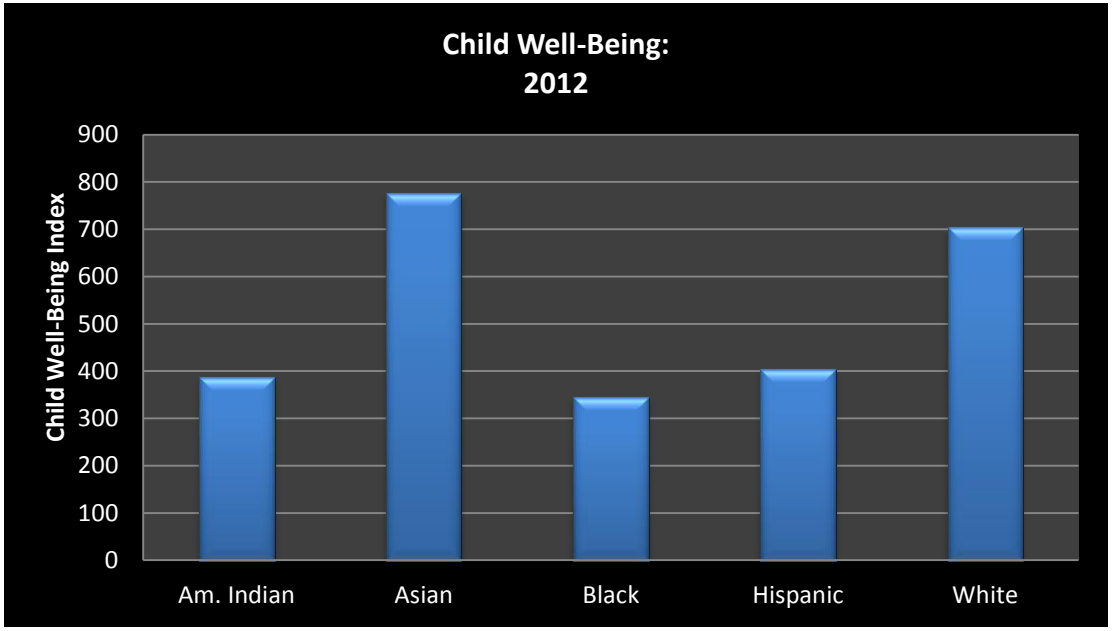
Children of the Corn

4/1/14

This morning, Google News linked a report from the Annie E. Casey Foundation which produces an annual "Kids Count" report detailing a new index "based on 12 indicators measuring a successful childhood: Reading and math proficiency, high-school graduation numbers, teen birthrates, job prospects, family income and education levels, and local poverty rates. The scores scale from 1 to 1,000, and the national report shows a **marked difference between higher-scoring Asians and whites, and the lower-scoring Latino, American-Indian and African-American groups ."**

The Casey Foundation's president, Patrick McCarthy, uses this finding to urge for **"a call to action that requires serious and sustained attention from the private, nonprofit, philanthropic and government sectors to create equitable opportunities for children of color."** For the record, this "sustained attention" from the government in the form of welfare cost over $1 trillion in 2011. P.S. our national debt is just under $20 trillion, so this spending is not insignificant.

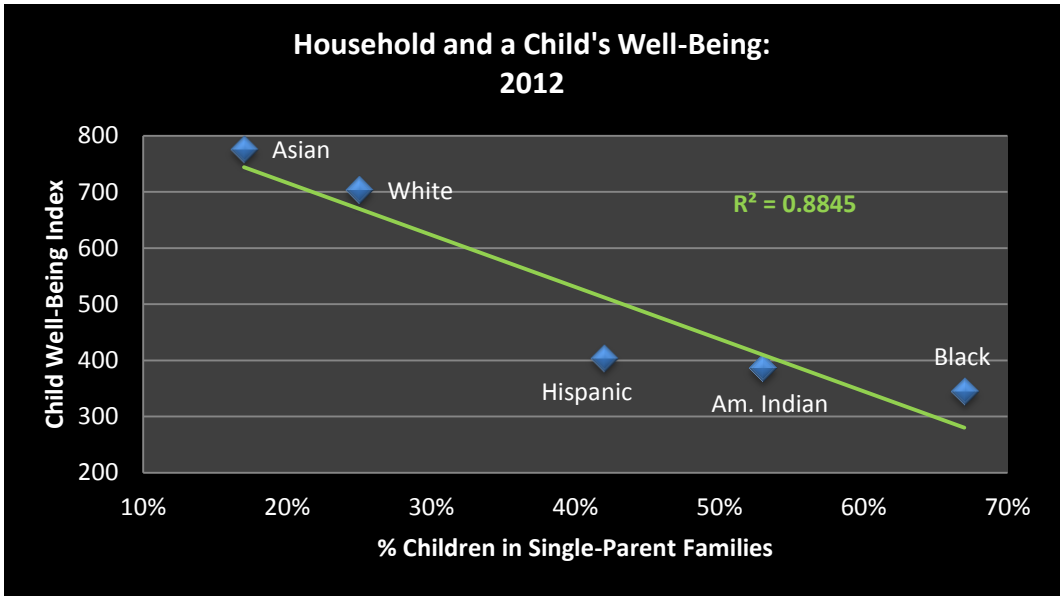
So, what are the differences in this index by race?



