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Being a Child Today Is Simply Not Easy

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The title of this special issue of *Journal of Applied Research on Children*, “*Accountable Communities: Healthier Neighborhoods, Healthier Children*,” requires minimal explanation or interpretation, even to the casual observer. The issue’s title clearly sets forth the fundamental two-fold proposition that there is a direct correlation between healthy children with (1) communities that believe and invest in their youth and (2) neighborhoods that are safe, secure, and promote the total well-being of the person. What seems to be a simple, non-controversial proposal, however, becomes mired in the politics of family rights, the often conflicting roles of government in the day-to-day transactions of and between people and institutions, and the competing philosophies of residual and institutional social welfare.

The daily experience of Americans, in fact the lives of people worldwide, continue to undergo dramatic transformations. Today’s world is simply a fast-paced experience; how we act and engage with each other is a direct result of the growing infusion of technology into every facet our lives. The home rotary telephone or pay telephone booth at the street corner is long gone and now replaced by hand held devices such as the iPhone or Androids. People, in particular young people, text and tweet others or post on Facebook a constant stream of information on what they are doing at any given time of the day or night. The Kaiser Family Foundation described American youth spend on average 7 ½ hours each day using some form of electronic or technological device. But because they are multi-tasking, they actually generate 10 ¾ hour worth of content into that 7 ½ hours.¹

Picture for a moment a group of young people. What are they doing? Probably not talking with each other face-to-face, but rather sitting at a table looking at their hand held devices. Research shows that young people today would rather text their best friend rather than talking with them face-to-face. Writing in his recent work, *Rewired (Understanding the iGeneration and the Way They Learn)*, Dr. Larry Rosen, calls today’s teens the “I” generation reflecting their lives surrounded by the “I” world – iPod, iPhone, Wi-Fi, and the Internet. Rosen writes that, and I quote, they “*are immersed in a media diet... always connected in one way or another...with TV on, Ipod earbuds firmly implanted in their ears, laptop showing one window with a school report open beside a browser window open to Facebook, several instant messaging alerts flashing at the bottom of the screen, and (the) phone on the desk vibrating with texts messages waiting to be answered.*”² Rosen goes on to say that today’s youth are multi-taskers, social networkers, electronic communicators, who prefer either texting or chatting on-line rather than talking with a friend face-to-

face.² Reinforcing Rosen's assertion, the Pew Research Center reports that 72% of all teens use text messaging with half of teens sending 50 or more text messages a day and one in three sending more than 100 texts a day, or more than 3,000 texts a month.³

People in the 21st century are more connected to each other than at any other time in world history. It is hard to believe that the World Wide Web did not exist prior to the early 1990s, not even 25 years ago. Yet today, our lives are intimately tied to the World Wide Web. One can only imagine what our technology will look like in another 25 years.

The characterizations of children depicted by artist Norman Rockwell are, for the most part, nothing more than a romanticized characterization from a by-gone era. Yet, let's look beyond the comforting portrayals of the family dinner or the neighborhood police officer who befriends a young person. Rockwell's vision of America's family was, for the most part, devoid of the hate, prejudice, and the discriminatory policies that were part of the daily experience for a significant segment of America's peoples. Rockwell's version of America ignored the health disparities that young people experienced due to their race and ethnicity. And certainly, Rockwell did not portray the youth who are currently trafficked within the modern day human sex trade.

Unquestionably, life has altered significantly since the Rockwellian days of decades past. Social policies enacted by the federal, state, and local governments created an array of opportunities with the simple objective to allow people to participate in all sectors of society. In 2006, the election of an African-American as President of the United States epitomized the dramatic shifting social and political realities. Yet even with such fast changing, positive transformations resulting from these social policies, one constant remains -- being a child today is simply not easy.

Hillary Clinton's 1996 book, and later updated in 2006, *It Takes a Village* clearly proposes that a community has a direct responsibility for its children. Clinton's premise is simple and direct when writing in the book's opening paragraph, "Children are not rugged individualists. They depend on the adults they know and on thousands who make decisions every day that affect their well-being."^{4,5}

There is nothing revolutionary or radical with Clinton's assertion that children depend on adults. It is quite obvious that decisions made by adults can dramatically impact and alter a child's life. Yet no matter the behavioral health indicator, the same story remains decade after decade. There are scores of children, who through no fault of their own, are set aside during their formative years with few comprehensive, long-term services at their disposal. The foundation necessary for leading a healthy,

productive, self-sufficient adult life in safe and secure communities is nothing more but a distant dream for millions of these young people.

Consider that in 1960, 64.5 million children lived below the poverty threshold and by 2013, the number had grown to 74 million young people ages 0-17; and by 2050, this number is projected to increase to 85.9 million.⁶ Another way to consider these numbers is that 22% of children live in families whose income is below the poverty threshold.⁷

Digging further into the numbers we learn that 48% of public school children in 2011 were eligible for free or reduced meals⁸ while 52% of public school children in rural and small communities were eligible for government subsidized meals. More recently, it was reported in October 2013 that over 1.1 million homeless children were enrolled in public schools, the largest number recorded in the history of the U.S. Department of Higher Education.⁹ Just as disturbing is the fact that ten states experienced a 20% increase over the previous year of homeless youth enrolled in public schools while the overall numbers are 72% higher compared to the year immediately prior to the 2008 recession.

Living in poverty creates a number of significant negative experiences. Research shows greater incidences of obesity, lower high school retention and graduation rates, higher long-term unemployment, increased heart disease, and greater involvement with the criminal justice system.

