indicators.

DATA BOOK SUMMARY: AMERICAN INDIAN/ALASKA NATIVE DATA AT THE NATIONAL AND STATE LEVELS

This section presents American Indian/Alaska Native children and youth data on the 10 well-being indicators at the national level and state levels for Alaska, Arizona, California, Michigan, Minnesota, Montana, New Mexico, North Carolina, North Dakota, Oklahoma, South Dakota, Texas, Washington, and Wisconsin. The purpose of this report is to describe information specifically on American Indian/Alaska Native children and youth for these 14 states. It is beyond the extent of the project to present well-being indicator information for other racial/ethnic groups. However, readers who are particularly interested in such information can refer to the national data resources cited throughout this report. In order to compare this report's results with the *2003 KIDS COUNT Data Book*, the most recent well-being indicator data are utilized. For example, in the case of the National Center for Health Statistics (NCHS), data for the year 2000 are used. More recent Current Population Survey (CPS) data are available on some of the "social" indicators, but to maintain as much consistency as possible, the 2000 CPS Basic Survey and 2000 CPS March Supplement Survey data are used in this report.

This section highlights the well-being indicator information specific to American Indians/Alaska Natives at the national and state levels. While it is important to know the national-level data for American Indians and Alaska Natives, releasing state-level data is also necessary because the results demonstrate the significant variation in rates that exists across states. The next chapter focuses on the percent differences between American Indians/Alaska Natives and All Races indicator data at the national level and in each of the 14 states. Data are presented by the well-being indicator, which includes the national and state percentage rates. The subsequent chapter presents well-being indicator information organized by state. For example, all the well-being indicator data for the state of Alaska will be presented in table format for ease in referencing.

In this section, each well-being indicator is presented in table format; tables are preceded with discussion in the following three areas. First, in order to gauge progress or regression at the national level for American Indian/Alaska Native well-being indicators, the results from this year's report are

contrasted to last year's findings on the particular indicator. Second, to assist readers in targeting states with the more extreme rankings on the various indicators, discussion focuses primarily on the states with the three highest and three lowest rates and/or percentages. Finally, to aid readers in evaluating how a particular state's American Indian/Alaska Native rate compares to all American Indians and Alaska Natives in the United States, the Native American well-being indicator rates in the selected states are compared to the national Native American rate.

Health Indicators

Low Birthweight

The current national American Indian/Alaska Native percentage rate of low birthweight infants is 6.6%, which is lower than last year's percentage rate of 7.1% (Willeto, 2002). North Dakota has the lowest percentage rate of low birthweight Native American babies (5.0%) (see Table 6). Wisconsin has the second lowest percentage rate (5.1%), followed by Alaska (5.4%). North Carolina has the highest percentage rate of American Indian/Alaska Native low birthweight infants (9.7%). Texas has the second highest percentage rate (7.5%), followed by South Dakota (6.8%). Besides the three high-ranking states, only Minnesota (6.7%) has a *higher* percentage rate than the national American Indian/Alaska Native low birthweight percentage rate of 6.6%.

Table 6. Percentage Low Birthweight for American Indians and Alaska Natives in 14 Selected States in 2000.

	%
United States American Indian/Alaska Native	6.6
Alaska	5.4
Arizona	6.5
California	5.6
Michigan	5.6
Minnesota	6.7
Montana	6.5
New Mexico	6.1
North Carolina	9.7
North Dakota	5.0
Oklahoma	5.8
South Dakota	6.8
Texas	7.5
Washington	6.4
Wisconsin	5.1

Source: National Center for Health Statistics, 2000 Natality Data Set CD-ROM Series 21, Number 14, issued April 2002. Utilized SETS 2.0, Rev. 805 for accessing percentage of low birthweights with information supplied by Angela A. A. Willeto, PhD

Teen Births

The current national American Indian/Alaska Native teen birth rate is 39.60 births per 1,000 females ages 15–17, which is lower than last year's rate of 41.40 births per 1,000 females ages 15–17 (Willeto, 2002). Texas has the lowest rate of American Indian/Alaska Native teen births (16.59 births per 1,000 females ages 15–17) (see Table 7). California's rate is second lowest (20.77 births per 1,000 females ages 15–17), followed by Michigan (26.94 births per 1,000 females ages 15–17). South Dakota has the highest rate of Native American teen births (65.52 births per 1,000 females ages 15–17). Montana is second highest (59.99 births per 1,000 females ages 15–17), followed by North Dakota (58.72 births per 1,000 females ages 15–17). Besides the high ranking states of South Dakota, Montana, and North Dakota, the Native American teen birth rates of Minnesota (56.88 births per 1,000 females ages 15–7), Wisconsin (49.13 births per 1,000 females ages 15 –17), Oklahoma (48.75 births per 1,000 females ages 15–7), Alaska (48.73 births per 1,000 females ages 15–17), Arizona (47.25 births per 1,000 females ages 15–17), North Carolina (44.16 births per 1,000 females ages 15–17), and Washington (41.90 births per 1,000 females ages 15–17) are all *higher* than the national American Indian/Alaska Native teen birth rate.

Table 7. Birth Rates (births per 1,000 females ages 15–17) for American Indians and Alaska Natives in 14 Selected States in 2000.

	NUMBER OF BIRTHS	RATE
United States American Indian/Alaska Native	2897	39.60
Alaska	180	48.73
Arizona	412	47.25
California	169	20.77
Michigan	49	26.94
Minnesota	117	56.88
Montana	130	59.99
New Mexico	212	38.18
North Carolina	127	44.16
North Dakota	66	58.72
Oklahoma	400	48.75
South Dakota	156	65.52
Texas	45	16.59
Washington	137	41.90
Wisconsin	79	49.13

Source: National Center for Health Statistics, 2000 Natality Data Set CD-ROM Series 21, Number 14, issued April 2002. Utilized SETS 2.0, Rev. 805 for accessing percentage of teen births with information and WISQARS for accessing American Indian/Alaska Native state population data for 15–17 year olds, both with information supplied by Angela A. A. Willeto, PhD.

Infant Mortality

The current national American Indian/Alaska Native rate of 9.0 deaths per 1,000 live births is slightly lower than last year's rate of 9.1 deaths per 1,000 live births (Willeto, 2002). New Mexico has the lowest rate of American Indian/Alaska Native infant mortality (7.6), followed by Oklahoma (8.2 deaths per 1,000 live births) and Wisconsin (8.3 deaths per 1,000 live births) (see Table 8). North Dakota has the highest rate of American Indian/Alaska Native infant mortality (15.1 deaths per 1,000 live births), followed by South Dakota (13.3 deaths per 1,000 live births) and North Carolina (11.7 deaths per 1,000 live births). Besides the low-ranking states of New Mexico, Oklahoma, and Wisconsin, only Arizona (8.7 deaths per 1,000 live births) demonstrates a rate *lower* than the national American Indian/Alaska Native rate. Unfortunately, American Indian/Alaska Native infant mortality rates are not available for Michigan and Texas. This is because the number of Native American infant deaths is less than 20, which is lower than the accepted threshold set by NCHS for reliability and precision.

Table 8. Infant Mortality Rates by American Indian/Alaska Native Origin of Mother: United States and Selected States in 1998-2000 Linked Files.

	AMERICAN INDIAN/ALASKA NATIVE INFANT MORTALITY RATES PER 1,000 LIVE BIRTHS
United States* American Indian/Alaska Native	**9.0**
Alaska	9.7
Arizona	8.7
California	9.3
Michigan	NA
Minnesota	10.4
Montana	11.3
New Mexico	7.6
North Carolina	11.7
North Dakota	15.1
Oklahoma	8.2
South Dakota	13.3
Texas	NA
Washington	9.2
Wisconsin	8.3

* Excludes data for Puerto Rico, Virgin Islands, and Guam.

NA Figure does not meet standard of reliability or precision; based on fewer than 20 deaths in the numerator.

Source: Matthews, T. J., Menacher, F., & MacDorman, M.F. 2002. Infant mortality statistics from the 2000 period linked birth/infant death dataset. National Vital Statistics Report, Volume 51, No. 12, August 28, 2002, Hyattsville, Maryland: National Center for Health Statistics. Page 10, table 1. Available at: http://www.cdc.gov/nchs/data/nvsr/nvsr50/nvsr50_12.pdf.

Child Deaths

Only Alaska and Arizona have child death rate estimates that are considered reliable because the numerators are in excess of 20. Hence, all other Native American state rates have been estimated, and the readers are cautioned that there may be reliability issues with the data. An asterisk following the particular state's rate will alert readers to exercise caution when using these rates.

The current national American Indian/Alaska Native child death rate is 32.42 deaths per 100,000 children ages 1–14, which is higher than last year's rate of 29.79 deaths per 100,000 children ages 1–14 (Willeto, 2002). American Indian/Alaska Native child death rates by state vary considerably (see Table 9). This year, Wisconsin has the lowest child death rate (7.23* deaths per 100,000 children ages 1–14), followed by California (13.32* deaths per 100,000 children ages 1–14) and North Carolina (22.12* deaths per 100,000 children ages 1–14). Alaska has the highest child death rate (71.59 deaths per 100,000 children ages 1–14), followed by South Dakota (56.13* deaths per 100,000 children ages 1–14) and North Dakota (53.66* deaths per 100,000 children ages 1–14). Besides the low-ranking states of

Wisconsin, California, and North Carolina, Oklahoma (23.59* deaths per 100,000 children ages 1–14), New Mexico (25.47* deaths per 100,000 children ages 1–14), and Texas (25.75* deaths per 100,000 children ages 1–14) all have child death rates *lower* than the national American Indian/Alaska Native child death rate of 32.42 deaths per 100,000 children ages 1–14.

Table 9. American Indian/Alaska Native Child Death Rates (deaths per 100,000 children ages 1–14) in the United States and 14 Selected States in 2000.

	CRUDE RATE
United States American Indian/Alaska Native	**32.42**
Alaska	71.59
Arizona	41.26
California	13.32*
Michigan	43.81*
Minnesota	41.93*
Montana	37.50*
New Mexico	25.47*
North Carolina	22.12*
North Dakota	53.66*
Oklahoma	23.59*
South Dakota	56.13*
Texas	25.75*
Washington	44.20*
Wisconsin	7.23*

* Rates based on 20 or fewer deaths may be unstable. Use with caution.
Produced by Angela A. A. Willeto, PhD, using WISQARS: the Office of Statistics and Programming, National Center for Injury Prevention and Control [CDC]. Data Source: NCHS Vital Statistics System for number of deaths. U.S. Bureau of the Census for population estimates.

Teen Deaths By Accident, Homicide, And Suicide

Only Alaska, Arizona, and New Mexico have estimated rates of teen deaths by accident, homicide, and suicide that are considered reliable because the numerators are in excess of 20. Hence, all other Native American state rates have been estimated, and the readers are cautioned that there may be reliability issues with the data. An asterisk following the particular state's rate will alert readers to exercise caution when using these rates.

The current national American Indian/Alaska Native teen deaths by accident, homicide, and suicide rate is 91.34 deaths per 100,000 teens ages 15–19, which is slightly higher than last year's rate of 89.07 deaths per 100,000 teens ages 15–19 (Willeto, 2002). Texas has the lowest rate of teen deaths by accident, homicide, and suicide (10.74* deaths per 100,000 teens ages 15–19), followed by California (30.99* deaths per 100,000 teens ages 15–19), and Oklahoma (56.54* deaths per 100,000 teens ages 15–19) (see Table 10). Alaska has the highest rate of teen deaths by accident, homicide, and suicide

(253.29 deaths per 100,000 teens ages 15–19), followed by Montana (240.89* deaths per 100,000 teens ages 15–19) and South Dakota (203.61* deaths per 100,000 teens ages 15–19). There is considerable variation in the state's rate of American Indian teen deaths by accident, homicide, and suicide. Besides the low rates demonstrated by Texas, California, Oklahoma, North Dakota, Michigan, and Washington all have rates *lower* than the national American Indian/Alaska Native teen death rate by accident, homicide, and suicide of 91.34 deaths per 100,000 teens ages 15–19.