Obviously, there is a noticeable gap between the index scores of Asians and Whites and the Am. Indians, Blacks and Hispanics. Given the parameters of the index, we can presume the first two groups are exhibiting higher income, education, graduation levels, etc.

But, why?

I hypothesized that household (HH) dynamics had a significant impact on the well-being of any child. A quick search of the Annie E. Casey Foundation's site yielded information about the % of children who live in single-parent HHs by race. The results were not surprising:

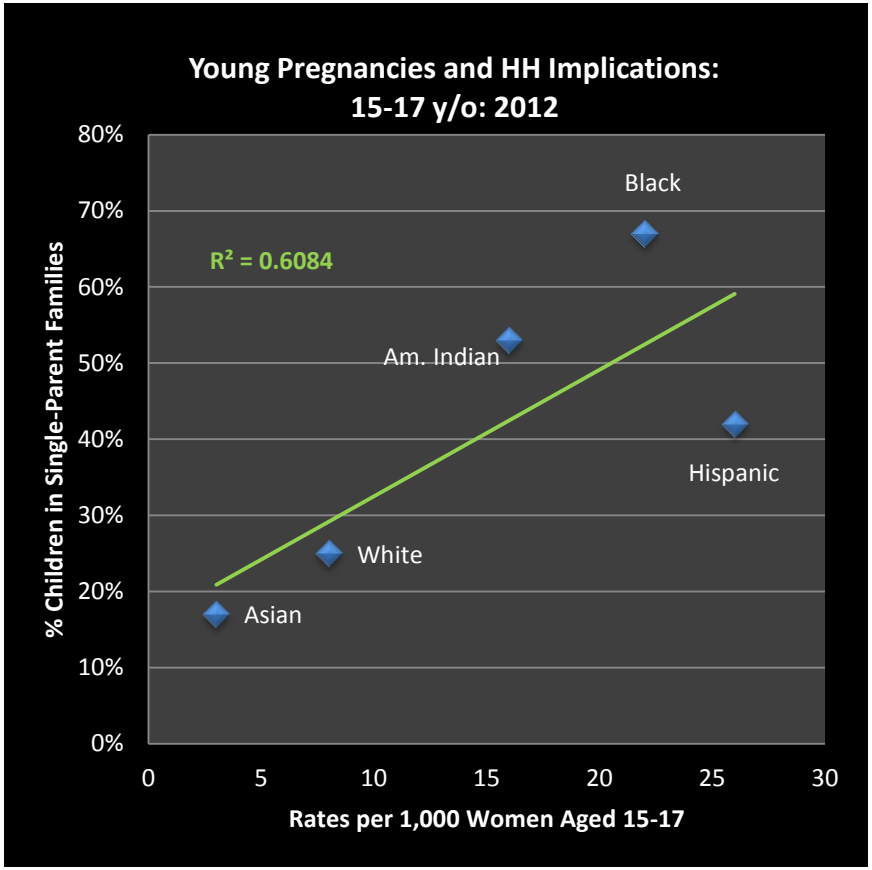


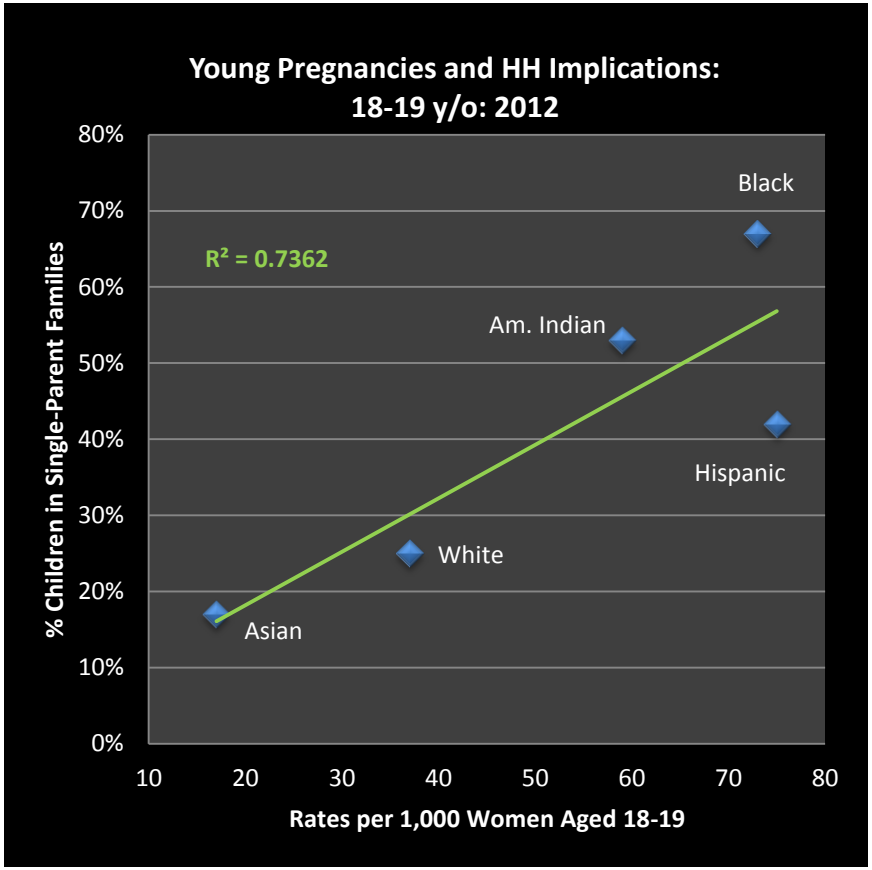
The chart plots each race's respective child well-being index vs. the % of children living in single-parent families. The green line is a fit for the data points. The R^2 indicates the "goodness of fit" between the line (predicted values) and the dots (actual values). An R^2 of just under .90 (or 90%) is very strong, indicating a strong correlation. In this instance, the correlation (R) is negative, meaning that **an increase in single-parent HHs results in a lower expected child well-being score.**

This strong correlation is expected for three reasons. One, it matches my obviously air-tight hypothesis and makes me feel good about myself. Two, the index is partially based on the HH situation, so we'd expect some relationship irrespective of causality. Finally, it's painfully obvious. Not only are there many documented benefits of two-parent HHs, it makes intuitive sense that a **stable household environment means more parent-child interaction, stronger reading abilities , more help with homework, etc. which are all predictors of success in school which predicts higher income and so on.**

But still, why do such major differences persist in racial groups?

I hypothesized a big driver of single-parent households are "unwanted" or out-of-wedlock births. A big leap, I know! But we'll let the data speak! A trip to the Census Bureau's website allows us to examine how the young female pregnancy predicts a single-parent HH. Sure enough, there are **strong correlations for both 15-17 y/o female pregnancy rates and 18-19 y/o females rates to single-parent HH rates.** So we can conclude **that higher pregnancy rates in young females predict overall child well-being scores for the respective race**. Ignoring Am. Indians (I am 1/16 Native American so….yeah) for a moment, let's look at Blacks and Hispanics. Are they more fertile than Whites and Asians? Do they like sex more? Are they putting the condom on wrong? Why the disparity?





