

# Preparing Diverse Adolescents for the Transition to Adulthood

Andrew J. Fuligni and Christina Hardway

## SUMMARY

Whether adolescents from immigrant and ethnic minority families will make a successful transition to adulthood hinges on their educational achievement, their acquisition of employable skills and abilities, and their physical and mental health. This article focuses on the extent to which diverse adolescents are prepared for adulthood according to these three critical developmental outcomes. It finds that, in general, adolescents from Latino and African American backgrounds appear to be less prepared to become healthy, productive, and successful adults than their peers. Specifically:

- ▶ Current data show that youth from Latino and African American families, particularly foreign-born Latino youth, have more difficulty than other adolescents completing school at each stage of the educational pipeline.
- ▶ African American and Latino youth aged 18 and over who do not attend college have more difficulty finding employment than white youth with similar levels of education.

▶ In general, minority youth are more likely to be in poor physical health and to engage in high-risk behaviors compared with white youth, while immigrant youth appear to be healthier across a broad range of indicators.

A key reason for these differences is that minority and immigrant youth have less access to and use of high-quality institutions and programs, including high schools, colleges, after-school programs, and health care resources. To better prepare these youth for adulthood, the authors call for improving school quality, providing financial support and health insurance, addressing information and language gaps, and building upon cultural traditions.

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**A**s with adolescents in any society, youth in the contemporary United States must develop a set of skills and acquire certain characteristics in order to become successful and productive adults. Although a comprehensive list of such qualities can be broad in scope and should be specific to youth's unique life circumstances, there are three developmental outcomes in particular that are known to have great significance for the adult success of all American adolescents: (1) receipt of high school and postsecondary degrees; (2) the acquisition of employable skills and abilities; and (3) the development of physical and mental health. A host of studies have indicated that the attainment of these outcomes by the end of the teenage years bodes well for the future social and economic integration of youth into American society. The answer to the question of whether adolescents from immigrant and ethnic minority families will make a successful transition to adulthood, therefore, hinges on youth's achievement of these three critical outcomes.

This article focuses on the extent to which diverse adolescents are prepared for adulthood by achieving educational attainment, occupational success, and physical and mental health. A description of current trends in these developmental outcomes sets the stage. Next, the article discusses the extent to which adolescents from immigrant and ethnic minority families have access to and make use of institutions and programs that promote successful development during the teenage years. The final section of the article highlights the particular characteristics of adolescents from immigrant and ethnic minority families that need to be taken into account in order to improve access to and use of such programs.

Discussion focuses upon youth from both immigrant and ethnic minority families because immigrant status is highly confounded with ethnic background. Most immigrant families originate in Asian and Latin American societies and the majority of all Asian and Latino youth in the United States have at least one foreign-born parent.<sup>1</sup> Information regarding the development of ethnic minority youth, therefore, provides a context for the specific situations facing adolescents from immigrant families. Distinctions between the first generation (youth born outside of the United States), second generation (youth born in the United States, but with at least one parent foreign-born), and third generation

or greater (youth and both of their parents born in the United States) are made when reliable data are available to do so, but the collection of systematic information regarding the development of adolescents from immigrant families has not kept pace with the rate at which they have become a prominent segment of the American population. This is particularly the case for immigrant families from specific ethnic backgrounds within the larger pan-ethnic categories of Asian and Latino (for example, Hmong, Nicaraguan, and so on). General reference is made to important variations within these larger categories when appropriate, but the lack of available data often prevents the presentation of detailed statistics according to youth's specific country of origin. Even when not explicitly discussed, great variability in development likely exists within the larger pan-ethnic categories of youth.<sup>2</sup>

## Ethnic and Generational Variation in Developmental Outcomes

Educational attainment, occupational success, and physical and mental health statistics reveal that, in general, adolescents from Latino and African American backgrounds appear to be less prepared to become healthy, productive, and successful adults than their peers. The difficulties of Latino youth appear to be particularly acute. Compared with almost any other group of adolescents, Latino youth routinely score lower on a number of indicators. The status of youth from immigrant families appears to be mixed. The dramatically low rates of educational attainment of immigrant adolescents from Latin American families is a major cause for concern given the importance of advanced education for many aspects of adjustment and well-being during adulthood. At the same time, overall, youth from immigrant families appear to be doing just as well as—or even better than—their peers from American-born families in terms of physical and mental health, and avoidance of high-risk behaviors.

### High School and Postsecondary Degrees

Educational attainment is the aspect of development with perhaps the most significance for teenagers' future lives. The more years of education adolescents receive, the better their chances for a successful transition to adulthood within a host of domains including employment, occupational status, income, housing, marriage,

and even health.<sup>3</sup> Current data show that youth from Latino and African American families, particularly foreign-born Latino youth, have more difficulty than other adolescents completing school at each stage of the educational pipeline. Asian American adolescents, in contrast, pursue schooling and attain degrees at a rate higher than any other group.<sup>4</sup>

### High School Completion

Compared with other groups, greater proportions of Latino and African American youth do not complete high school (see Figure 1). The completion rate for African American students has improved over the last 30 years. The gap between African American and white students narrowed during the 1970s and 1980s, but has remained the same for the past 10 to 15 years. The rate for Latino students fluctuated over the past three decades, but remains essentially the same as it was in the 1970s. In contrast, as a group, Asian students complete high school at rates equal to those of whites, with little difference between those from immigrant and American-born families.

The relatively low rate at which Latino youth complete high school is largely due to the fact that many are born outside of the United States and do not attend school here. Detailed analyses of data from the mid-1990s suggest that more than half of foreign-born Latino youth who do not receive a high school degree never attended American schools.<sup>5</sup> These youth have poor English skills and likely come to the United States either after the traditional school-age or immigrated with the single purpose of finding employment. Even so, American-born Latino youth (that is, the second and third generations) also complete school at rates lower than other groups.

### College Enrollment

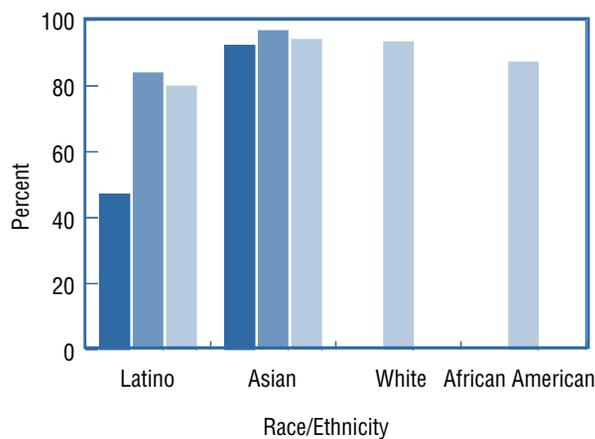
Although receiving a high school degree is certainly better than dropping out, the prospects for high school graduates in the contemporary United States are few and it has become increasingly important for youth to pursue education beyond the high school years. Group differences in college enrollment tend to mirror the trends observed for high school completion. Youth from Asian and white backgrounds are more likely than those from African American and Latino backgrounds to begin taking classes at two- or four-year colleges. As

**Figure 1**

### High School Completion, 2002

**KEY:**

- First generation
- Second generation
- Third generation



Notes: Figure represents the percentages of individuals 25 to 44 years of age who received a high school diploma. Data include foreign-born individuals who never attended American schools. Data for whites and African Americans are for non-Hispanic members of the entire race group.