Table 10. American Indian/Alaska Native Teen (ages 15–19) Deaths by Accident, Homicide, and Suicide Rates (deaths per 100,000 teens ages 15–19) in the United States and Selected States in 2000

	Crude Rate
United States American Indian/Alaska Native	**91.34**
Alaska	253.29
Arizona	146.50
California	30.99*
Michigan	67.21*
Minnesota	91.43*
Montana	240.89*
New Mexico	132.57
North Carolina	121.35*
North Dakota	58.07*
Oklahoma	56.54*
South Dakota	203.61*
Texas	10.74*
Washington	67.44*
Wisconsin	137.09*

* Rates based on 20 or fewer deaths may be unstable. Use with caution.

Produced by Angela A. A. Willeto, PhD using WISQARS: the Office of Statistics and Programming, National Center for Injury Prevention and Control, CDC. Data Source: NCHS Vital Statistics System for number of deaths. U.S. Bureau of Census for population estimates.

Social Indicators

Teens Who Are High School Dropouts

Michigan, Oklahoma, and Wisconsin have problematic data on rates for teens who are high school dropouts. Each of these three states has missing data for one of the three years of CPS data-sets utilized. It is unlikely that there were no American Indian/Alaska Native teens who were not attending school and were not high school graduates for the entire year in which data are missing. Yet, data are not available for estimation purposes via the Federal Electronic Research and Review Extraction Tool (Data FERRET). Hence, the percentage of teens who are high school dropouts is based upon the two years for which data are available, rather than the three years. Readers are cautioned about this data issue with an asterisk following the rates for these particular states.

The current national American Indian/Alaska Native percentage rate for teens who are high school dropouts is 15.51%, which is slightly lower than last year's percentage rate of 15.85% (Willeto, 2002). California has the lowest percentage rate of American Indian/Alaska Native teens who are high school dropouts (7.10%) (see Table 11). New Mexico has the second lowest percentage rate (9.24%), followed by Texas (10.40%). Arizona has the highest American Indian/Alaska Native dropout percentage rate (45.81%). Minnesota has the second highest American Indian/Alaska Native percentage rate (33.02%), followed by Washington (27.66%). In addition to the three high-ranking states, five states have *higher* percentage rates of American Indian/Alaska Native teens who are high school dropouts than the national American Indian/Alaska Native percentage rate of 15.51%: South Dakota (26.26%), Michigan (22.86%*), Montana (20.91%), Wisconsin (19.51%***), and North Dakota (16.70%).

Table 11. American Indian/Alaska Native Teens Who Were High School Dropouts (ages 16–19) in 14 Selected States in 2000.

	%
United States American Indian/Alaska Native	**15.51**
Alaska	11.14
Arizona	45.81
California	7.10
Michigan	22.86*
Minnesota	33.02
Montana	20.91
New Mexico	9.24
North Carolina	14.13
North Dakota	16.70
Oklahoma	11.04**
South Dakota	26.26
Texas	10.40
Washington	27.66
Wisconsin	19.51***

* Percent based on two-year averages with 1999 & 2000 CPS data

** Percent based on two-year averages with 1999 & 2001 CPS data

*** Percent based on two-year averages with 2000 & 2001 CPS data

Source: Produced by Angela A. A. Willeto, PhD using Data FERRET, CPS Basic datasets. Figures are based on three-year averages (CPS Basic 1999, 2000, & 2001) for the traditional months students are in school (January, February, March, April, May, September, October, November and December). Bureau of Labor Statistics, U.S. Census Bureau.

Teens Who Are Not Attending School And Not Working

North Carolina, Texas, and Wisconsin have problematic data for rates of teens who are not attending school and working, because these three states have missing data for one of the three years of CPS datasets utilized. It is unlikely that there were no American Indian/Alaska Native teens who were not attending school and were not working for the entire year in which data are missing. Yet, data are not

available for estimation purposes via Data FERRET. Hence, the percentage of teens who are not attending school and not working is based upon the two years for which data are available, rather than the three years. Readers are cautioned about this data issue with an asterisk following the rates for these particular states.

The current national American Indian/Alaska Native percentage rate of teens who are not attending school and not working is 14.84%, which is slightly higher than last year's percentage rate of 14.60% (Willeto, 2002). Oklahoma has the lowest percentage of American Indian/Alaska Native teens who are not attending school and not working (9.72%) (See Table 12). California has the second lowest percent (10.11%), followed by North Carolina (10.49%*). Arizona has the highest percentage rate of Native American teens who are not attending school and not working (38.27%). Minnesota has the second highest percentage rate (31.68%), followed by Washington (27.04%) of American Indian/Alaska Native teens who are not attending school and not working. In addition to the three high-ranking states, six states have *higher* percentages of Native American teens who are not attending school and not working than the national Native American rate of 14.84%: Wisconsin (26.26%*), Montana (21.04%), South Dakota (17.50%), North Dakota (17.30%), Alaska (16.90%), and Texas (15.41%*).

Table 12. American Indian/Alaska Native Teens Who Were Not Attending School and Not Working (ages 16–19) in 14 Selected States in 2000.

	%
United States American Indian/Alaska Native	**14.84**
Alaska	16.90
Arizona	38.27
California	10.11
Michigan	NA
Minnesota	31.68
Montana	21.04
New Mexico	13.20
North Carolina	10.49*
North Dakota	17.30
Oklahoma	9.72
South Dakota	17.50
Texas	15.41*
Washington	27.04
Wisconsin	26.26*

* Percent based on two-year averages with 2000 & 2001 CPS data

NA Data do not meet standards of reliability.

Source: Produced by Angela A. A. Willeto, PhD using Data FERRET, Current Population Survey Basic datasets. Figures are based on three-year averages (CPS Basic 1999, 2000, & 2001) for the traditional months students are in school (January, February, March, April, May, September, October, November and December). Bureau of Labor Statistics, U.S. Census Bureau.

Children Living In Families Where No Parent Has Full-Time, Year-Round Employment

The current national percentage rate of American Indian/Alaska Native children living in families where no parent has full-time, year-round employment is 46.6%, which is only slightly higher than last year's percentage rate of 46.4%. New Mexico has the lowest percentage of American Indian/Alaska Native children living with parents who do not have full-time, year-round employment (23.2%) (see Table 13). Oklahoma has the second-lowest percentage (41.4%), followed by California (46.6%). Wisconsin has the highest percentage of Native American children living in families where no parent has full-time, year-round employment (72.5%). Michigan has the second highest percentage (62.1%), followed by Minnesota (61.4%). In addition to the three high-ranking states, nine states either *tie* or have *higher* percentage rates of American Indian/Alaska Native children living in families where no parent has full-time, year-round employment than the national American Indian/Alaska Native percentage rate of 46.6%: Montana (61.1%), North Dakota (60.1%), South Dakota (59.2%), Arizona (57.7%), Washington (57.1%), North Carolina (49.4%), Alaska (49.1%), Texas (47.4%), and California (46.6%).

Table 13. American Indian/Alaska Native Children (ages 0–17) Living in Families Where No Parent has Full-Time, Year-Round Employment for 14 Selected States in 2000.

	%
United States American Indian/Alaska Native	**46.6**
Alaska	49.1
Arizona	57.7
California	46.6
Michigan	62.1
Minnesota	61.4
Montana	61.1
New Mexico	23.2
North Carolina	49.4
North Dakota	60.1
Oklahoma	41.4
South Dakota	59.2
Texas	47.4
Washington	57.1
Wisconsin	72.5

Source: Produced by Robert Daugherty (Center for Data Insight, Northern Arizona University) using FERRETT, SAS and Microsoft Excel. Figures are based on three-year averages (CPS March Supplements 2000, 2001, 2002). Bureau of Labor Statistics, U.S. Census Bureau.

Children in Poverty

Michigan has an American Indian/Alaska Native child death rate estimate that is not considered reliable because the numerator is less than 20. Michigan's American Indian/Alaska Native child death rate has been estimated, and the readers should be cautioned that there may be reliability issues with the data. An asterisk following this particular state's rate will alert readers to exercise caution when using this rate.

The current national American Indian/Alaska Native child poverty percentage rate of 32.8% is slightly lower than last year's percentage rate of 35.2%. Alaska has the lowest percentage of children in poverty (17.6%), followed by California (25.0%) and Michigan (25.7%*) (see Table 14). North Dakota has the highest percentage of children in poverty (58.0%), followed by Wisconsin (56.4%) and Oklahoma (41.2%). Besides the low-ranking states of Alaska, California, and Michigan, only South Dakota (27.6%) demonstrates child poverty percentage rates that are *lower* than the national Native American rate.

Table 14. American Indian/Alaska Native Children in Poverty in 14 Selected States in 2000.

	%
United States American Indian/Alaska Native	**32.8**
Alaska	17.6
Arizona	39.3
California	25.0
Michigan	25.7*
Minnesota	34.5*
Montana	37.8
New Mexico	35.4
North Carolina	35.9
North Dakota	58.0
Oklahoma	41.2
South Dakota	27.6
Texas	33.4
Washington	40.6
Wisconsin	56.4

* Rates based on 20 or fewer in the numerator may be unstable. Use with caution.

Source: Produced by Robert Daugherty (Center for Data Insight, Northern Arizona University) using FERRET, SAS and Microsoft Excel. Figures are based on three-year averages (CPS March Supplements 2000, 2001, 2002). Bureau of Labor Statistics, U.S. Census Bureau.

Families With Children Headed By A Single Parent

The current national percentage rate of American Indian/Alaska Native families with children headed by a single parent percentage rate of 45.41% is slightly lower than last year's percentage rate of 46.15%. Michigan has the lowest percentage rate of American Indian/Alaska Native families with children headed by a single parent (19.53%), followed by North Carolina (31.84%) and New Mexico (37.81%). Wisconsin (72.07%) has the highest percentage rate of American Indian/Alaska Native families with children headed by a single parent, followed by South Dakota (62.42%) and Arizona (62.37%). Besides the low-ranking states of Michigan, North Carolina, and New Mexico, three additional states have lower percentage rates of families with children headed by a single parent than the national Native American rate: Oklahoma (38.18%), Texas (39.48%), and California (44.86%).

Table 15. American Indian/Alaska Native Families with Children Headed by a Single Parent in 14 Selected States in 2000.

	%
United States American Indian/Alaska Native	**45.41**
Alaska	48.21
Arizona	62.37
California	44.86
Michigan	19.53
Minnesota	52.09
Montana	57.14
New Mexico	37.81
North Carolina	31.84
North Dakota	59.21
Oklahoma	38.18
South Dakota	62.42
Texas	39.48
Washington	56.78
Wisconsin	72.07

Source: Produced by Robert Daugherty (Center for Data Insight, Northern Arizona University) using FERRET, SAS and Microsoft Excel. Figures are based on three-year averages (CPS Basic 1999, 2000, 2001). Bureau of Labor Statistics, U.S. Census Bureau.

Summary

In order to summarize the overall findings for the American Indian/Alaska Native populations in the 14 states on the well-being indicators, the average (mean) overall ranking for each state was calculated (see Table 16). The mean ranking was based upon the current 2000 well-being indicator data. For example, the state of Alaska ranked third for low birthweight, eighth on teen births, seventh on infant mortality, etc. The total rankings for Alaska add up to 70. This figure is then divided by the number of well-being indicators (10) to result in an overall mean ranking of 7.0 for Alaska. The overall mean rankings were then distributed from the worst to the best (see Figure 1), which shows that California has the best overall mean ranking (3.0), followed by New Mexico (4.3), and Oklahoma (4.7). South Dakota (10.7) has the overall worst ranking, followed by Montana (9.9) and Minnesota (9.7).

Table 16. Mean Rankings on 10 Well-Being Indicators in 14 Selected States in 2000.