** One note, Asians, Whites and Hispanics all fall under the fitted line, Am. Indians and Blacks above. This indicates that the former is more likely to marry after an early-life pregnancy, the latter much less. This gap is especially prevalent in Blacks and Hispanics. Perhaps social influences affect this, but I wont dive into that here.**

– A study by Christine Dehlendorf, Maria Isabel Rodriguez, Kira Levy, Sonya Borrero, and Jody Steinauer published in 2011 attempted to address this issue. They considered the three primary drivers of this problem: **"patient preferences and behaviors, health care system factors, and provider related factors."**

- **Patient Preferences:** the study found very interesting conceptions among minority groups. Namely, that **Black women are "are shaped by conspiracy beliefs about contraception arising from the history of the use of contraception to control the fertility of vulnerable populations"** and that **a third of those studied (Black and Hispanic) agreed that "medical and public health institutions use poor and minority people as guinea pigs to try out new birth control methods."** The authors suggest the differences in knowledge come from "lower levels of education, culturally-based health myths, and **differences in familial communication about reproductive health.**" In addition, "studies have found that many minority women trust and rely more often on information from peers and family than from health care professionals." Most importantly, the study informs us that **"..In one study, 39% of Black women and 44% of Hispanic women reported some ambivalence about pregnancy, compared to only 20% of Whites. Ambivalence is associated with decreased likelihood of using effective contraception, and increased likelihood of unintended pregnancy. As such, this ambivalence may play a role in differences in contraceptive use and family planning outcomes."** May play a role, indeed. Unfortunately, the authors ignore this factor when detailing their proposed solutions.