Source: Current Population Survey, March 2002, Table 10.

shown in Figure 2, all three generations of Asian youth begin college at higher rates than white youth. In contrast, foreign-born Latino youth again demonstrate very low levels of educational persistence, with only 22% ever enrolling in college. The second and third generations of Latino youth enroll in college at rates that are similar to those of African American youth.

### College Completion

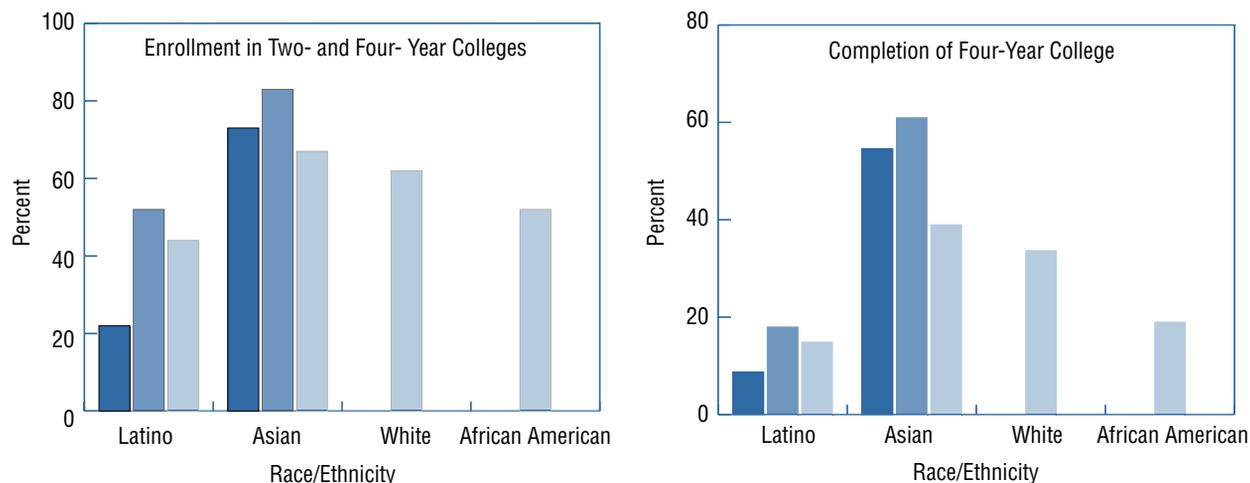
Group variations in the completion of a four-year college degree reflect the differences in enrollment, also shown in Figure 2. The ethnic variation among immigrants themselves is dramatically demonstrated in the fact that foreign-born Latino individuals between the ages of 25 and 44 years have the lowest rate of college completion, whereas those from Asian immigrant families have the highest rates. Whites receive four-year college degrees

**Figure 2**

**College Enrollment and Completion, 2002**

**KEY:**

- First generation
- Second generation
- Third generation



Notes: Figure represents the percentages of American schools. Data for whites and African Americans are for non-Hispanic members of the entire racial group.

Source: Current Population Survey, March 2002, Table 10.

at a rate similar to that of Asians from American-born families, and African Americans and the second and third generations of Latinos are fairly similar to one another in their receipt of four-year college degrees.

Although group differences in college completion follow the same patterns of educational success that existed during high school, it is important to note that the differences also reflect a winnowing of immigrant Latino students at each stage of the educational pipeline. Among those who completed high school, only 47% of foreign-born Latinos enroll in college as compared to 79% of foreign-born Asians. Similarly, among those who enroll in college, only 40% of foreign-born Latinos receive a four-year degree as compared to 75% of foreign-born Asians.

**Employable Skills and Abilities**

Today's American economy is such that the fortunes of non-college youth are dependent upon advanced training and credentialing. This is a subject of great concern in recent years, leading to increased attention on the school-to-work transition among these youth.<sup>6</sup> Because Latino and African American youth are relatively less likely to receive postsecondary education, their success in the labor market influences the extent to which the group as a whole will thrive in adulthood. Unfortunately, statistics show that these youth have more difficulty obtaining well-paying jobs than others with similar levels of education. (See the article by Nightingale and Fix in this journal issue.)

Employment rates of the non-college-bound suggest that while all of these youth have substantial difficulty

in the labor market, the problems are worse for African American and Latino youth. As shown in Figure 3, the employment rates of these two groups hover around 50% and are substantially lower than those of white youth.

Earnings tell a similar story. (See Figure 4.) African Americans, age 18 years and over, who do not pursue college but still hold a job, earn lower wages than white youth with similar levels of education, and Latino high school graduates earn less than white high school graduates. There is one exception to this general trend: Latino high school dropouts who are employed earn similar wages to white dropouts who are employed.

Similarly detailed analyses of data on Asian American and Latino youth of different generations are currently unavailable, but it is likely that the members of these groups who do not receive postsecondary education also have difficulty obtaining high-paying jobs. For example, a study conducted by the Pew Hispanic Center found

that second generation Latino youth who completed only high school earn less than their white counterparts with similar levels of education.<sup>7</sup>

### Physical and Mental Health

The development of good physical and mental health is critical for the long-term adjustment and productivity of youth.<sup>8</sup> In general, minority youth are more likely to be in poor physical health and to engage in high-risk behaviors compared with white youth, whereas immigrant youth appear to be healthier across a broad range of indicators. Results can vary widely across different ethnic subgroups, however.

### Physical Health

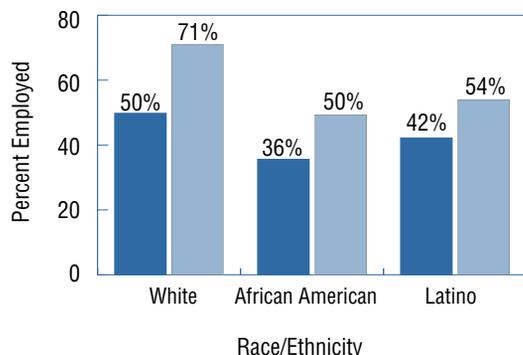
Several indicators suggest that ethnic minority adolescents, particularly those whose families were born in the United States, are in poorer health than other youth. The National Longitudinal Study of Adolescent Health (AddHealth) includes a very large, nationally representative sample of youth and provides informa-

**Figure 3**

### Employment Status of High School Graduates and Dropouts, 2002

**KEY:**

- High School Dropout
- High School Graduate



Notes: Figure represents the percentages of individuals aged 16 to 24 years who were employed. Data for high school dropouts are for those who dropped out of school during the 2001-2002 academic year and did not re-enroll during that year. Data for high school graduates are for those who graduated in 2002 and were not in college.