	Mean
Alaska	7.0
Arizona	9.6
California	3.0
Michigan	6.1*
Minnesota	9.7
Montana	9.9
New Mexico	4.3
North Carolina	6.6
North Dakota	9.0
Oklahoma	4.7
South Dakota	10.7
Texas	4.8**
Washington	8.5
Wisconsin	8.5

* Denominator is 8 due to missing data.
** Denominator is 9 due to missing data.

Figure 1. Distribution of Mean Rankings on 10 Well-Being Indicators for 14 States, Worse to Better

WORSE BETTER

SD	MT	MN	AZ	ND	WA, WI	AK	NC	MI	TX	OK	NM	CA
10.7	9.9	9.7	9.6	9.0	8.5	7.0	6.6	6.1	4.8	4.7	4.3	3.0

It should be noted that previous studies have shown that there are serious racial misclassification issues for American Indians (Frost, Tollestrup, Ross, Sabotta, & Kimball, 1994; Hahn, Mulinare & Teutsch, 1992; Sorlie, Rogot, & Johnson, 1992). In fact, California and Oklahoma American Indian/Alaska Native infant mortality rates increased when adjustments were made for racial misclassification (Epstein, Moreno, & Bachetti, 1997; Kennedy & Deapen, 1991). Hence, the rankings on the health indicators that utilize mortality data are subject to error due to the racial misclassification issues associated with the American Indian/Alaska Native data. In particular, the comparatively positive rankings of California and Oklahoma should be examined within this circumstance of probable racial classification error. Further, only state and federal data holdings were examined for this report. Tribal data were not included in the analysis.

An important feature of inequality has to do with group differences. To assist readers in understanding inequality in children's well-being, the next section features the percentage differences between the All Races rates by state reported by KIDS COUNT and the Center for Data Insight (CDI method), and the same state's American Indian/Alaska Native rates on the 10 well-being indicators. This material provides empirical evidence that moves beyond anecdotes in chronicling American Indian/Alaska Native children and youth's well-being in the United States.

DISCUSSION AND IMPLICATIONS: COMPARISONS OF NATIVE AMERICAN KIDS RATES AND ALL RACES KIDS RATES

This section discusses each of the 10 well-being indicator results in the following ways. First, to make comparisons at the largest scale, the U.S. All Races percentages/rates (usually represented by KIDS COUNT information unless otherwise noted) will be compared with the U.S. American Indian/Alaska Native percentages/rates. Second, to demonstrate the significant variations that exist across each of the 14 states reported on in this data book, the range of indicator results will be described for both American Indians/Alaska Natives and All Races. Third, to highlight how all kids in the United States compare to specific American Indian/Alaska Native populations, the United States All Races percentages/rates will be contrasted with the 14 states' American Indian/Alaska Native percentages/rates on the various indicators. Finally, to consider how Native American kids fare compared to all kids in each of the 14 states, the All Races findings will be contrasted with the same state's American Indian/Alaska Native findings.

The U.S. All Races rate is the same as the KIDS COUNT national rate (unless otherwise noted). It is also important to note that when discussing the range of KIDS COUNT rates, this discussion is limited to the same 14 states for which American Indian/Alaska Native data are presented, although KIDS COUNT produces the well-being indicator rates for all 50 states. To assist with understanding the findings, a table and figure were constructed for each well-being indicator. The figure demonstrates the range of Native American state results from worse to better. The national American Indian/Alaska Native and KIDS COUNT percentages/rates are also included in the figure. The table lists all the well-being percentages/rates for both American Indians/Alaska Natives and All Races in the 14 states with the percentage differences between the two groups. In the tables and figures, the phrasing of "worse" to "better" reflects the terminology utilized by KIDS COUNT (Annie E. Casey Foundation, 2003) to highlight changes that occurred in the particular indicator.

Health Indicators

Low Birthweight

At the national level, Native American infants have a lower percentage rate (6.6%) of low birthweight than the KIDS COUNT All Races percentage rate (7.6%). The American Indian/Alaska Native low birthweight percentages range from a low of 5.0 in North Dakota to a high of 9.7 in North Carolina (see Table 17). There is somewhat less variability in the All Races low birthweight percentage range: 5.6 to 8.0. Only North Carolina has a higher percentage rate of American Indian/Alaska Native low birthweight babies (9.7%) than the national KIDS COUNT percentage rate of 7.6% (see Figure 2).

Eight states have Native American Kids (NAK) percentage rates that are lower than their non-Native, within-state counterparts, ranging from 3.57% lower for Alaska to 29.11% lower for Michigan (see Table 17). On the other hand, six states fare comparatively worse than their within-state, non-Native counterparts, with Washington demonstrating the greatest difference of 14.29% worse.

Figure 2. Distribution of American Indian/Alaska Native Low Birthweight Percentage Rates Compared to U.S. KIDS COUNT Percentage Rate and U.S. American Indian/Alaska Native Percentage Rate, Worse to Better

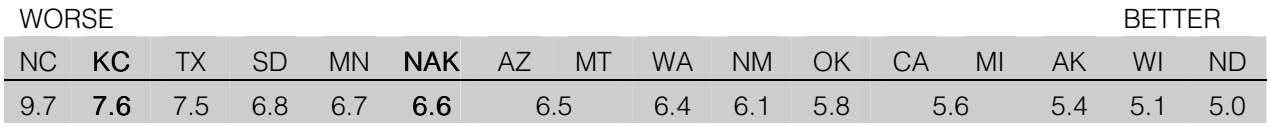

Table 17. Low Birthweight Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**7.6**	**6.6**	**13.16% better**
Alaska	5.6	5.4	3.57% better
Arizona	7.0	6.5	7.14% better
California	6.2	5.6	9.68% better
Michigan	7.9	5.6	29.11% better
Minnesota	6.1	6.7	9.84% worse
Montana	6.2	6.5	4.84% worse
New Mexico	8.0	6.1	23.75% better
North Carolina	8.8	9.7	10.23% worse
North Dakota	6.4	5.0	21.87% better
Oklahoma	7.5	5.8	22.67% better
South Dakota	6.2	6.8	9.68% worse
Texas	7.4	7.5	1.35% worse
Washington	5.6	6.4	14.29% worse
Wisconsin	6.5	5.1	21.54% better

Teen Birth Rate

At the national level, the American Indian/Alaska Native teen birth rate (39.6 births per 1,000 females ages 15 –17) is 46.67% higher than the KIDS COUNT rate of 27 births per 1,000 females ages 15–17. Native American teen birth rates demonstrate significant variation, ranging from a low of 16.59 births per 1,000 females (ages 15–17) in Texas to a high of 65.52 births per 1,000 females (ages 15–17) in South Dakota (see Figure 3). The All Races teen birth rates range from a low of 12 births per 1,000 females (ages 15–17) in North Dakota to a high of 42 births per 1,000 females (ages 15–17) in Texas, thereby demonstrating a more limited and lower range of teen birth rates than their Native American peers. Only three states (Texas, California, and Michigan) show lower Native American teen birth rates than the national KIDS COUNT rate of 27 births per 1,000 females ages 15–17. The remaining 11 states have much higher American Indian teen birth rates than the national All Races teen birth rate.

Focusing on the within-state percent differences between All Kids and Native American kids, only three states have American Indian/Alaska Native teen birth rates that are lower than their non-Native state counterparts: Texas by 60.50%, California by 23.07%, and New Mexico by 2.10%. Eleven states have substantially higher American Indian/Alaska Native teen birth rates than the same state's KIDS COUNT rate. In particular, the states of North Dakota (389.33%), Minnesota (255.50%), South Dakota (244.84%), Montana (215.74%), Wisconsin (158.58%), Washington (109.50%), and Alaska (103.04%) are all more than double their All Races rate. Additionally, Arizona and New Mexico stand out because these states have much higher rates of teen births for both Native Americans and All Races. In fact, these two states have higher teen births for Native American and All Races compared to both the national KIDS COUNT rate and the national Native American Kids rate. Interestingly, the opposite appears to be the case in Texas, where the All Races rate of 42% is much higher than the American Indian rate of 16.59%.

Figure 3. Distribution of American Indian/Alaska Native Teen Birth Rates (to nearest 10th percent) Compared to U.S. KIDS COUNT (KC) Rate and U.S. Native American Kids (NAK) Rate, Worse to Better

WORSE															BETTER
SD	MT	ND	MN	WI	OK	AK	AZ	NC	WA	**NAK**	NM	**KC**	MI	CA	TX
65.5	59.9	58.7	56.8	49.1	48.7		47.2	44.1	41.9	**39.6**	38.2	**27**	26.9	20.7	16.6

Table 18. Teen Birth Rate Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**27**	**39.60**	**46.67% worse**
Alaska	24	48.73	103.04% worse
Arizona	41	47.25	15.24% worse
California	27	20.77	23.07% better
Michigan	22	26.94	22.45% worse
Minnesota	16	56.88	255.50% worse
Montana	19	59.99	215.74% worse
New Mexico	39	38.18	2.10% better
North Carolina	34	44.16	29.88% worse
North Dakota	12	58.72	389.33% worse
Oklahoma	33	48.75	47.73% worse
South Dakota	19	65.52	244.84% worse
Texas	42	16.59	60.50% better
Washington	20	41.90	109.50% worse
Wisconsin	19	49.13	158.58% worse

Infant Mortality

The national Native American infant mortality rate (9.0 deaths per 1,000 live births) is 30.43% higher than the national KIDS COUNT rate (6.9 deaths per 1,000 live births). American Indian/Alaska Native infant

mortality rates have quite a bit of variation. The rates range from a low of 7.6 (deaths per 1,000 live births) in New Mexico to a high of 15.1 (deaths per 1,000 live births) in North Dakota (see Figure 4). The All Races rate of infant mortality range from 5.2 (deaths per 1,000 live births) in Washington to 8.6 (deaths per 1,000 live births) in North Carolina. Twelve states have higher American Indian/Alaska Native infant mortality rates than the national KIDS COUNT rate of 6.9 (deaths per 1,000 live births) (see Table 19). It is important to note that the percent differences for Michigan and Texas cannot be calculated because the number of infant deaths is too small to meet standards of reliability or precision set by NCHS.

The American Indian/Alaska Native infant mortality rate in only one state is slightly lower compared to their non-Native counterparts: Oklahoma by 3.53%. Six states have substantially higher American Indian/Alaska Native infant mortality rates compared to their non-Native rates. The rates of Native American infant mortality in California (72.22%), Washington (76.92%), Montana (85.25%), Minnesota (85.71%), and North Dakota (86.42%), are all more than 70% higher than their non-Native rates of infant mortality.

Figure 4. Distribution of American Indian/Alaska Native Infant Mortality Rates Compared to U.S. KIDS COUNT Rate, Worse to Better*

WORSE BETTER

ND	SD	NC	MT	MN	AK	CA	WA	**NAK**	AZ	WI	OK	NM	**KC**
15.1	13.3	11.7	11.3	10.4	9.7	9.3	9.2	**9.0**	8.7	8.3	8.2	7.6	**6.9**

* Figure is based on 12 states due to Michigan and Texas' data reliability issues.

Table 19. Infant Mortality Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**6.9**	**9.0**	**30.43% worse**
Alaska	6.8	9.7	42.65% worse
Arizona	6.7	8.7	29.85% worse
California	5.4	9.3	72.22% worse
Michigan	8.2	NA	--
Minnesota	5.6	10.4	85.71% worse
Montana	6.1	11.3	85.25% worse
New Mexico	6.6	7.6	15.15% worse
North Carolina	8.6	11.7	36.05% worse
North Dakota	8.1	15.1	86.42% worse
Oklahoma	8.5	8.2	3.53% better
South Dakota	5.5	13.3	141.82% worse
Texas	5.7	NA	--
Washington	5.2	9.2	76.92% worse
Wisconsin	6.6	8.3	25.76% worse

NA Figure does not meet standard of reliability or precision; based on fewer than 20 deaths in the numerator.