- **Health Care System Factors:** Time for the abortion bell!!! **"For poor and minority women who wish to obtain abortion services, barriers to access to safe and affordable abortion often exist."** Unfortunately, this does not appear to be supported by data. Data from the **Guttmacher Institute shows that Black women have consistently had roughly three times the abortion rate as Whites from 1996 to 2007** (Hispanics were not separated from "Other"). Hardly seems that these "barriers" are affecting actual behavior. **To be fair, the data doesn't discern between "safe" and "unsafe" abortion**, but that's not really the point here now. The authors conclude that "approximately half of all sexually active women of reproductive age are estimated to be in need of publicly funded services." First of all, **I didn't know I was responsible for ensuring a consequence-free sex life for** others. Two, if we do provide these services, what happens when each person uses their allotment of publicly funded services? There are so many "sponge-worthy" guys out there and all, I'd hate for someone to have to wait a week to re-up.

- **Provider-Related Factors:** in essence, minority respondents indicated their pre-delivery doctor visits weren't as satisfactory as Whites. Not very interesting and hard to monitor and change.

So, what did our authors conclude were the solutions?

1. Universal coverage for contraceptive methods**.** I don't like the idea, but it might be cheaper in the long run than having the soon-to-be majority of our children in a disadvantaged state.
2. "Public funding of abortion is essential from both an equity and a health perspective." Hmm, yes, I want to be taxed to enable teenagers to use methods that many find morally abhorrent to cover their "oops". No thanks.
3. Increased access and training in abortion. Again,…
4. More research into effective communication of birth control. Sounds expensive, but makes sense, given the vast differences in conceptions by race.
5. Equitable interaction with health care providers. If you don't like your doctor, go to a new one. Oh wait….

Where are the solutions that address the differences in ambivalence with regard to pregnancy? What about the mistrust minorities seems to harbor regarding government-provided contraception and information? Instead of addressing personal responsibility, the authors ask for more government-provided (i.e. provided by tax payers who contribute relatively less to the problem) solutions. No wonder our debt is nearing $20T.

So, Mr. Smarty-Pants, what is the right answer?

1. **I'd like to see fair assessments of break-even costs for subsidized contraception vs. long-term costs of decrease in education, well-being, etc**. I'm sure that even though these gaps in child well-being affect those outside my family and outside my ethnic group, it would likely have long-term negative effects on the overall well-being of the country. Probably makes sense to include communication protocols via social media, TV, etc. Given the differences in ambivalence toward pregnancy, it's possible many minorities are unaware the relationships described in this article. Why not communicate that?
2. **Social / Ethnic Leaders: help to communicate the impacts of sexual decisions. Address the problem. Avoid race-baiting and media sensationalism.** Listeners must also use critical thinking to know the difference.
3. **Personal responsibility!!!!**
    1. **Parents, you really need to step up.** Both new and old. Teach your kids the realities of sex. Read to your kids. Play with your kids. It's part of the job and part of the responsibility that comes with being sexually active.
    2. **Young people, you need to realize that sex is not consequence-free. You are accountable for your actions. I'm sorry if you or your parent's don't have money for contraception. Go mow some lawns. Work at McDonalds. Lifeguard. Collect cans and get some nickels. Just because you can and want to have sex doesn't mean you have to.**
    3. **It's not up to the state to continue to throw more money to a self-inflicted problem (getting pregnant). Break the chain, people of all races.** Ensure your children have a stable environment to grow up in. You'd think the problem would get better after throwing $1T in one year at the problem. Treat the disease, not the symptoms.
4. **Schools.** It's been a while since health class, but all I remember is a bunch of just awful pictures of STD-riddled genitalia and a teacher telling us how wonderful sex was—yummy. I absolutely think a "Critical Thinking" or "Real-Life" class needs to be part of the curriculum in high school. I know schools are already strained, but parents do and will fail their kids, and schools can help greatly.
5. Throwing trillions at the problem obviously hasn't worked. **Bailing out pregnancies with state-provided abortions (after telling the sexually active that pregnancy is a possible outcome) is like subsidizing liposuction for people who overeat candy.** Minus the whole morality question. Life isn't fair. Some people can afford contraception. Others can't. Some have sex everyday with a new partner. The married might have sex once a week if they're lucky. We have to take responsibility as individuals and a society. The well-being of the children shapes our country's future.