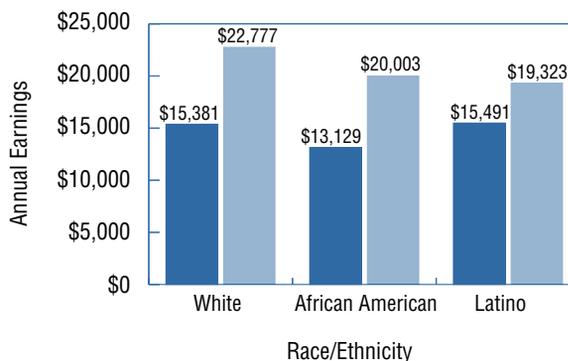
Source: National Center for Educational Statistics. *Digest of educational statistics*. Washington, DC: U.S. Department of Education, NCES, 2002.

**Figure 4**

### Earnings among High School Graduates and Dropouts, 2001

**KEY:**

- High School Dropout
- High School Graduate



Note: Figure represents the median annual earnings for employed individuals age 18 years and over.

Source: U.S. Census Bureau. Current Population Survey, March 2002, Table 8.

tion on several indicators of health among ethnically and generationally diverse adolescents. Data from AddHealth reveal that significantly higher percentages of African American adolescents, Latino adolescents, and American-born non-Latino adolescents (who were mostly Asian American and American Indian) report being in only fair or poor health, as compared to those from white families.<sup>9</sup> (See Table 1.)

Foreign-born youth actually report better health as compared to American-born adolescents of the same ethnicity, with only 9% of immigrant adolescents being in fair or poor health. More specific indicators of health also support the general conclusion of poorer health among ethnic minority and American-born youth. For example, as shown in Table 1, asthma and obesity are more common among adolescents from American-born Latino and African American families than among those from white families, but less common among immigrant adolescents. However, differences in health exist within these broader ethnic categories of youth. For example, adolescents whose families were from China tend to be

in better health compared with similar adolescents from the Philippines across a number of health indicators including general health, obesity, and asthma. Cuban adolescents from immigrant families are less likely to be in fair or poor health than Mexican adolescents, but are more likely to suffer from asthma than similar Mexican adolescents.

**Mental Health**

In contrast to physical health, data from the AddHealth study and other sources indicate no consistent ethnic or generational differences in general psychological well-being.<sup>10</sup> Similarly, a recent review of the literature concerning the relative rates of depression among adolescents of various ethnicities reported that the results are inconclusive.<sup>11</sup> The review did suggest, however, that Mexican American youth might be at an increased risk for depression. Other surveys, such as the nationally representative Youth Risk Behavior Survey (YRBS), conducted by the Centers for Disease Control and Prevention, support the assertion that adolescents of Latino descent may be more likely to suffer from pro-

**Table 1**  
**Self-Reported Indicators of Adolescents' Health**

	Overall health fair or poor	Asthma	Obesity	Sexual intercourse at least once	Use of at least three or more controlled substances
First generation <sup>a</sup>	9%	5%	17%	31%	8%
Second generation <sup>b</sup>	11	8	27	34	17
Third generation <sup>c</sup> , Latino	13	16	31	45	25
Third generation <sup>c</sup> , non-Latino other	14	15	32	39	24
Third generation <sup>c</sup> , non-Latino African American	12	14	30	55	9
Third generation <sup>c</sup> , non-Latino white	8	12	23	37	25

<sup>a</sup>First generation refers to youth who were born outside the United States.

<sup>b</sup>Second generation refers to youth who were born in the United States, but at least one parent was foreign-born.

<sup>c</sup>Third generation refers to youth who were born in the United States, and both parents were also U.S.-born.

Source: Harris, K.M. The health status and risk behaviors of adolescents in immigrant families. In *Children of immigrants*. D.J. Hernandez, ed. Washington D.C.: National Academy Press, 1999, pp. 286-347. Data are for adolescents in grades 7 through 12.

longed periods of sadness.<sup>12</sup> In the most recent YRBS, Latino students—especially female Latino students—are more likely than African American and white students to report feeling sad or hopeless, and to have attempted suicide. (See Table 2.) An analysis that combined the data sets from the YRBS collected in 1991, 1993, 1995, and 1997 found that Asian American and Pacific Islander youth are less likely than Latino adolescents to have attempted suicide in the previous 12 months, but more likely than African American and white students to have done so.<sup>13</sup>

### High-Risk Behaviors

In addition to traditional indicators of physical and mental health, youth's involvement in high-risk behaviors can have significant implications for the extent to which they make a successful transition to adulthood. Early childbearing and parenthood, as well as substance abuse, can compromise a youth's ability to pursue advanced education and obtain viable employment.<sup>14</sup>

### Sexual Activity

Latino and African American teenagers are more likely than other youth to engage in sexual intercourse and bear children. According to the AddHealth survey, a higher percentage of African American adolescents report having had sexual intercourse at least once during their lives compared with American-born Latino, other non-Latino (mostly Asian American<sup>15</sup> and American Indian), and white adolescents.<sup>16</sup> (See Table 1.) African American and Latino teenagers are also more likely to have given birth than white or Asian American adolescents. According to an analysis of data from National Vital Statistic Reports, there were 71.8 births per 1,000 African American adolescents ages 15 to 19 years, compared with 86.4 among Latinos; 30.3 among whites; and 19.8 among Asian American/Pacific Islanders.<sup>17</sup>

On average, youth from immigrant families (those who were born outside the country or whose parents were born outside the country) are less likely to have had sexual intercourse.<sup>18</sup> Evidence also suggests that, despite lower levels of educational attainment, foreign-born Latina adolescents, at least those from countries in Central and South America, are less likely to become pregnant than American-born Latina adolescents.<sup>19</sup> The rate at which immigrant and native-born Latino adolescents of different national origins engage in sexual intercourse

**Table 2**

### Indicators of Adolescents' Mental Health

	Felt sad or hopeless almost everyday for two or more weeks	Attempted suicide in the previous 12 months
Latino	34%	12%
African American	29	9
White	27	8

Source: Centers for Disease Control and Prevention. Surveillance Summaries, June 28, 2002. *Morbidity and Mortality Weekly Report* (2002) 51 (SS-4).

varies. The group of adolescents least likely to have ever had sex is the group who were born in Mexico, whereas Puerto Rican adolescents from American-born families were most likely to have had sexual intercourse. Across all Latino groups, however, those adolescents born outside the country are less likely to have had sex than those born into native families. Variation among Asian groups suggests that, across generations, Chinese youth are less likely and Filipino youth are more likely than other Asian adolescents to engage in sexual activity.<sup>20</sup>