-- The percent difference cannot be calculated because the Native American infant mortality rate is not available due to the small number of deaths in the numerator.

Child Deaths

The national Native American child death rate (32.42 deaths per 100,000 children ages 1–14) is 47.36% higher than the national KIDS COUNT rate (22 deaths per 100,000 children ages 1–14). American Indian/Alaska Native child death rates show great variability, ranging from 7 (deaths per 100,000 children ages 1–14) in Wisconsin to 72 (deaths per 100,000 children ages 1–14) in Alaska (see Figure 5). The All Races rate of child deaths ranges from 18 (deaths per 100,000 children ages 1–14) in Minnesota to 35 (deaths per 100,000 children ages 1–14) in South Dakota (see Table 20). Twelve states have higher American Indian/Alaska Native child death rates than the national KIDS COUNT rate. Only Wisconsin and California have lower rates.

American Indian/Alaska Native children in two states have significantly lower rates of child deaths than their non-Native peers: California by 33.40% and Wisconsin by 63.85%. These two states, in addition to Oklahoma and North Carolina, are also lower than the national KIDS COUNT rate of 22. Unfortunately, four states have American Indian/Alaska Native rates that are more than double those of their non-Native counterparts, and Michigan's rate is almost double (99.14%). The rates of Native American child deaths in Alaska (123.72%), Washington (132.63%), Minnesota (132.94%), and North Dakota (182.42%) are all much higher than the respective All Races state rates.

Figure 5. Distribution of American Indian/Alaska Native Child Death Rates (rounded to nearest whole number) Compared to U.S. KIDS COUNT Rate, Worse to Better

WORSE															BETTER
AK	SD	ND	WA	MI	MN	AZ	MT	**NAK**	TX	NM	OK	NC	**KC**	CA	WI
72	56	54	44		42	41	37	**32**	26	25	24	22	**22**	13	7

Table 20. Child Death Rate Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**22**	**32.42**	**47.36 worse**
Alaska	32	71.59	123.72% worse
Arizona	26	41.26	58.69% worse
California	20	13.32*	33.40% better
Michigan	22	43.81*	99.14% worse
Minnesota	18	41.93*	132.94% worse
Montana	33	37.50*	13.64% worse
New Mexico	20	25.47*	27.35% worse
North Carolina	24	22.12*	7.83% better
North Dakota	19	53.66*	182.42% worse
Oklahoma	25	23.59*	5.64% better
South Dakota	35	56.13*	60.37% worse
Texas	24	25.75*	7.29% worse
Washington	19	44.20*	132.63% worse
Wisconsin	20	7.23*	63.85% better

* Rates based on 20 or fewer deaths may be unstable. Use with caution.

Teen Deaths By Accident, Homicide, and Suicide

The national Native American teen deaths by accident, homicide and suicide rate (91.34 deaths per 100,000 teens ages 15–19) is 79.10% higher than the national KIDS COUNT rate (51 deaths per 100,000 teens ages 15–19). Native American teen deaths by accident, homicide, and suicide rates demonstrate significant variability, ranging from 11 (deaths per 100,000 teens ages 15–19) in Texas to 253 (deaths per 100,000 teens ages 15–19) in Alaska (see Figure 6). The All Races rate of teen deaths by accident, homicide and suicide range from 39 (deaths per 100,000 teens ages 15–19) in California and North Dakota to 128 (deaths per 100,000 teens ages 15-19) in Alaska (see Table 21). Twelve states have higher American Indian/Alaska Native rates than the national KIDS COUNT rate.

American Indian/Alaska Native youth in two states demonstrate lower rates of teen deaths by accident, homicide, and suicide compared to their non-Native counterparts: These two states are California by 20.54% and Texas by 81.16 %. California and Texas, in addition to Oklahoma, are also lower than the

national KIDS COUNT rate of 51. Regrettably, six states have American Indian/Alaska Native rates that are more than double those of their non-Native counterparts, and Alaska's rate is almost double (97.88%). The rates of AI/AN teen deaths by accident, homicide, and suicide in Minnesota (107.79%), North Carolina (120.64%), Arizona (125.38%), Wisconsin (144.80%), South Dakota (190.87%), and Montana (197.39%) are all substantially higher than the All Races rates of those states.

Figure 6. Distribution of American Indian/Alaska Native Teens Death Rates (rounded to nearest whole number) Compared to U.S. KIDS COUNT Rate and U.S. American Indian/Alaska Native Rate, Worse to Better

WORSE														BETTER	
AK	MT	SD	AZ	WI	NM	NC	MN	**NAK**	WA	MI	ND	OK	**KC**	CA	TX
253	241	204	146	137	133	121	91	**91**	67		58	57	**51**	31	11

Table 21. Teen Deaths by Accident, Homicide and Suicide Rate Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**51**	**91.34**	**79.10% worse**
Alaska	128	253.29	97.88% worse
Arizona	65	146.50	125.38% worse
California	39	30.99*	20.54% better
Michigan	47	67.21*	43.00% worse
Minnesota	44	91.43*	107.79% worse
Montana	81	240.89*	197.39% worse
New Mexico	88	132.57	50.65% worse
North Carolina	55	121.35*	120.64% worse
North Dakota	39	58.07*	48.90% worse
Oklahoma	62	56.54*	8.81% better
South Dakota	70	203.61*	190.87% worse
Texas	57	10.74*	81.16% better
Washington	49	67.44*	37.63% worse
Wisconsin	56	137.09*	144.80% worse

* Rates based on 20 or fewer deaths may be unstable. Use with caution.

Social Indicators

Teens Who Are High School Dropouts

The national percentage rate of Native American teens who are high school dropouts (15.51%) is 72.33% higher than the national KIDS COUNT rate (9%) (see Table 22). The percentage rates of American Indian/Alaska Native teens who are high school dropout demonstrate significant variation, ranking from a low of 7.1% in California to a high of 45.8% in Arizona (see Figure 7). The All Races percentage rate of teen high school dropouts ranges from 4% in North Dakota to 17% in Arizona.

Thirteen states have higher American Indian dropout percentage rates than the national KIDS COUNT percentage rate. Only California American Indian teens have a lower high school dropout percentage rate than the national KIDS COUNT percentage rate.

Just three states have lower high school dropout percentage rates for Native American teens than their non-Native, within-state peers: Texas (20% lower), New Mexico (16% lower) and California (21.11% lower). Eight states have exceptionally high Native American high school dropout rates when compared to their non-Native, within-state counterparts: Minnesota (560.40% higher), North Dakota (317.50% higher), South Dakota (228.25% higher), Wisconsin (178.71% higher), Washington (176.60% higher), Arizona (169.47% higher), Montana (161.37% higher), and Michigan (154.00% higher). While Arizona has the highest Native American high school dropout percentage rate of 45.81%, the same state's non-Native rate is also high (17%) when compared to the national KIDS COUNT rate of 9%. Hence, the percent differences between these same state groups is not as great as, for example, Minnesota, where the non-Native rate of 5% is substantially lower than the national KIDS COUNT percentage rate of 9%, while the American Indian percentage rate is 33.02%. Consequently, the especially low non-Native rate sharply contrasts with a very high Native American rate to produce an alarmingly extreme percent difference of 560.40% higher rate for Native youth in Minnesota.

Figure 7. Distribution of American Indian/Alaska Native High School Drop-out Rates (rounded to nearest 10th percent) Compared to U.S. KIDS COUNT Rate and U.S. American Indian/Alaska Native Rate, Worse to Better

WORSE														BETTER	
AZ	MN	WA	SD	MI	MT	WI	ND	**NAK**	NC	AK	OK	TX	NM	**KC**	CA
45.8	33.0	27.7	26.3	22.9	20.9	19.5	16.7	**15.5**	14.4	11.1	11.0	10.4	9.2.	**9.0**	7.1

Table 22. Teens Who are High School Drop-outs Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**9**	**15.51**	**72.33% worse**
Alaska	8	11.14	39.25% worse
Arizona	17	45.81	169.47% worse
California	9	7.10	21.11% better
Michigan	9	22.86*	154.00% worse
Minnesota	5	33.02	560.40% worse
Montana	8	20.91	161.37% worse
New Mexico	11	9.24	16.00% better
North Carolina	11	14.43	31.18% worse
North Dakota	4	16.70	317.50% worse
Oklahoma	9	11.04*	22.67% worse
South Dakota	8	26.26	228.25% worse
Texas	13	10.40	20.00% better
Washington	10	27.66	176.60% worse
Wisconsin	7	19.51*	178.71% worse

* Estimate based on two-year average rather than three-year average.

Teens Who Are Not Attending School And Not Working

The national percentage rate for Native American teens who are not attending school and not working (14.84%) is 85.5% higher than the national KIDS COUNT percentage rate (8%). The percentage rates of American Indian/Alaska Native teens who are not attending school and not working range from a low of 9.72% in Oklahoma to a high of 38.27% in Arizona (see Table 23). The All Races percentage rates of teens who are not attending school and not working range from 4% in Minnesota to 12% in Arizona. Thirteen states have higher American Indian/Alaska Native percentage rates than the national KIDS COUNT rate of 8% (see Figure 8).

Thirteen states have higher percentage rates of Native teens that are not attending school and not working when compared to their within-state, non-Native counterparts. These percent differences range from a low of 16.56% worse in North Carolina to an amazing high of 692% worse in Minnesota. In seven states, these percent differences are especially high: South Dakota (150%), Montana (200.57%), Arizona (218.92%), Washington (238%), North Dakota (246%), Wisconsin (425.20%), and Minnesota (692%). The especially low All Races percentage rate of 4% in Minnesota compared to the 31.68% American Indian/Alaska Native percentage rate in Minnesota results in an astoundingly high percent difference of 692%.

Figure 8. Distribution of American Indian/Alaska Native Teens Who are not Attending School and not Working Rates (rounded to nearest 10th percent) Compared to U.S. KIDS COUNT Rate and U.S. American Indian/Alaska Native Rate, Worse to Better*

WORSE														BETTER
AZ	NM	WA	WI	MT	SD	ND	AK	TX	**NAK**	NM	NC	CA	OK	**KC**
38.3	31.7	27.0	26.3	21.0	17.5	17.3	16.9	15.4	**14.8**	13.2	10.5	10.1	9.7	**8.0**

* Figure is based on 13 states: Michigan is not included due to data reliability issues.

Table 23. Teens Who are not Attending School and not Working Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**8**	**14.84**	**85.50% worse**
Alaska	10	16.90	69.00% worse
Arizona	12	38.27	218.92% worse
California	8	10.11	26.37% worse
Michigan	8	NA	--
Minnesota	4	31.68	692.00% worse
Montana	7	21.04	200.57% worse
New Mexico	10	13.20	32.00% worse
North Carolina	9	10.49*	16.56% worse
North Dakota	5	17.30	246.00% worse
Oklahoma	8	9.72	21.50% worse
South Dakota	7	17.50	150.00% worse
Texas	10	15.41*	54.10% worse
Washington	8	27.04	238.00% worse
Wisconsin	5	26.26*	425.20% worse

* Percent based on two year averages with 2000 & 2001 CPS data.

NA Data do not meet standards of reliability.

-- Cannot calculate percent change because data are not available.

Children Living in Families Where No Parent has Full-Time, Year-Round Employment

The national percentage rate of Native American children living in families where no parent has full-time, year-round employment (46.6%) is 94.17% higher than the national KIDS COUNT percentage rate (24%). Native American children living in families where no parent has full-time, year-round employment percentage rates range from a low of 23.2% in New Mexico to a high of 72.5% in Wisconsin (see Table 24). KIDS COUNT percentage rates range from 16% in Minnesota to 31% in Alaska and Montana. Only New Mexico (23.2%) has a lower percentage rate than the national KIDS COUNT percentage rate of 24%. The remaining 13 states have American Indian/Alaska Native percentage rates that are higher than the national KIDS COUNT percentage rate.