In keeping with the Norman Rockwell theme, there is the old adage that “home is where the heart is.” To expand this old adage one step further in the ideal community, “home is where healthy minds, hearts and bodies reside.” In particular, good pediatric care incorporates both the medical and dental home model for all children – a universal goal that is only attainable and sustainable if embraced at the local and national levels. Both the American Academy of Pediatrics (AAP) and the American Academy of Pediatric Dentistry (AAPD) define the medical and dental home as a model of primary general and oral health care this is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.^{10,11} In general, this ongoing relationship between the healthcare provider and child-patient relationship starts from infancy through adolescents. Certainly, a healthcare model this inclusive takes a “village of stakeholders” to design a collaborative, effective and efficient network in order to ensure a successful, affordable and just opportunity for all children.

We find state laws in Texas that preclude unaccompanied street youth from staying in a homeless shelter at night or the ability to seek out behavioral health services unless they have parental consent. Local

communities are reducing and eliminating after school programs because they are too costly. As of November 1, 2013, half the states have yet to expand Medicaid under the recent Affordable Care Act; the Texas Governor, while refusing to expand Medicaid, has not put forth a state-based alternative to expand health care access to the poor.

The sad fact is that the list of examples that illustrate the persistent lack of support to our children is long and shows no sign of being eliminated. Children have long been political pawns in the ideological battles that now have our government in perpetual gridlock. For whatever reason, we have lost our way, forgetting that we too were once children who in most circumstances were provided an incredibly rich, vibrant, strong safety net. Even more perplexing is the clear choice that pervades our communities that we do want to invest in our nation's future by insuring all children have access to citadels of learning, or that their health care is full and comprehensive, or their neighborhoods are safe and secure.

This special edition challenges us to consider becoming fully accountable to all of our children. Investing in them is investing in ourselves. Just as neighborhoods have their special and diverse characteristics, so too should be the solutions that communities develop to address these pediatric healthcare challenges. Within this journal issue, there are several studies looking at important trends in health care and innovative approaches for improving the outcomes for children in their locale. In the article, "Trends in Child Health Insurance Coverage: A Local Perspective," Jean L. Raphael and others demonstrate that when there is a decline in the availability of employer-sponsored insurance, there is an increase in the need for public insurance, especially among low income and ethnic minority children. When the Affordable Care Act is implemented, adequate resources to cover these families will be needed as employers determine what their roles and responsibilities will be regarding health insurance coverage. As the authors pointed out – free health care plays an important temporary role, but it is not a viable substitute for private insurance coverage.

What about the crazy, lazy days of summer that were partially filled with memorable childhood camp experiences? As Barry A. Garst and co-authors point out in the article, "Injury and Illness: Benchmarking and Prevention for Children and Staff Attending US Camps: Promising Practices and Policy Implications", health and safety issues may be an unexpected risk to an otherwise positive activity. This article identifies the frequency and types of health issues and injuries, and practical strategies for preventing and managing these problems. The use of online

educational materials and benchmark tools has practical value for communities and organizations that offer camping experiences to child.

From the memories of yesteryear, neither scorching sun, snow, sleet nor rain interfered with the daily trek of children walking or biking to and from school. Richard Larouche and colleagues revisit this theme in the article, "Correlates of Active School Transport Immediately Before and After the Transition from Primary to Secondary School: A Pilot Study," to determine the present day obstacles to this wholesome activity. More than ever, physical activity, together with positive socialization, helps to promote a healthy mind and body – important behaviors that enhance the educational experience. Not surprising, the main barriers for not making the hike to school these days are distance, safety and carrying too many belongings. With the right leadership and little ingenuity, many of these issues could be addressed while improving the overall value of communities. Imagine an idyllic scene where children live in close proximity to quality schools, well-groomed parks, accessible bike paths, and shaded sidewalks, all under the watchful eyes of neighborhood guardians and friends – who wouldn't want to play, work and live in such an inviting location? The authors of this study challenge us to think about developing policies and programs to promote this simple daily activity to get the children moving.

Lastly, a discussion regarding overall health, positive self-esteem and good quality of life in a nurturing community environment would not be complete without addressing the value of oral health in the children of all ages and the challenges of implementing a comprehensive, affordable and accessible dental care programs. Although dental caries (tooth decay) has the dubious recognition of being the most common chronic disease in children in the US, availability of good oral health care eludes many children and their families. Similar to other health problems, dental disease disproportionally affects low-income and minority children with poor access to care. In fact, dental disease affects more than one in three poor children with 36% having untreated tooth decay.¹² To further illustrate this problem, over half of homeless children and adolescents report dental pain, and decayed teeth with stretches of up to 5 years occurring between dental visits.¹² The travesty is that many of these common oral diseases are preventable with a good diet, daily oral hygiene, basic health education and the use of fluoride. Paul Casamassimo and co-author in the article, "Making a Community Ready for Oral Health", briefly highlight the widespread problem, while providing a realistic blueprint for progress in order to provide this essential health service.

Yes, being a child today is not easy. They experience mounting pressures to keep pace in the every changing technological world. The possibilities for our youth are many and their collective future is bright but they require that we adults create environments that support and encourage their successes. The over-arching question that frames this special issue of the *Journal of Applied Research on Children* is to what extent will our communities and neighborhoods step forward to create and expand the opportunities for young people so they are able to experience rich, fulfilling lives.

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