### Substance Use

Foreign-born adolescents and non-Hispanic African American adolescents from American-born families tend to be the least frequent users of illicit drugs. For example, in the AddHealth study, foreign-born teenagers and African American adolescents were far less likely to report using at least three or more controlled substances in their lifetime compared with Latino and white youth.<sup>21</sup> (See Table 1.) Other evidence suggests that Asian Americans are more likely than African Americans, but less likely than white and Latino adolescents, to smoke and use cocaine, and less likely than other groups to engage in alcohol and marijuana use.<sup>22</sup>

Among Asian American youth, Chinese adolescents are less likely to have used three or more controlled substances than Filipino adolescents. Variation within

## **Schools with higher enrollments of minority and limited English proficient students...are less likely to...[have] social climates that are conducive to learning and achievement.**

the Latino community is complex; whereas Puerto Rican adolescents born in the mainland United States are less likely to be involved in substance use than other native-born Latino youth, those born in Puerto Rico have the highest rate of drug use among all immigrant Latino adolescents. Moreover, the differences between adolescents born in Puerto Rico and those born in the mainland United States are quite small compared with comparable differences between other native and immigrant Latinos.<sup>23</sup>

### **Variation in Access to and Use of Quality Institutions and Programs**

During the teenage years, three significant institutions and programs—high schools and colleges, out-of-school activities, and health care systems—play an important role in the preparation of youth for adulthood. Yet considerable ethnic and generational variation is evident in adolescents' access to and use of such programs. Existing data suggest that in every category, adolescents from Latino, African American, and immigrant families have lower access to and use of high-quality institutions and programs that can facilitate their successful transition into adulthood.

#### **High Schools and Colleges**

Observers have highlighted three basic qualities of secondary schools that promote academic achievement, high school graduation, and preparation for college attendance: qualified teachers, a positive school climate, and the availability of college preparation and advanced college placement courses. Youth from Latino, African American, and immigrant families are much less likely to attend schools with these features available to them. Schools with higher enrollments of minority and limited English proficient (LEP) students are more likely than other schools to have beginning rather than experienced teachers.<sup>24</sup> In addition, Latino and African American high school students are less likely to be in schools with social climates that are conducive to learning and achievement. Schools with high enrollments of LEP

students are more likely to be considered large (that is, more than 900 students enrolled),<sup>25</sup> and severe overcrowding is more likely to be found at schools with high concentrations of minority students.<sup>26</sup> Latino and African American students are also more likely to report fears of being attacked or harmed in their school, avoiding certain places in their school, and the presence of gangs in their schools.<sup>27</sup>

In addition to having teachers with less experience in schools with challenging social environments, Latino and African American students are less likely to participate in the advanced coursework that is necessary for college admission and attendance. Even among high school graduates, Latino and African American students are the least likely to take advanced courses in math and science.<sup>28</sup> Asian American students, in contrast, participate in advanced coursework during high school more than any other ethnic group of students, including whites. Some of these ethnic variations in course enrollment are due to variations in the availability of advanced coursework across schools, with the upper tracks being smaller and the lower tracks being larger in schools with high numbers of minority students.<sup>29</sup> Yet similar group differences also exist within the same schools.

The higher levels of achievement of Asian American and white students make them more eligible for admission into advanced coursework. Nevertheless, some “mis-enrollment” also occurs, whether due to official placement by school personnel or voluntary course selection patterns. Enrollment outside of one’s level of achievement is more likely to favor Asian American students (that is, they are more likely to be enrolled in advanced courses than students at equivalent levels of ability) and to hurt African American and Latino students (that is, they are less likely to be enrolled in advanced courses than students at equivalent levels of ability).<sup>30</sup>

There have been few systematic analyses of generational variations in youth’s access to quality high schools, but it is known that foreign-born high school students are more likely than native-born students of the same ethnicity to attend school in districts that are poor,

troubled, and possess many of the characteristics that typify the schools of Latino and African American students more generally.<sup>31</sup>

As suggested by the group differences in educational attainment reported earlier, African American and Latino students are less likely to have access to and make use of four-year colleges, whose degrees offer a much higher level of social and economic security. These group variations are largely due to the lower achievement levels of these students during high school, and to their not taking the steps necessary in order to gain admission into four-year colleges.

In recent analyses of the “National Educational Longitudinal Study: 1988” (NELS:88), a nationally-representative study of adolescents, researchers created a “college qualification index” which consisted of a set of criteria that must be met in order to be eligible for four-year colleges in the United States.<sup>32</sup> These criteria included cumulative grade point average (GPA) in high school, senior class rank, performance on an aptitude test especially created for the study, and scores on the SAT and ACT college entrance exam, with an adjustment made for the rigor of the student’s academic coursework. Among high school graduates in the study, the Latino and African American students were less likely to be qualified for a four-year college than Asian American and white students. Among those who were qualified on the basis of their high school coursework and performance, Latino students were less likely to take college entrance exams and submit applications to four-year colleges. Finally, among the college-qualified students who did enroll in college, Latinos were less likely to enroll in four-year colleges and more likely to enroll in two-year colleges. The importance of achieving a level of performance that makes one qualified and of taking the steps necessary in order to be eligible for a four-year college is highlighted by the study finding that, among those who were college qualified, ethnic differences in four-year college enrollment were eliminated among those students who had taken entrance exams and completed an application for admission. In addition, low-income students from the same study who were as qualified for college as other students attended four-year schools at the same rate as middle-income students.

Latino and African American students not only enroll in college at lower rates, but they are less likely to com-

plete their postsecondary degrees when enrolled. On average, these students are more likely to possess risk factors for college attrition such as poorer high school performance and lower levels of family income. Yet African American and Latino students are also less likely to attend institutions that have higher rates of degree completion among their students. These include private institutions, four-year colleges, residential schools where students live in dorms, and more selective schools with higher prestige.<sup>33</sup> It is difficult to determine cause and effect in this situation, because the lower attrition rates of these institutions are at least partially due to the lower attendance of African American and Latino students, but these are the types of postsecondary schools that are more likely to possess characteristics conducive to retention, such as higher levels of student satisfaction, social integration, out-of-class interactions with faculty, and faculty concern with students and learning.