Furthermore, these same 13 states have Native American Kids percentage rates that are higher than their non-Native, within-state counterparts. The percent differences for these 13 states range from 58.39% worse in Alaska to 283.75% worse in Minnesota. In eight states the percent differences are especially great: Washington (103.93%), North Carolina (105.83%), Arizona (121.92%), Michigan (138.85%), North Dakota (161.30%), South Dakota (228.89%), Wisconsin (281.58%), and Minnesota (283.75%). Only in New Mexico are Native American kids faring comparatively better than their within-state, non-Native peers.

Figure 9. Distribution of American Indian/Alaska Native Children Living in Families Where No Parent has Full-Time, Year-Round Employment Rates Compared to U.S. KIDS COUNT Rate and U.S. American Indian/Alaska Native Rate, Worse to Better

WORSE BETTER

WI	MI	MN	MT	ND	SD	AZ	WA	NC	AK	TX	CA	**NAK**	OK	**KC**	NM
72.5	62.1	61.4	61.1	60.1	59.2	57.7	57.1	49.4	49.1	47.4	46.6	**46.6**	41.4	**24.0**	23.2

Table 24. Children Living in Families Where No Parent has Full-Time, Year-Round Employment Indicator in 2000: KIDS COUNT (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	KIDS COUNT	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**24**	**46.6**	**94.17% worse**
Alaska	31	49.1	58.39% worse
Arizona	26	57.7	121.92% worse
California	28	46.6	66.43% worse
Michigan	26	62.1	138.85% worse
Minnesota	16	61.4	283.75% worse
Montana	31	61.1	97.10% worse
New Mexico	30	23.2	22.60% better
North Carolina	24	49.4	105.83% worse
North Dakota	23	60.1	161.30% worse
Oklahoma	26	41.4	59.23% worse
South Dakota	18	59.2	228.89% worse
Texas	24	47.4	97.50% worse
Washington	28	57.1	103.93% worse
Wisconsin	19	72.5	281.58% worse

Children in Poverty

The national Native American children's poverty percentage rate (32.8%) is 105% higher than the national All Races percentage rate (16%) (see Table 25). American Indian child poverty percentage rates range from a low of 17.6% in Alaska to a high of 58% in North Dakota (see Figure 10). The All Races percentage rates range from a low of 8% in Minnesota to 26% in New Mexico. All 14 states' Native American child poverty percentage rates are higher than the national All Races percentage rate

of 16%. In fact, 10 states have American Indian child poverty percentage rates that are more than double the national All Races percentage rate (North Dakota, Wisconsin, Oklahoma, Washington, Arizona, Montana, North Carolina, New Mexico, Minnesota, and Texas).

Focusing on within-state differences, all 14 states have higher American Indian/Alaska Native child poverty percentage rates than their non-Native peers. These percent differences range from a low of 36.15% higher in New Mexico to a high of 412.73% higher in Wisconsin. Eight states have percent differences that are more than double their within-state, non-Native peers: Wisconsin (412.73%), Minnesota (331.25%), North Dakota (241.18%), Washington (238.33%), South Dakota (206.67%), Arizona (118.33%), North Carolina (111.18%), and Oklahoma (106%). Two more states have Native American child poverty rates that are almost double their non-Native peers: Montana (98.95%) and Michigan (97.69%).

Figure 10. Distribution of American Indian/Alaska Native Child Poverty Rates Compared to U.S. All Races Rate and U.S. American Indian/Alaska Native Rate, Worse to Better

WORSE BETTER

ND	WI	OK	WA	AZ	MT	NC	NM	MN	TX	**NAK**	SD	MI	CA	AK	**US**
58.0	56.4	41.2	40.6	39.3	37.8	35.9	35.4	34.5	33.4	**32.8**	27.6	25.7	25.0	17.6	**16.0**

Table 25. Children in Poverty Indicator in 2000: Center for Data Insight Method All Kids (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	U.S. ALL RACES	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**16**	**32.8**	**105.00% worse**
Alaska	10	17.6	76.00% worse
Arizona	18	39.3	118.33% worse
California	18	25.0	38.89% worse
Michigan	13	25.7*	97.69% worse
Minnesota	8	34.5*	331.25% worse
Montana	19	37.8	98.95% worse
New Mexico	26	35.4	36.15% worse
North Carolina	17	35.9	111.18% worse
North Dakota	17	58.0	241.18% worse
Oklahoma	20	41.2	106.00% worse
South Dakota	9	27.6	206.67% worse
Texas	21	33.4	59.05% worse
Washington	12	40.6	238.33% worse
Wisconsin	11	56.4	412.73% worse

* Rates based on 20 or fewer in the numerator may be unstable. Use with caution.

Families with Children Headed by a Single Parent

The national percentage rate of American Indian/Alaska Native families with children headed by a single parent (45.41%) is 42.66% higher than the national All Races percentage rate (31.83%) (see Table 26). American Indian/Alaska Native families with children headed by a single parent percentage rates range from a low of 19.53% in Michigan to a high of 72.07% in Wisconsin (see Figure 11). The All Races percentage rates range from a low of 24.10% in Minnesota to a high of 37.62% in New Mexico. Thirteen states have higher percentage rates of Native American families with children headed by a single parent than the national All Races percentage rate of 31.83%. Only Michigan has a lower percentage rate of Native American families with children headed by a single parent than the national All Races percentage rate.

Concentrating on within-state differences, twelve states have higher percentage rates of American Indian/Alaska Native families with children headed by a single parent than their non-Native peers. These percent differences range from a low of 0.50% higher in New Mexico to a high of 145.05% higher in Wisconsin. Four states have percent differences that are more than double their within-state non-Native peers: North Dakota (111.99%), Minnesota (116.14%), South Dakota (136.08%) and Wisconsin (145.05%).

Figure 11. Distribution of American Indian/Alaska Native Families with Children Headed by a Single Parent Rates (rounded to nearest 10th percent) Compared to U.S. All Races Rate and U.S. American Indian/Alaska Native Rate, Worse to Better

WORSE BETTER

WI	SD	AZ	ND	MT	WA	MN	AK	**NAK**	CA	TX	OK	NM	NC	**US**	MI
72.1	62.4		59.2	57.1	56.8	52.1	48.2	**45.4**	44.9	39.5	38.2	37.8	31.8	**31.8**	19.5

Table 26. Families with Children Headed by a Single Parent Indicator in 2000: Center for Data Insight Method All Kids (2003) and Native American Kids (2003) and the Difference in Percentage (Better or Worse)

	ALL KIDS	NATIVE AMERICAN KIDS	DIFFERENCE
United States	**31.83**	**45.41**	**42.66% worse**
Alaska	33.68	48.21	43.14% worse
Arizona	34.52	62.37	80.68% worse
California	31.13	44.86	44.11% worse
Michigan	31.67	19.53	38.33% better
Minnesota	24.10	52.09	116.14% worse
Montana	32.96	57.14	73.36% worse
New Mexico	37.62	37.81	0.50% worse
North Carolina	32.72	31.84	2.69% better
North Dakota	27.93	59.21	111.99% worse
Oklahoma	30.89	38.18	23.60% worse
South Dakota	26.44	62.42	136.08% worse
Texas	31.52	39.48	25.25% worse
Washington	32.57	56.78	74.33% worse
Wisconsin	29.41	72.07	145.05% worse

Summary

For these deficit-based indicators, lower rates or percentages reflect better well-being. Yet, only in the indicator of low birthweights are Native American kids faring better than their non-Native counterparts at the national level and in eight of the 14 states (see Table 27). However, this positive finding is tempered by the higher percentage rate of high birthweight American Indian/Alaska Native infants. The high birthweight percentage rate in Native American infants is most likely due to the higher rate of gestational diabetes among Native American mothers.

For all of the other nine indicators, Native American kids are doing comparatively worse at the national level, while comparisons at the state level show variability on the well-being indicators. Examining the counts of “better” or “worse” percent differences (see Table 27) shows that the vast majority of percent differences between Native American kids and All Races kids fall in the “worse” category. While there is variability on how Native American kids and mainstream kids fare in each of the 14 states, for Native American kids most of the weight falls towards the “worse” end of the distribution. For Native American kids In general, the “better” percent differences reflect a much smaller distribution range than the “worse” percent differences.

Table 27. Counts of "Better" or "Worse" Percent Differences between KIDS COUNT and Native American Kids on 10 Well-Being Indicators for the 14 States, 2003

	NATIVE AMERICN KIDS BETTER	NATIVE AMERICAN KIDS WORSE	TOTAL
Low Birthweight	8	6	14
Teen Births	3	11	14
Infant Mortality	1	11	12*
Child Deaths	4	10	14
Teen Deaths by Accident, Homicide, and Suicide	3	11	14
High School Dropouts	3	11	14
Teens Who are Not Attending School and Not Working	0	13	13*
Children Living with Families Where No Parent has Full-Time, Year-Round Employment	1	13	14
Child Poverty	0	14	14
Families with Children Headed by a Single Parent	2	12	14
TOTALS	25	112	137

* Does not sum to 14 due to missing state data.

Building on last year's work (Willeto, 2002), the next section features trend data and gives the rankings on the well-being indicators for the American Indian/Alaska Native population. Readers can easily reference each of the 14 state's Native American kids well-being information to gauge progress, view regression in the indicators over the past year, or ascertain how the selected state ranks on the 10 well-being indicators.

PROFILES FOR 14 STATES: TREND DATA AND RANKINGS ON 10 WELL-BEING INDICATORS

This section presents, for the first time, trend data that shows the percentage change in the well-being indicator from 1999 (when the 2002 *Native American Kids Data Book* reported on 13 state's well-being indicators in 2002) to 2000 (this year's *Native American Kids Data Book* for 14 states) for American Indian/Alaska Natives at both the national and state levels. For the 2002 report (Willeto, 2002), 1999 well-being data are analyzed; for the 2003 report, 2000 well-being data are utilized. Here, the well-being data are presented for each of the 14 states instead of by indicator. This allows readers to quickly view a particular state's indicator information. Additionally, the trend data presents percent changes over time for that particular state's American Indian/Alaska Native population and also shows the national Native American trend data for comparison's sake. For example, in Alaska the American Indian/Alaska Native

low birthweight rate decreased 8.47% from 1999 to 2000. This decrease is also reflected in the national American Indian low birthweight rate, which decreased by 7.04% over the same period (see Table 28).

In addition to the trend data, the rankings for each indicator are included. The ranking is based upon the 14 states' 2000 Native American well-being indicator data. The ranking order lists the lowest rates or percentages with the first-place rank. For example, for the low birthweight indicator, North Dakota ranked first (see Table 36). This means that North Dakota (with 5.0%) has the lowest rate of low birthweight American Indian/Alaska Native infants of the 14 states. In contrast, for the same indicator, North Carolina ranked 14th; hence North Carolina (with 9.7%) has the highest rate of low birthweight American Indian/Alaska Native infants of the 14 states (see Table 35). The ranking order follows the example set by the *KIDS COUNT Data Books* (Annie E. Casey Foundation, 2003). Unfortunately, it is beyond the scope of the project to provide detailed analysis of each of the state's trend data and rankings.

There are some caveats that must be addressed before proceeding to the tables in this section. It is important to explain a little of the history of the *Native American Kids Data Book* and why there may be some incomplete cells in the tables that follow, detail any unusual findings, and discuss other issues with the American Indian/Alaska Native well-being data.

First, in last year's report (Willeto, 2002) three of the indicators were not exact matches to the KIDS COUNT indicators since alternative data sources were used. For this year's data book, the aim was to prepare the tables with as complete data as possible. Hence, the project worked with the Center for Data Insight (CDI) at Northern Arizona University to prepare the percentage of children living in families where no parent has full-time, year-round employment; the percentage of children in poverty; and the percentage of families with children headed by a single parent with 2000 (2003) and 1999 (2002) data. Doing this would enable trend analysis for these three indicators. Thus, for these indicators it was possible to avoid incomplete cells in the following tables.