### **Out-of-School Activities and School-to-Work Programs**

Activities and programs that take place outside of regular school hours have become increasingly important settings for the development of skills, competencies, and attitudes that are conducive to a successful transition to adulthood.<sup>34</sup> These activities and programs may be based in schools or communities and can focus on academics, sports, music, religion, community service, or other domains. Although the majority of these programs have not been rigorously evaluated, studies have suggested that involvement in such activities can increase positive outcomes such as academic achievement and educational persistence, and can reduce youth’s involvement in risky behaviors like pregnancy and substance abuse. This is particularly true of high-quality programs that take a holistic approach to positive youth development, promote the development of positive adult-adolescent relationships, and provide opportunities to build self-confidence and enhance a variety of skills.<sup>35</sup>

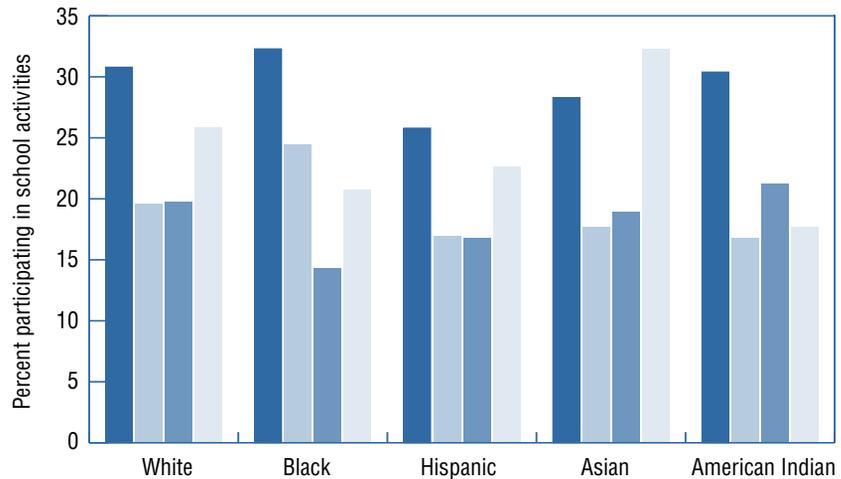
Substantial research on out-of-school activities only recently has begun to emerge, and the little attention focused on variability in the participation of youth in these programs has addressed only ethnic and not generational diversity. Nevertheless, numerous studies have suggested that Latino and African American adolescents are less likely to be involved in out-of-school activities, particularly the types of activities and programs that are

Figure 5

## High School Seniors' Participation in Extracurricular Activities

## KEY:

- Interscholastic team sport
- School band or orchestra
- School yearbook/newspaper
- School academic club



Source: Based on data from National Center for Education Statistics. *National Education Longitudinal Study of 1988: First and second followup surveys*. Washington, DC: U.S. Department of Education, NCES, Table 140, prepared March 1994.

most conducive to positive youth development. For example, analyses of the activities of eighth grade students in a study from the National Center for Education Statistics (NCES) indicates that a greater proportion of white students (74%) reported participating in out-of-school activities as compared to Hispanic (60%), African American (66%), and Asian American students (68%).<sup>36</sup> (See the article by Hernandez in this journal issue.)

The number and type of activities in which students engage appear to differ across groups of adolescents, as well. Analyses of data on the activities of tenth grade students from the same NCES study revealed that Hispanic and African American students participated in fewer school activities, both academic and non-academic, than Asian American and white students.<sup>37</sup> This trend apparently continues through high school. Follow-up surveys from this study found that as seniors in high school, generally fewer Hispanics participated in a variety of out-of-school activities compared with other racial/ethnic groups. African American seniors were more likely to participate in athletics and performing arts, but less likely to participate in activities such as the school newspaper

and academic clubs.<sup>38</sup> (See Figure 5.)

As other researchers have noted, however, the data concerning differences in the rates at which students from different backgrounds participate in school and community-based activities do not establish whether these differences are attributable to the opportunities afforded these students or differences in their interests.<sup>39</sup> A review of the literature on out-of-school participation by youth from more and less affluent backgrounds indicates that urban youth are more likely to participate in neighborhood-based programs rather than school-based programs. Youth from lower socioeconomic backgrounds are less likely to participate in school-based activities like honorary societies, academic clubs, and student government than youth from high socioeconomic backgrounds. Those from the lower socioeconomic quartile have been found, however, to engage in community programs like Boys and Girls clubs and YMCA/YWCA activities more than their wealthier counterparts. The authors suggest that availability of resources may be the reason for this disparity. Urban schools with a greater number of stu-

## **...compared to white adolescents, youth from ethnic minority and immigrant families are less likely to have regular access to health care resources.**

dents from low socioeconomic backgrounds are often unable to provide an array of extracurricular activities, thus prompting neighborhood youth organizations to focus their efforts toward these underserved areas. It is also possible that urban youth find the neighborhood-based activities more stimulating.

Another genre of youth development programs, which includes those designed to facilitate the transition from school-to-work, include a variety of both school-based and work-based learning programs, as well as a third type in which schools and employers work together to develop links between school-related and occupation-related activities. An evaluation of the National Longitudinal Survey of Youth, 1997 (NLSY97) indicates disparity in participation rates across ethnicities for these programs as well.<sup>40</sup> African American students are more likely to participate in at least one school-to-work program than students of other ethnicities, but Latino students are less likely than non-Latino students to do so. Other analyses suggest that limited availability may be responsible for decreased participation among Latino youth. A survey administered to schools participating in the NLSY97, the 1996 School Administrators Survey (SAS96), indicates that schools with high percentages of Latino students are less likely to offer such programs than other schools.

### **Health Care**

Several indicators reveal that, compared to white adolescents, youth from ethnic minority and immigrant families are less likely to have regular access to health care resources. Analyses of a survey collected from a nationally-representative sample of students in grades 5 through 12 for the 1997 Commonwealth Fund Survey of the Health of Adolescents suggest that as a group, minority adolescents (31%) are more likely than white adolescents (23%) to report having missed needed care.<sup>41</sup> Analyses of the AddHealth study support this finding. Adolescents who were African American, Latino, and those listing an “other” ethnicity all were more likely than white adolescents to have foregone

health care in the previous year.<sup>42</sup> Moreover, data from the 1998 National Health Interview Survey, conducted by the Census Bureau, indicate that when care is obtained, the source of health care varies for minority and white adolescents.<sup>43</sup> Whites are more likely than Latinos and African Americans to have a doctor’s office, private clinic or HMO reported as their regular source of care.<sup>44</sup> African American and Latino adolescents are more likely than whites to report going to a neighborhood or hospital clinic, or to have no regular source of routine care.<sup>45</sup>

In large part, inequities in health care service can be attributed to fewer adolescents from ethnic minority groups having health insurance. Analyses of the National Survey of America’s Families indicate that foreign-born children and adolescents as well as those from immigrant families are more likely to lack health insurance than a comparable group of American-born children and those from American-born families, even after controlling for income, family composition, parental employment, parental education, race, health status, age and gender.<sup>46</sup>

An analysis of information from the 1996 Current Population Survey and the 1994 National Health Interview Survey suggests that the largest group of adolescents who lack insurance are non-citizen Latinos.<sup>47</sup> In fact, the majority of these adolescents are uninsured. (See Figure 6.)

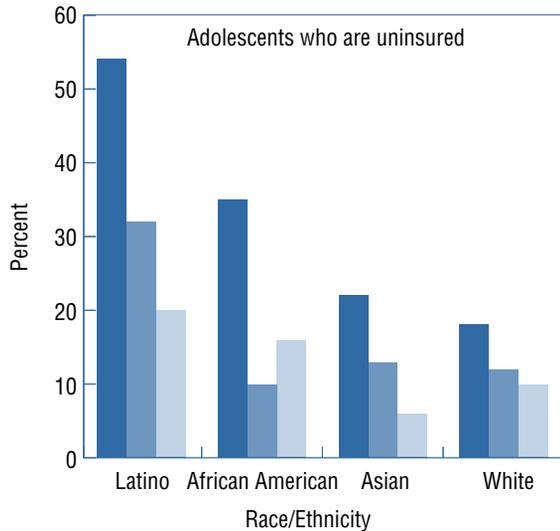
According to analyses of the 1995 National Health Interview Survey, uninsured adolescents were almost four times more likely than insured adolescents to have at least one unmet need across five types of medical care, including dental care, prescriptions, and mental health care. Of those who were insured, 6% were reported to have gone without needed care, compared with 23% of uninsured adolescents.<sup>48</sup> Data from the 1997 Commonwealth Fund Survey of Adolescents suggest that for those adolescents who missed care, minority students were more likely to report that lack of insurance was the reason they had done so; 14% of minority adolescents

**Figure 6**

**Uninsurance Rates and Doctor Visits, by Race/Ethnicity and Immigrant Status**

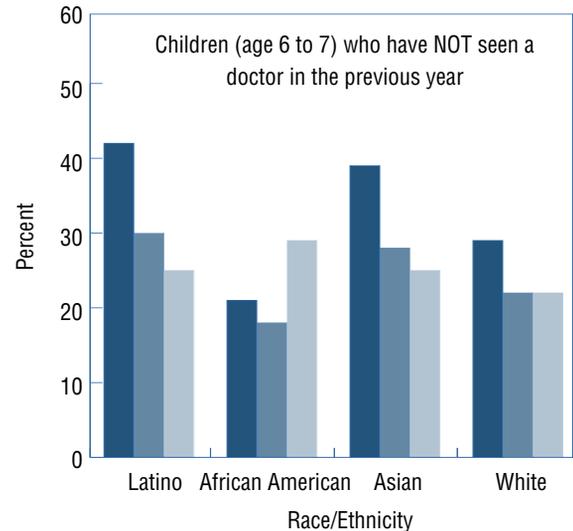
**KEY:**

- Non-citizens
- Citizens living in immigrant families
- Citizens living in native-born families



**KEY:**

- Immigrants
- U.S.-born living with immigrant parents
- U.S.-born in U.S.-born families



Source: Brown, E. R., Wyn, R., Yu, H., et al. Access to health insurance and health care for children in immigrant families. In *Children of immigrants*. D. J. Hernandez, ed. Washington DC: National Academy Press, 1999, pp. 126-186.

compared with 7% of white adolescents reported this was the case.<sup>49</sup>

Data from the 1988 National Health Interview Survey indicate that having insurance is associated with both an increase in number of visits made to the doctor in the previous year as well as an increase in the percentage of adolescents with a usual source of care among all ethnic groups studied, but the increase is most pronounced for African American and Latino adolescents (information on Asian adolescents was unavailable).<sup>50</sup> (See Table 3.)

Analyses of the 1994 National Health Interview Survey show that lack of usual health care is a more acute problem for children of immigrant families, particularly Latino, Asian, and white immigrant children.<sup>51</sup> (See Figure 6.) Interestingly, more African American youth born to native families had not seen a doctor in the

previous year than their counterparts born into immigrant families.

Other factors may contribute to the disparity in health care services. For example, research indicates that white adolescents may have more access to needed information concerning sexual health than youth from minority backgrounds. According to a Kaiser Family Foundation survey, African American, Latino and Asian American adolescents and young adults ages 15 to 24 are more likely than white adolescents to say that they would seek more information on a variety of reproductive health topics, including information on how to know if one has HIV/AIDS or a sexually transmitted disease; how to protect oneself from HIV/AIDS and where to get tested for HIV/AIDS; birth control and protection options; how to bring up sexual health issues with a partner or doctor; and how to deal with the pressure to have sex.<sup>52</sup>

Another analysis of the AddHealth study revealed that minority adolescents might not receive needed mental health care. Among suicidal adolescents, Latino, African American, and Asian American youth were less likely to receive psychological or emotional counseling than white adolescents.<sup>53</sup> The lack of treatment was particularly acute for Asian American youth, who were less than half as likely to receive counseling as white youth.

### Improving Access for Minority and Immigrant Youth

The ethnic and generational differences discussed in the prior two sections clearly indicate that certain segments of the adolescent population in the United States are not prepared for a successful transition to adulthood, and that these segments are not being well-served by the primary extra-familial institutions and programs during the teenage years. These segments include youth with Latino and African American parents, particularly those from immigrant Latino families. Improving the preparation of these youth for the future depends in part upon the ability of high schools and colleges, extracurricular and school-to-work programs, and the health care system to meet the needs of this increasingly large segment of the population of American teenagers.

For institutions and programs to become more accessible, specific characteristics of these diverse adolescents and their families will need to be taken into account. Those in charge of these institutions and programs need to pay particular attention to the challenges and resources that characterize Latino and immigrant families, whose children are driving much of the increase in ethnic diversity in the United States and who appear to be in the greatest need of support and assistance.

#### Improve School Quality

Adolescents from Latino, African American, and immigrant families are more likely to live in poor neighborhoods with high crime and few resources.<sup>54</sup> Neighborhood quality and school quality are strongly linked in the United States, which means that these youth attend schools of poor quality with less skilled teachers and fewer advanced programs. It is difficult to imagine how students from Latino immigrant families and those from African American families can raise their high school completion and college attendance rates

without a significant improvement in the quality of the schools that they attend.

Especially for those students who do not have the benefit of many educational resources at home, factors related to school quality make a critical difference in their educational progress.<sup>55</sup> Although enhancing teacher quality, school climate, and enrollment in advanced courses are not sufficient to improve the educational attainment of these groups of youth, they are necessary conditions for a comprehensive approach to significantly enhance their future economic prospects as these adolescents reach adulthood.

#### Provide Financial Support and Health Insurance

The lower educational, occupational, and income levels of many Latino and African American families, and the poor neighborhoods where many of these families live, affect youth's educational attainment, occupational success, and health.

Low-income families have limited resources for out-of-school enrichment activities and supplementary educa-

**Table 3**

### Implications of Being Insured versus Uninsured

	Number of doctor visits in previous year, on average	Percent having a usual source of routine care
Latino		
Insured	2.2	87%
Uninsured	1.1	66%
African American		
Insured	2.2	92%
Uninsured	1.4	84%
White		
Insured	2.8	91%
Uninsured	2.0	82%

Source: Lieu, T. A., Newacheck, P. W., McManus, M. A. Race, ethnicity, and access to ambulatory care among U.S. adolescents. *American Journal of Public Health* (1993) 83: 960-965.

## Box 1

### Career Academies: Improving the School-to-Work Transition

Career Academies is a school-within-school, or “small learning community,” program to facilitate school-to-work transitions. This program model, designed to promote a more supportive school environment, has been in existence for 30 years and has been practiced in more than 1,500 high schools throughout the nation. The programs have been demonstrated to have a positive influence on the academic careers of students at high risk for dropping out of high school. Through these programs, participating students take a variety of both occupation-related and academic classes. Partnering local employers provide opportunities to build career awareness and engage in work-based learning activities.