Second, because Texas was added for this year's report, it was not possible to present trend data for this particular state since Texas was not included in the 2002 report. However, 2000 (2003) and 1999 (2002) data were prepared by the CDI for the percentage of children living in families where no parent has full-time, year-round employment; the percentage of children in poverty; and the percentage of families with children headed by a single parent for Texas, this information is included in the table with Texas data. This enabled trend analysis for these three indicators. Thus, for seven of Texas' indicators, there are incomplete cells in the 1999 column in the following tables.

Third, infant mortality rates are the only Native American state data that are easily accessible in report form. Yet, Michigan and Texas the number of actual American Indian/Alaska Native infant deaths is too low to meet standards of reliability set by the National Center for Health Statistics (NCHS). As a result,

these states' data for infant mortality were not released, so the percent change from 1999 to 2000 could not be calculated for Michigan's and Texas's rates of Native American infant mortality.

Fourth, in 1999, no reported American Indian/Alaska Native child died in Michigan. Since there is no 1999 data, it was not possible to calculate the percent change from 1999 to 2000. This result reflects the fact that in 1999 the reported American Indian child death rate in Michigan was 0, and in 2000, it increased to 43.81.

Fifth, data reliability issues exist with Michigan's American Indian/Alaska Native Current Population Survey Basic data for teens who are not attending school and not working. This indicator was based on three-year averages, yet there are zero numerator CPS data for 2000 and 2001. Consequently, only 1999 CPS Basic data were available for estimation purposes. This is only one year's worth of data, and it is not reflective of the year the data are meant to represent, 2000. Therefore, Michigan's data do not meet standards of reliability and were not included for this indicator.

Sixth, as has been the case throughout the report, readers are notified of findings that may have reliability issues because of small numerators or missing data. And finally, rather than attach explanatory notes to each of the subsequent tables, a legend of explanatory notes is listed at the end of the tables. Please refer to this legend for explanations regarding asterisks, dashes, or other symbols in the following tables.

Table 28. American Indian/Alaska Native Well-Being Indicators Ranking and Trend Data for Alaska: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Alaska American Indian/Alaska Native	5.9	5.40	8.47% better	3
National Alaska American Indian/Alaska Native	7.1	6.60	7.04% better	
Teen Births				
Alaska American Indian/Alaska Native	48.72	48.73	0.02% worse	8
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Alaska American Indian/Alaska Native	9.10	9.70	6.59% worse	7
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Alaska American Indian/Alaska Native	46.27*	71.59	54.72% worse	14
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Alaska American Indian/Alaska Native	201.84	253.29	25.49% worse	14
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
Alaska American Indian/Alaska Native	12.59	11.14	11.52% better	5
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
Alaska American Indian/Alaska Native	16.98	16.90	0.47% better	6
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent has Full-Time, Year-Round Employment				
Alaska American Indian/Alaska Native	49.50	49.10	0.81% better	5
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
Alaska American Indian/Alaska Native	15.50	17.60	13.55% worse	1
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Alaska American Indian/Alaska Native	46.86	48.21	2.88% worse	7
National American Indian/Alaska Native	46.15	45.41	1.60% better	

Table 29. American Indian/Alaska Native Well-being Indicators Ranking and Trend data for Arizona: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Arizona American Indian/Alaska Native	7.20	6.50	9.72% better	9 (tied)
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Arizona American Indian/Alaska Native	46.76	47.25	1.05% worse	7
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Arizona American Indian/Alaska Native	8.60	8.70	1.16% worse	4
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Arizona American Indian/Alaska Native	51.19	41.26	19.40% better	8
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Arizona American Indian/Alaska Native	112.16	146.50	30.62% worse	11
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
Arizona American Indian/Alaska Native	40.51	45.81	13.08% worse	14
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
Arizona American Indian/Alaska Native	31.11	38.27	23.02% worse	13
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent has Full-Time, Year-Round Employment				
Arizona American Indian/Alaska Native	45.50	57.70	26.81% worse	8
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
Arizona American Indian/Alaska Native	30.90*	39.30	27.18% worse	10
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Arizona American Indian/Alaska Native	58.71	62.37	6.23% worse	12
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with less than 20 in the numerator may be unstable. Use with caution.

Table 30. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for California: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
California American Indian/Alaska Native	6.60	5.60	15.15% better	4 (tied)
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
California American Indian/Alaska Native	29.61	20.77	29.85% better	2
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
California American Indian/Alaska Native	8.90	9.30	4.49% worse	6
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
California American Indian/Alaska Native	11.31*	13.32*	17.77% worse	2
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
California American Indian/Alaska Native	24.57*	30.99*	26.13% worse	2
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
California American Indian/Alaska Native	10.93**	7.10	35.04% better	1
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
California American Indian/Alaska Native	10.87	10.11	6.99% better	2
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
California American Indian/Alaska Native	42.80	46.60	8.88% worse	3
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
California American Indian/Alaska Native	34.70	25.00	27.95% worse	2
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
California American Indian/Alaska Native	45.76	44.86	1.97% better	6
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with less than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average.

Table 31. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for Michigan: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Michigan American Indian/Alaska Native	7.40	5.60	24.32% better	4 (tied)
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Michigan American Indian/Alaska Native	19.12	26.94	40.90% worse	3
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Michigan American Indian/Alaska Native	8.80	NA	--	--
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Michigan American Indian/Alaska Native	0.00*	43.81*	--	10
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Michigan American Indian/Alaska Native	132.41*	67.21*	49.24% better	5
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
Michigan American Indian/Alaska Native	23.64	22.86**	3.30% better	10
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
Michigan American Indian/Alaska Native	14.36***	NA	--	--
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Michigan American Indian/Alaska Native	53.30*	62.10	16.51% worse	13
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
Michigan American Indian/Alaska Native	19.90*	25.70*	29.15% worse	3
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Michigan American Indian/Alaska Native	20.57	19.53	5.06% better	1
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average.

*** Data based on one-year average rather than three-year average.

NA Indicator data are not available because data do not meet standard of precision and/or are deemed too unreliable to release the information.

-- Cannot calculate percent change and/or list the ranking because data are not available.

Table 32. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for Minnesota: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Minnesota American Indian/Alaska Native	7.20	6.70	6.94% better	11
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Minnesota American Indian/Alaska Native	61.62	56.88	7.69% better	11
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Minnesota American Indian/Alaska Native	10.90	10.40	4.59% better	8
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Minnesota American Indian/Alaska Native	57.56*	41.93*	27.15% better	9
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Minnesota American Indian/Alaska Native	93.68*	91.43*	2.40% better	7
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
Minnesota AI/AN	35.53**	33.02	7.06% better	13
National AI/AN	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
Minnesota American Indian/Alaska Native	42.29**	31.68	25.09% better	12
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Minnesota American Indian/Alaska Native	50.00	61.40	22.80% worse	12
National American Indian/Alaska Native	46.40	46.60	.0.43% worse	
Child Poverty				
Minnesota American Indian/Alaska Native	49.10	34.50*	29.74% better	6
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Minnesota American Indian/Alaska Native	46.79	52.09	11.33% worse	8
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with less than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average.

Table 33. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for Montana: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Montana American Indian/Alaska Native	6.90	6.50	5.80% better	9 (tied)
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Montana American Indian/Alaska Native	52.18	59.99	14.97% worse	13
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Montana American Indian/Alaska Native	12.00	11.30	5.83% better	9
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Montana American Indian/Alaska Native	43.10*	37.50*	12.99% better	7
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Montana American Indian/Alaska Native	153.07	240.89*	57.37% worse	13
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens who are High School Dropouts				
Montana American Indian/Alaska Native	19.35	20.91	8.06% worse	9
National American Indian/Alaska Native	15.82	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
Montana American Indian/Alaska Native	20.98	21.04	.29% worse	9
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Montana American Indian/Alaska Native	64.50	61.10	5.27% worse	11
National American Indian/Alaska Native	46.40	46.60	.43% worse	
Child Poverty				
Montana American Indian/Alaska Native	48.30	37.80	21.74% better	9
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Montana American Indian/Alaska Native	53.06	57.14	7.69% worse	10
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

Table 34. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for New Mexico: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
New Mexico American Indian/Alaska Native	7.10	6.10	14.08% better	7
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
New Mexico American Indian/Alaska Native	43.11	38.18	11.44% better	4
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
New Mexico American Indian/Alaska Native	7.70	7.60	1.30% better	1
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
New Mexico American Indian/Alaska Native	39.48*	25.47*	35.49% better	5
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
New Mexico American Indian/Alaska Native	178.37	132.57	25.68% better	9
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens who are High School Dropouts				
New Mexico American Indian/Alaska Native	10.23	9.24	9.68% better	2
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
New Mexico American Indian/Alaska Native	13.39	13.20	1.42% better	4
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
New Mexico American Indian/Alaska Native	21.90	23.20	5.94% worse	1
National American Indian/Alaska Native	46.40	46.60	.43% worse	
Child Poverty				
New Mexico American Indian/Alaska Native	32.00	35.40	10.62% worse	7
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
New Mexico American Indian/Alaska Native	40.05	37.81	5.59% better	3
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

Table 35. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for North Carolina: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
North Carolina American Indian/Alaska Native	11.20	9.70	13.39% better	14
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
North Carolina American Indian/Alaska Native	53.55	44.16	17.53% better	6
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
North Carolina American Indian/Alaska Native	13.70	11.70	14.60% better	10
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
North Carolina American Indian/Alaska Native	49.99*	22.12*	55.75% better	3
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
North Carolina American Indian/Alaska Native	101.12*	121.35*	20.01% worse	8
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
North Carolina American Indian/Alaska Native	24.06	14.43	40.02% better	6
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who are Not Attending School and Not Working				
North Carolina American Indian/Alaska Native	11.11**	10.49**	5.58% better	3
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
North Carolina American Indian/Alaska Native	47.20	49.40	4.66% worse	6
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
North Carolina American Indian/Alaska Native	31.80*	35.90	12.89% better	8
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
North Carolina American Indian/Alaska Native	34.39	31.84	7.41% better	2
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average.

Table 36. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for North Dakota: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
North Dakota American Indian/Alaska Native	6.00	5.00	16.67% better	1
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
North Dakota American Indian/Alaska Native	49.82	58.72	17.86% worse	12
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
North Dakota American Indian/Alaska Native	13.80	15.10	9.42% worse	12
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
North Dakota American Indian/Alaska Native	45.84*	53.66*	17.06% worse	12
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
North Dakota American Indian/Alaska Native	208.46*	58.07*	72.14% better	4
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who are High School Dropouts				
North Dakota American Indian/Alaska Native	17.78	16.70	6.07% better	7
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who Are Not Attending School and Not Working				
North Dakota American Indian/Alaska Native	20.34	17.30	14.95% better	7
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
North Dakota American Indian/Alaska Native	58.60	60.10	2.56% worse	10
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
North Dakota American Indian/Alaska Native	49.90	58.00	16.23% worse	14
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
North Dakota American Indian/Alaska Native	57.76	59.21	2.51% worse	11
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

Table 37. American Indian/Alaska Native Well-being Indicators Ranking and Trend data for Oklahoma: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Oklahoma American Indian/Alaska Native	5.90	5.80	1.69% better	6
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Oklahoma American Indian/Alaska Native	46.08	48.75	5.79% worse	9
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Oklahoma American Indian/Alaska Native	8.00	8.20	2.50% worse	2
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Oklahoma American Indian/Alaska Native	28.96	23.59*	18.54% better	4
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Oklahoma American Indian/Alaska Native	51.56*	56.54*	9.66% worse	3
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who Are High School Dropouts				
Oklahoma American Indian/Alaska Native	8.42**	11.04**	31.12% worse	4
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who Are Not Attending School and Not Working				
Oklahoma American Indian/Alaska Native	8.71	9.72	11.60% worse	1
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Oklahoma American Indian/Alaska Native	54.20	41.40	23.62% worse	2
National American Indian/Alaska Native	46.40	46.60	.43% worse	
Child Poverty				
Oklahoma American Indian/Alaska Native	47.20	41.20	12.71% better	12
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Oklahoma American Indian/Alaska Native	37.75	38.18	1.14% worse	4
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average

Table 38. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for South Dakota: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
South Dakota American Indian/Alaska Native	5.20	6.80	30.77% worse	12
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
South Dakota American Indian/Alaska Native	61.65	65.52	6.28% worse	14
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
South Dakota American Indian/Alaska Native	15.20	13.30	12.50% better	11
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
South Dakota American Indian/Alaska Native	26.38*	56.13*	112.77% worse	13
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
South Dakota American Indian/Alaska Native	150.68*	203.61*	35.13% worse	12
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who Are High School Dropouts				
South Dakota American Indian/Alaska Native	24.72	26.26	6.23% worse	11
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who Are Not Attending School and Not Working				
South Dakota American Indian/Alaska Native	18.00	17.50	2.78% better	8
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
South Dakota American Indian/Alaska Native	60.30	59.20	1.82% better	9
National American Indian/Alaska Native	46.40	46.60	.43% worse	
Child Poverty				
South Dakota American Indian/Alaska Native	27.20	27.60	1.47% worse	4
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
South Dakota American Indian/Alaska Native	65.16	62.42	4.20% better	13
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

Table 39. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for Texas: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Texas American Indian/Alaska Native	NS	7.50	--	13
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Texas American Indian/Alaska Native	NS	16.59	--	1
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Texas American Indian/Alaska Native	NS	NA	--	--
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Texas American Indian/Alaska Native	NS	25.75*	--	6
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Texas American Indian/Alaska Native	NS	10.74*	--	1
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who Are High School Dropouts				
Texas American Indian/Alaska Native	NS	10.40	--	3
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who Are Not Attending School and Not Working				
Texas American Indian/Alaska Native	NS	15.41**	--	5
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Texas American Indian/Alaska Native	46.60	47.40	1.72% worse	4
National American Indian/Alaska Native	46.40	46.60	.43% worse	
Child Poverty				
Texas American Indian/Alaska Native	31.90*	33.40	4.70% worse	5
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Texas American Indian/Alaska Native	39.05	39.48	1.10% worse	5
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average.

NS Indicator data are not available because Texas was added to the *Native American Kids Data Book* series this year.

-- Cannot calculate percent change and/or list the ranking because data are not available.

Table 40. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for Washington: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Washington American Indian/Alaska Native	5.40	6.40	18.52% worse	8
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Washington American Indian/Alaska Native	45.17	41.90	7.24% better	5
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Washington American Indian/Alaska Native	9.60	9.20	4.17% better	5
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Washington American Indian/Alaska Native	10.95*	44.20*	303.65% worse	11
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Washington American Indian/Alaska Native	145.62*	67.44*	53.69% better	6
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens Who Are High School Dropouts				
Washington American Indian/Alaska Native	15.62	27.66	77.08% worse	12
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who Are Not Attending School and Not Working				
Washington American Indian/Alaska Native	24.07	27.04	12.34% worse	11
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Washington American Indian/Alaska Native	54.30*	57.10	5.16% worse	7
National American Indian/Alaska Native	46.40	46.60	0.43% worse	
Child Poverty				
Washington American Indian/Alaska Native	38.10*	40.60	6.56% worse	11
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Washington American Indian/Alaska Native	54.83	56.78	3.56% worse	9
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

Table 41. American Indian/Alaska Native Well-being Indicators Ranking and Trend Data for Wisconsin: 1999 and 2000.

	TREND DATA			
	1999	2000	% Change	Ranking
Low Birthweight				
Wisconsin American Indian/Alaska Native	5.90	5.10	13.56% better	2
National American Indian/Alaska Native	7.10	6.60	7.04% better	
Teen Births				
Wisconsin American Indian/Alaska Native	58.39	49.13	15.86% better	10
National American Indian/Alaska Native	41.40	39.60	4.35% better	
Infant Mortality				
Wisconsin American Indian/Alaska Native	9.20	8.30	9.78% better	3
National American Indian/Alaska Native	9.10	9.00	1.10% better	
Child Deaths				
Wisconsin American Indian/Alaska Native	51.36*	7.23*	85.92% better	1
National American Indian/Alaska Native	29.79	32.42	8.83% worse	
Teen Deaths by Accident, Homicide, and Suicide				
Wisconsin American Indian/Alaska Native	118.51*	137.09*	15.68% worse	10
National American Indian/Alaska Native	89.07	91.34	2.55% worse	
Teens who Are High School Dropouts				
Wisconsin American Indian/Alaska Native	15.64**	19.51**	24.74% worse	8
National American Indian/Alaska Native	15.85	15.51	2.15% better	
Teens Who Are Not Attending School and Not Working				
Wisconsin American Indian/Alaska Native	17.94**	26.26**	46.38% worse	10
National American Indian/Alaska Native	14.60	14.84	1.64% worse	
Children in Families Where No Parent Has Full-Time, Year-Round Employment				
Wisconsin American Indian/Alaska Native	83.20	72.50	12.86% better	14
National American Indian/Alaska Native	46.40	46.60	.43% worse	
Child Poverty				
Wisconsin American Indian/Alaska Native	65.80	56.40	14.29% better	13
National American Indian/Alaska Native	35.20	32.80	6.82% better	
Children in Single-Parent Families				
Wisconsin American Indian/Alaska Native	73.54	72.07	2.00% better	14
National American Indian/Alaska Native	46.15	45.41	1.60% better	

* Rates with fewer than 20 in the numerator may be unstable. Use with caution.

** Data based on two-year average rather than three-year average.

RECOMMENDATIONS: 10 WELL-BEING INDICATORS

The report from last year (Willeto, 2002) provided several recommendations for improving each of the 10 well-being indicators. Because it has only been a year since the publication of the last report, there are not many additions to the recommendations. Outlined below are brief recommendations to improve the well-being of American Indian/Alaska Native children and youth from a practice level.

Health Indicators

Thematic Area: Birth

Low Birthweight Babies

- Continue pre-natal and nutrition programs to educate mothers about the risks of having low and high birthweight babies.
- Continue providing smoking-cessation programs.
- Even though low birthweight babies are more rare with Native women, it is still a problem for some, and the necessary support should be given to these mothers so healthy babies can be delivered.

Teen Births

- Support young mothers in a culturally relevant manner through active programming.
- Identify assets of youth to continue their educational goals and objectives.
- Support easily accessible day-care programs both in and out of schools.
- Continue to include fathers in teen parenting programs and support them in planning for their future.
- Continue to develop more accessible clinics for young mothers in their communities.
- Develop school-based clinics to support the needs of young mothers.
- Provide support including early childhood development, parenting skills, and stress-reducing techniques to American Indian/Alaska Native youth regarding being young parents.
- Connect teen parents to the social, economic, and other resources available in their community.

Thematic Area: Mortality

Infant Mortality

Research in this area connects the pattern of infant mortality to "socioeconomic conditions that Native American families experience and the related problems of alcohol, unemployment, and family disorganization [which] contribute to the high rate of postneonatal mortality" (Honigfeld & Kaplan, 1987, p. 575, cited in Willeto, 2002, p. 86). Recommendations to improve this well-being indicator include:

- Continue to provide education and support for the prevention of Sudden Infant Death Syndrome (SIDS).
- Continue to make use of Indian Health Services (IHS) for prenatal care and education about becoming a young mother and parent on reservations and in urban areas.

Child Death

- Increase educational activities geared toward parents and/or guardians regarding child safety issues.
- Encourage parents to childproof their homes to prevent accidental poisoning, exposure to deadly fumes, and other potential risks such as electrical cords, sharp corners, or small objects.
- Provide parent education regarding bathing children and the potential risk of drowning.
- Encourage parents to keep medicines out of the reach of children.
- Provide a list of emergency contact numbers to parents (e.g. poison control center, public health office, emergency rooms).
- Encourage parents to take Cardiopulmonary Resuscitation (CPR) classes.
- Conduct all of the above recommendations with sensitivity to different tribal and cultural practices and values.

Teen Deaths by Accident, Homicide, and Suicide

American Indian Youth Accidents

- Educate youth about the importance of wearing seat belts.
- Educate people about child safety and the use of safety seats for young children.
- Work with the community toward the elimination of the practice of sitting in the back of pick-up trucks; this recommendation has cultural implications due to the rural and ranching nature of many tribal communities.
- Promote safe driving with adolescents, and support school-based driver education programs.
- Educate adolescents about the risk of driving while drinking or using drugs.
- Support adolescents in selecting a “designated driver” when any alcohol or drugs are being used.
- Educate parents and youth about the unsafe practice of too many passengers in the front seat without seat belts.
- Support initiatives to correct poor road conditions (too narrow, unpaved, and long distances between rest stops).

American Indian Youth Homicides

- Promote healthy family systems with adult mentors for youth.
- Promote activities after school that are accessible to youth so they will not have too much unsupervised time.
- Promote educational programs for the elimination of guns and/or knives without safety mechanisms in homes, cars, and in other places to ensure that these weapons will not be used against youth.
- Keep weapons out of the reach of children and youth.
- Enforce laws prohibiting persons under age 18 from possessing a firearm.
- Support gang prevention initiatives and conflict resolution training for youth.
- Educate youth about the patterns of intimate partner violence.
- Educate youth that most deaths occur among those who know each other and usually when

alcohol is involved; encourage youth to get support when they need it to resolve conflicts with family and friends.

American Indian Youth Suicide

- Screen youth for any of the signs of depression as an early warning sign of later potential problems.
- Educate youth that suicide is a "permanent solution to a temporary problem"; link with support systems in school and community.
- Help youth get the necessary resources so they do not think they are alone.
- Educate peers in schools to identify the signs of depression, and teach them how to connect the individual with a counselor, teacher, nurse, or a social worker.
- Educate community members about trauma and how it affects youth and family members.
- Identify successful tribal suicide prevention programs and work with communities to start these programs (Wind River, Apache, etc.).
- Educate adults, teachers, and youth about the unique factors of "cluster suicide" and how to prevent these from occurring in the community.
- Develop an American Indian/Alaska Native youth task force to educate youth and others about how suicide can be prevented in Native American communities.
- Examine the 194 successful suicide prevention programs identified in 1988. These successful programs showed the following characteristics: 1) most were located in human service offices and were community-based programs; 2) one-quarter were based in school systems; 3) nearly half were sponsored by local tribes; 4) one-third were managed by private non-profit groups; 5) one-quarter were administered by IHS; 6) two-thirds provided specialized training or case consultation; and 7) roughly one-third supported recreational and cultural activities (Manson, Beals, & Dick, 1989, p. 5, cited in Willeto, 2002, p. 89).
- Screen youth early for signs of anxiety, depression, and alcohol use (Keane, Dick, Bechtold, & Manson, 1996, p. 1, cited in Willeto, 2002, p. 89).
- Support protective factors for youth so they will not become isolated and fearful and/or feel unloved by others; promote efforts for them to feel connected to others so they will not engage in self-destructive behaviors.

Social Indicators

Thematic Area: Employment & Education

Teens Who Are High School Dropouts

- Provide adult role models and peer mentors to potential dropouts.
- Increase retention interventions during the sixth, seventh, and eighth grades.
- Recruit Native American teachers with whom youth can identify.
- Develop early intervention and counseling for at-risk students.
- Increase parent partnerships and involvement with schools.
- Provide cross-cultural training and education to all teachers in order to work successfully with

Native students.

- Provide more resources for schools both on and off the reservation.
- Increase connections between the business, community, and educational systems.
- Provide more culturally relevant activities and opportunities.
- Increase the number of Native American school board members.
- Increase attention to attendance records and follow up with parents and youth.
- Continue to provide Title V programs for educators and parents.
- Continue to conduct research on this serious problem.