An intensive evaluation of this model conducted by Manpower Demonstration Research Corporation indicates that this type of program is successful with students at high risk for dropping out, but not for students at medium or low risk for dropping out. Participating high-risk students were less likely to drop out of high school than non-participating high-risk students. High-risk participating students also had better attendance rates, higher rates of academic course taking, earned more credits toward on-time graduation, and were more likely to apply for jobs. More than 50% of students served by this type of program were Latino. Further analyses conducted by researchers suggest that those academies better able to provide their students with a high level of perceived interpersonal support (perceived by students during the early years of high school) were even successful with those students in the medium-risk level students, compared with those academies which were less successful at imparting to their students a strong sense of interpersonal support.

For more information: See Kemple, J.J., and Snipes, J. *Career Academies: Impacts on students' engagement and performance in high school*. Available online at [www.mdrc.org/publications/41/execsum.html](http://www.mdrc.org/publications/41/execsum.html).

tional materials and services, a particular problem for those adolescents who are having difficulty in school or possess unique psychological or behavioral difficulties. Poorer families also have less income for college and may perceive advanced education as unaffordable, even if they actually qualify for financial assistance. Those teenagers who must contribute financial support to their families risk a disruption in their educational progress.<sup>56</sup>

In addition, low-income families often cannot afford health insurance and quality health care for both physical and mental ailments. Among immigrant families, many teenagers and their families are not eligible for health services and financial assistances because they are undocumented immigrants or because of other restrictions.<sup>57</sup>

At the same time, the neighborhoods where many minority and immigrant families live present threats of physical harm, a lack of safety, and victimization that can compromise youth's mental health and school achievement. Such neighborhoods offer fewer out-of-school programs that are of the quality that can enhance development, and the poverty and violence in some neighborhoods make it very difficult to establish new programs. Finally, it is likely that fewer health services are available within these neighborhoods, including those focused on the mental health of children and teenagers.<sup>58</sup>

As a result of limited family and neighborhood socioeconomic resources, the cost of postsecondary education and many out-of-school activities appears to prevent many poorer Latino, African American, and immigrant families from making use of these important institutions and programs. As such, it is important to provide financial aid for postsecondary schools as well as to supply information to families about how such aid may be obtained. In addition, making enrichment activities available at low cost or with financial support to low-income families would give youth the opportunity to take part in programs that facilitate their educational progress and occupational success. (See Boxes 1 and 2.) Finally, it is clear that one of the first ways to improve access to quality health care among Latino, African American, and immigrant families is to improve their ability to obtain insurance.<sup>59</sup>

#### Provide Needed Information

Lack of needed information can prevent minority and immigrant youth from accessing quality programs and institutions. This is particularly true for immigrant Latino parents, who have less knowledge and ability to negotiate the complexities of getting their children into college, and to maneuver the patchwork of federal, state, and local programs that have differing rules regarding eligibility for a wide variety of services and financial assistance.

## Box 2

### Children's Aid Society: Preventing Teen Pregnancy

The Children's Aid Society-Carrera Adolescent Pregnancy Prevention Program, developed in 1984, integrates two popular prevention components focusing on both the sexual antecedents of teen pregnancy, and the non-sexual antecedents (such as living in a disadvantaged family, lack of close relationships with caring adults, and low achievement). Operating nationwide, the program provides youth development opportunities and reproductive health services, consisting of activity and service components including:

- ▶ A work-related intervention which provides employment experiences, stipends, and an individual bank account;
- ▶ An education component which consists of an individual academic assessment, tutoring, and SAT preparation;
- ▶ Family life/sex education;

- ▶ Self expression through the arts and individual sports; and
- ▶ Comprehensive medical care, including reproductive health and contraceptive counseling, and mental health services.

Although this program is intensive and expensive to implement, a recent review of the effectiveness of teen pregnancy prevention programs indicated that it had the strongest impact on the long-term pregnancy rates of the young women who participated, reducing pregnancy rates for a three year period.<sup>61</sup> The design of this intervention addresses many of the needs that research suggests immigrant, Latino, and African American teenagers have. It provides opportunities for these adolescents to develop relationships with adults who can give them needed information and guidance regarding their educational careers as well as proper health care and information.

<sup>61</sup>Kirby, D. *Emerging answers: Research findings on programs to reduce teen pregnancy*. Washington, DC: National Campaign to Prevent Teen Pregnancy, 2001.

For more information: See Carrera Adolescent Pregnancy Prevention Program. *Children's Aid Society-Carrera Adolescent Pregnancy Prevention Program*. Available online at [www.stopteenpregnancy.com/ourprogram](http://www.stopteenpregnancy.com/ourprogram).

Minority and immigrant parents who have relatively little educational experience beyond primary school have less intimate experience with and knowledge about the secondary and postsecondary educational system, and the means by which students are accepted into and graduate from college.<sup>60</sup> The knowledge necessary for a successful negotiation of American schools is great, and includes whether and how parents can choose alternative public schools if their own school is undesirable, which secondary schools promise the highest chances of college acceptance, and the courses, achievement levels, standardized tests, financial aid forms, and entrance applications that must be completed in order to be eligible for college.

Immigrant parents also may lack information about their eligibility and rights in terms of access to services. Rapidly changing federal and state laws regarding the eligibility of immigrants for education, social services,

and health care create a great deal of confusion among immigrant families. As a result, even if they are legally eligible, they may not access the services.<sup>61</sup>

Efforts to increase the use of programs and institutions by diverse adolescents should concentrate on the effective delivery of information about eligibility, access, and program content. In terms of education, youth and their parents need information about how to negotiate the American educational system through choosing the right schools, taking the appropriate courses, obtaining the necessary qualifications and following the procedures required for postsecondary education and financial aid. (See Box 3.) Immigrant families and youth need to be aware of the types of health care services and programs for which they are eligible, and the ways in which they might access those services. Communication can be enhanced by the use of intermediaries who are involved in immigrant communities, such as non-governmental

organizations that know effective means of reaching and communicating with youth and their parents.

### Respond to Difficulties with the English Language

The English language ability of many immigrant parents can be quite limited, particularly among parents from Latin America.<sup>62</sup> This can affect the extent to which

parents can access and understand important information regarding education, out-of-school programs, and health care that might be available to them. Communication between parents and their children's schools, health care providers, and other institutions can be compromised. Among youth themselves, some who immigrate during the high school years may have limited ability and comfort with the English language that can interfere with their ability to succeed academically and even prevent some of them from ever enrolling in secondary school.<sup>63</sup>

## Box 3

### The Puente Project: Increasing Educational Attainment

One program that has been effective in increasing the educational attainment of youth from Latino backgrounds is the Puente Project. The model was originally developed in 1981 for California community colleges in order to increase the rate at which Latino students matriculated and transferred to four-year institutions. In 1993, the model was adapted to high schools. Key aspects of the Puente High School program include:

- ▶ providing information to parents and families regarding the process by which students move through the educational system over the course of their educational careers;
- ▶ providing opportunities to work with English teachers directly in mixed level groups; giving students the opportunity to work with members of the community in a mentoring relationship designed to provide students with professional leaders with whom they can identify and gain needed information; and
- ▶ counseling that provides students with the support necessary to develop an academic plan.