Teens Who Are Not Attending School and Not Working

- Develop community programs to address teens' social, educational, and economic needs.
- Develop more community interventions with the gangs.
- Provide safe, secure, and adult-supervised community locations so youth can enjoy themselves without feeling they have to join a gang.
- Increase pro-social culturally relevant activities to support Native protective factors.
- Connect youth to adult males and females who may provide guidance and protection as a substitution for gang affiliation.
- Increase participation in sports and cultural-tribal activities and encourage traditional Native practices in conjunction with learning how to live in a multi-cultural environment.

Children Living with Parents Who Do Not Have Full-Time, Year-Round Employment and Children Living in Poverty

Recommendations related to these two indicators are presented together because employment and poverty are structurally related and impact each other.

- Increase employment opportunities that are meaningful and accessible to parents.
- Review national research on American Indian and Alaska Native welfare, work, and welfare reform (Brown, Cornell, Whitaker, Jorgensen, Springwater, Hale, & Nagle, 2001).
- Work with state, tribal, and federal representatives to foster system change to increase employment and decrease poverty among children of color.
- Advocate with federal, tribal, national, state, and private foundations about the needs of American Indian/Alaska Native children to increase changes in policy and to provide better, well-funded systems for children and youth.

Thematic Area: Family Structure

Families with Children Headed by a Single Parent

- Provide employment opportunities, day care, and other social, educational, and health services that are accessible, cultural relevant, affordable, and realistic.
- Provide services that support the empowerment and well-being of single parents.
- Maintain links to extended families for cultural and social purposes.
- Connect single parents to educational systems that have day care within their settings so youth with children can keep attending school.

- Connect single parents with each other so they can have mutual support and understanding about their situation and not be isolated.
- Increase transportation services so the parent can get to school and to other services.
- Increase programs for co-parenting and/or visitation of child so fathers [and mothers] will not drop out of their children's lives.

Building Toward a National Conversation

The overall well-being indicators for American Indian and Alaska Native children and youth are the results of the continuing existence of high levels of poverty; few sustainable employment opportunities both on and off the reservations; educational systems that have problems retaining students; stereotypes, racist behaviors, negative border town racial/ethnic interactions; and the continuing exclusion of American Indian/Alaska Native from sources of power such as government, legislation, and other policy-making entities. American Indian/Alaska Native kids have fewer resources regarding health care services, and these services are under- funded.

American Indian and Alaska Native children and youth are disproportionately represented in child welfare and/or juvenile justice systems at much higher rates than non-minority children (Dougherty, 2003). American Indian/Alaska Native children and youth under-utilize services or have difficulty accessing services (Dougherty, 2003). These larger issues and patterns have been researched, analyzed, and discussed by others for years (Kincheloe, Steinberg, Rodriguez, & Chennault, 1998). These issues are not new to most of the readers.

Nine of the 10 well-being indicator rates and patterns will remain shamefully high unless vigorous, resolute, and honest attention is paid to the above structural barriers. Structural racism is often defined as the unwillingness of a society to address structural problems. Children of color (American Indian and Alaskan Native, African-American, Asian-American, and Hispanic/Latino children) are victims of these patterns at the larger macro level. Unless our society takes a serious look at this problem on the national level, significant social and health disparities will continue to characterize the well-being for children of color. Yes, there will be some changes with some tribes, some communities, some children and youth, but the overall pattern of disgrace will continue. The United States has the necessary funds to effect positive change, but it does not have the willingness to make this change. This is not to say that child advocates representing American Indian/Alaska Native children and youth as well as many others are not making changes, but it is a national disgrace that these figures continue at these high rates.

There are positive features in the lives of American Indian/Alaska Native children and youth; however, the totality of their well-being is still alarmingly negative. That is why the researchers continue to build a case for the balance of looking at both the deficit and strengths perspective in addressing the nature of well-being for children and youth. It is beyond the scope of this project to try to tackle all the issues related to the above discussion; however, it is our responsibility to make our stance known on this issue

so that those who are making the decisions for our Native children and youth do not overlook the larger picture.

Terry Cross, Executive Director of the National Indian Child Welfare Association (NICWA), has advocated for national changes in the governmental agencies that work with tribes. Indian child welfare practitioners, mental health workers, and staff of many agencies have been influenced by his many scholarly and practice-oriented contributions such as the "Relational Worldview Model" (Cross, 1995) and his work on the impact of culture of child welfare systems and policy development (Cross, Earle, & Simmons, 2000). The efforts of the NICWA, its board of directors, and many other American Indian/Alaska Native organizations, as well as such agencies as Casey Family Programs, have made significant changes in the daily lives of children and youth. However, these changes have not directly impacted the 10 well-being indicators rates in significant ways for our children and youth at the national and state levels. It is time to start a national conversation on these issues and to develop creative and innovative initiatives to address these structural and institutional issues that are barriers for our children, youth, and families.

Holistic Native American Well-Being Approach

In addition to the deficit-based perspective is the positive psychology movement, which has become popular over the last several years and has offered a more holistic view of well-being. "The aim of positive psychology is to begin to catalyze a change in the focus of psychology from preoccupation only with repairing the worst things in life to also building positive qualities" (Seligman & Csikszentmihalyi, 2000, p. 5). Within the positive psychology movement, strength and resiliency can find shared values and beliefs. Therefore, a framework on Native American well-being must include a unified approach to understanding human behavior in young people. A holistic approach includes the balance of both the deficit and strengths of children and youth within their family, tribal, and community systems:

> The field of positive psychology at the subjective level is about valued subjective experiences: well-being, contentment, and satisfaction (in the past); hope and optimism (for the future); and flow and happiness (in the present). At the individual level, it is about positive individual traits; the capacity for love and vocation, courage, interpersonal skills, aesthetic sensibility, perseverance, forgiveness, originality, future mindedness, spirituality, high talent, and wisdom. At the group level, it is about the civic virtues and the institutions that move individuals toward better citizenship: responsibility, nurturance, altruism, civility, moderation, tolerance, and work ethic. (Seligman & Csikszentmihalyi, 2000, p. 5)

Harmony and balance are key features to understanding well-being concepts in the American Indian and Alaska Native worldview and ethos (values and beliefs). Individual well-being resides in the practice of achieving spiritual and cultural balance and harmony within tribal and traditional lifeways. Examples of activities used to achieve spiritual and cultural balance and harmony include traditions, religion,

language, teachings, and models from a Native American historical context and ways of knowing. As a research construct, well-being is subjective in nature. Generally, definitions of well-being have been based on European values and beliefs. In order to study well-being from a Native American perspective, the definitions and concepts must be derived from the cultural context of the people themselves. Tribal-based indicators of well-being must be obtained from tribal communities so the indicators will be authentic, culturally appropriate, and relevant.

Important Research Questions

There are three primary research questions that need to be considered in regard to the future of data collection and reporting on well-being indicators for Native American children and youth. First, what direction will this research take now that some foundation of support has been developed? (See Goodluck & Willeto, 2000; 2001; Goodluck, 2002; Willeto, 2002) Second, what research methods make the most sense? And finally, how useful will this research be to individuals, families, communities, and tribes? The authors do not have all the answers to these questions but offer them for discussion and review by those interested in this type of social science research. Based on their experience with the *Native American Kids Data Books* over the past four years, the authors would like to volunteer some ideas regarding these questions.

What direction will this research take now that some foundation has been developed?
This question is open; however, we hope that this research will continue because much time, resources, effort, relationship and trust building with numerous contacts and organizations, and database development have already occurred at many levels, including national, statewide, tribal, and organizational. A holistic model is needed to build on prior work and to extend it into new areas of research and locality.

What research methods make the most sense?
The choice of research methods depends on the research question, purpose of the research, level of literature existing, and many other factors. However, in this situation, the deficit model mainly utilizes the quantitative method, with statistical analysis being conducted on the 10 well-being indicators. This would probably continue in the same manner. The strengths model has had less development of its construct with American Indians/Alaska Natives, little previous research, less developed research literature, and few, if any, culturally relevant definitions of its construct; the qualitative research method is more appropriate at this time.

How useful will this research be to individuals, families, communities, and tribes?
The research that has already been conducted has been disseminated to a wide network of groups, tribes, organizations, universities, advocates, legislative bodies, states, the federal government, and many other non-profit agencies. The reports are also available on the NICWA website (www.nicwa.org).

Vision for the Future

The researchers, in cooperation with many other individuals, envision the development of a Native

American Well-Being Center to study and disseminate holistic well-being data on American Indian/Alaska Native children, youth, and families. This data would include statistical trends, and development of theory, knowledge, practice, research, and policy innovations regarding this topic. The center would foster a holistic approach to the study of Native American well-being by presenting both the deficits and the strengths embedded in First Nation cultures and traditions.

CONCLUSIONS

The series of data books on Native children and youth fosters equalized access to well-being information for a large segment of the Native American population. Before these reports, this information had not existed in one report, nor had there been annual data to compare the indicators. This report concurs with the statements in last year's report about the future direction of the project and offers the following ideas for consideration.

- It is important to continue to add more states so annual benchmarks can be established as long as data reliability can be maintained. This enables additional American Indian/Alaska Native child advocates to gauge progress and draw attention to any changes that occur among the well-being indicators within their states.
- In addition to adding more states, it is important to provide greater analysis of the indicator results. In particular, analysis of the trend data for each of the states would further enhance American Indian/Alaska Native child welfare advocacy efforts.
- It would be ideal if this project could be extended to the examination of tribal data on well-being indicators. Many tribes are producing data themselves, and collaborative partnerships with tribal entities could provide valuable and important data to support their own work with children and families.
- The future development of a holistic Native American Well-Being Center could provide a centralized location for the collection, analysis, and dissemination of data and information on Native children and youth indicators.
- The increased production of knowledge and data based on the deficit and assets/strength models would support the complete story on Native American child well-being.
- Other indicators may be explored including high birthweight babies; violence and gang membership on reservations; substance abuse, and access to computer technology.
- Advocate for systems change in social, health, and economic conditions both on and off reservations to foster macro changes for Native children and youth that improve their well-being.

This report is the fourth in a series on making explicit well-being indicators for American Indian and Alaska Native children and youth. The well-being indicators are discussed individually, and professional literature is provided for each indicator that focuses on regional, state, and tribal studies. This study provides the next logical step by extending the reporting mechanism to include data from the whole nation and from selected states on the well-being of Native children and youth. An important finding is that for only one indicator (infant mortality) were American Indian/Alaska Native data readily accessible in report form. Methodological research issues include overcoming data barriers to exact replication of

KIDS COUNT well-being indicators and sometimes making choices that involve producing slightly different well-being indicators.

When focusing specifically on American Indian/Alaska Native well-being data for the 14 states, there is substantial variability across state American Indian/Alaska Native rates. Overall mean rankings demonstrate that California, New Mexico, and Oklahoma have the best rates of American Indian/Alaska Native well-being, whereas South Dakota, Montana, and Minnesota have the worst rates. Shifting the focus to percent differences between mainstream kids and Native American kids shows that Native American children and youth continue to have comparatively worse rates at the national level in contrast to the rates for non-Native children and youth. Furthermore, readers are cautioned about the small numerators for some of the state American Indian/Alaska Native indicator results. There is some variability on how Native Americans and mainstream kids compare in each of the 14 states, but, for Native American children and youth, most of the weight falls toward the worst end of the distribution.

A new chapter was added for this year's report that provides American Indian/Alaska Native trend data for each of the 14 states. Building upon the results from last year's efforts (Willeto, 2002), the trend data document the changes (better or worse) in the American Indian/Alaska Native well-being data from 1999 (Willeto, 2002) to 2000 (Willeto & Goodluck, 2003). This section also lists the state rankings on each of the well-being indicators for Native Americans. In order to accentuate easy referencing, the chapter is organized by state rather than by indicator. Also percent differences that highlight the contrast between American Indian/Alaska Natives and mainstream children are detailed.

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