In a program review conducted by the American Youth Policy Forum, High School Puente was identified as an effective program in raising minority academic achievement.<sup>a</sup> Compared to a matched sample, Puente participants completed more high school credits, were more likely to take academically demanding courses, were more likely to take the SAT or ACT, and also were more likely to attend college, especially a four year institution.<sup>b</sup>

<sup>a</sup> American Youth Policy Forum. *Raising minority achievement*. Washington, DC: AYPF, 2001.

<sup>b</sup> But program participants did not have a higher GPA compared to the matched sample, nor were they less likely to drop out of high school.

For more information: See the Puente Project. *Bridge to a better future: A state-of-the-program report from the Puente Project*. Available online at [www.Puente.net](http://www.Puente.net).

## Box 4

### Border Health Initiative and New Americans Project: Improving Access to Healthcare

The Border Health Initiative and New Americans Project (associated with the Project Concern International) trains community health workers to work with Southern California's diverse population to improve the health care services of the large immigrant population in that part of the country. This organization promotes programs designed to increase access to health education and health care among a range of immigrant populations by addressing language barriers and the unavailability of culturally and linguistically sensitive care, and by facilitating the connections between immigrant families and the proper health care services. For example, members of this organization train East African immigrant teenagers to become Youth Health Advocates and share knowledge with other East African adolescents. Other programs involve working with Latino communities along the California/Baja border to promote outreach and case management through schools, door-to-door work, and health fairs to decrease disparities in access to education and to services associated with mental health, substance abuse, and other health issues.

This is the kind of community-based program that researchers suggest for addressing the impediments that immigrant groups often face in securing proper healthcare, beyond those related to lack of insurance.<sup>a</sup>

<sup>a</sup> Lessard, G. and Ku, L. Gaps in coverage for children in immigrant families. *The Future of Children: Health Insurance for Children* (Spring 2003) 13(1): 101-115.

For more information: See Project Concern International. Available online at <http://www.projectconcern.org/us.html>

## The limited English ability of many immigrant parents and youth needs to be addressed directly by institutions and programs that serve the population.

The limited English ability of many immigrant parents and youth needs to be addressed directly by institutions and programs that serve the population. Programs, materials, and personal communication with immigrant parents and youth should be available in their native languages in order to make families comfortable and to ensure that the correct information is being delivered.

The limited English ability of immigrant students needs to be addressed in the schools. In a review of research on bilingual education programs, the National Research Council tentatively concluded that bilingual programs seem to be effective for the educational adjustment of students from immigrant families. At the same time, the study found that no single program fits all schools or students well, and that these programs should be tailored to the specific needs of the students at each school.<sup>64</sup> Because youth from immigrant families differ greatly in terms of parental education, economic resources, and preparation for schooling, it is likely that the most effective programs to deal with youth's limited English abilities are ones that take into account the specific challenges facing local communities and families. Programs that have been successful at improving immigrant access to health care may provide models for improving education access as well. (See Box 4.)

### **Build Upon Cultural Traditions**

Latino, African American, Asian American, and immigrant families possess many values and beliefs that are distinct from those held by other families in American society. Some of these cultural traditions can serve as strengths for youth. For example, students from Latino, African American, Asian American, and immigrant families possess a high level of academic motivation. Those from Chinese and other East Asian families tend to report the highest values of schooling, but adolescents from African American and Latino families report aspirations and motivation that are as high as or even higher than those of youth from American-born white families.<sup>65</sup> Several studies have indicated that these youth,

particularly those from immigrant families, have higher educational aspirations, a stronger belief in the future utility of education, and report studying more often than their peers.<sup>66</sup> Parents and youth in these families are very motivated to succeed even though they may not have knowledge of the steps necessary to be eligible for advanced education beyond high school.

Another significant cultural belief among these youth and their families is the importance placed upon the role of the youth in supporting, assisting, and respecting the authority of the family. This sense of obligation to the family, which has roots in the families' cultural traditions and their minority or immigrant status in American society, can serve as an important motivation for youth.<sup>67</sup> While a significant portion of the academic motivation of minority and immigrant students stems from a desire to achieve enough education to bring pride to the family and to support the family financially in the future, this tradition of family obligation can cut both ways. If there is an immediate need to support a family that is under stress or in financial difficulty, the need to work may interfere with the student's academic performance, and the youth's educational progress may be cut short.<sup>68</sup>

The importance of family duty and obligation is a source of motivation that should be welcomed into existing programs and institutions and incorporated into program content and instruction. The academic motivation of many minority and immigrant students suggests that there exists a powerful strength among these youth that can be built upon by providing quality schools and the information necessary to graduate from high school and pursue advanced education. At the same time, if programs can assist youth with the very real and pressing demands that are a part of their familial duty, they can help adolescents minimize potential distractions from their studies. This assistance could take the form of providing direct help to the families of students who are in need, as well as working with schools and other

programs so that they can be flexible with the sudden demands for family assistance that are part of the daily life of many students from immigrant and ethnic minority families.

Cultural traditions and beliefs can also function as challenges to youth's use of other important programs. For example, traditional cultural values regarding sexuality might interfere with the ability of programs to deliver information to youth with regard to contraception and safe sexual practices. Certain groups may hold specific beliefs about physical and mental health, such as an unwillingness to seek treatment for psychological difficulties because of a stigma surrounding mental illness.<sup>69</sup> Programs that focus on providing physical, mental, and sexual health care need to be able to work with cultural beliefs and traditions that seem to be an impediment to the way in which such care is traditionally delivered in the United States.

## Conclusion

As with all youth in American society, adolescents from Latino, African American, and immigrant families require

the resources and services of quality institutions and programs in order to prepare them to make a successful transition to adulthood. Unfortunately, those youth who are having the most difficulty achieving educational and occupational success, and physical and mental health, do not have sufficient access to institutions and programs that promote successful development during the teenage years. The long-term implications of this situation for the future health and economy of the United States are quite troubling given that these are the very youth who will make up a significant portion of the American workforce in the future.

Some efforts are currently underway to enhance existing institutions and develop new programs to meet the existing needs of immigrant and ethnic minority youth. Four such programs were highlighted in Boxes 1 through 4. Continued development and rigorous evaluation of such programs are necessary in order to ensure that youth from diverse ethnic and generational backgrounds can become healthy, productive, and successful adults. The ability of the future workforce to sustain and enhance Americans' desired standard of living depends upon how well institutions and programs respond to the unique needs of these groups and assist these youth in becoming productive adult members of American society.

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