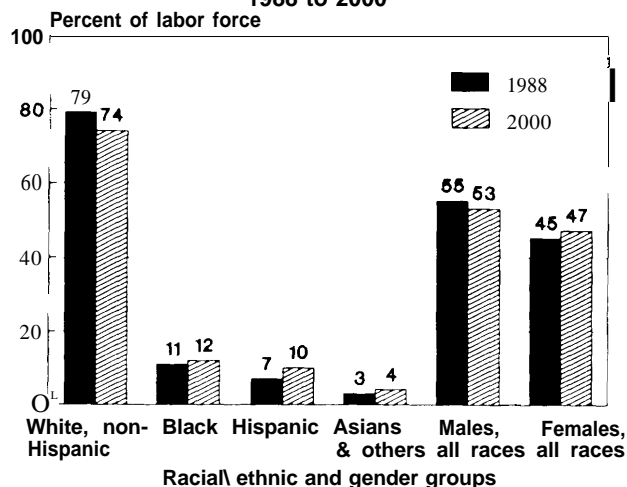


Figure 27—Projected Changes in the Racial, Ethnic, and Gender Makeup of the U.S. Labor Force, 1988 to 2000



^aThe male-female proportion may vary somewhat by race and ethnic group. For example, between 1988 and 2000, more of the Hispanic entrants to the labor force are expected to be males, and more of the black entrants are expected to be females.

SOURCE: H.N. Fullerton, "New Labor Force Projections, Spanning 1988 to 2000," *Monthly Labor Review*, November 1989.

In many respects such cultural and gender diversity can only be welcome in the country and in the workplace. However, these trends have raised concerns for several reasons addressed in this Report and elsewhere (38,330). Perhaps most important, currently half of the adolescents in three out of four of the largest racial and ethnic minority groups (American Indians and Alaska Natives,²²¹ blacks, and Hispanics) in the United States live in poverty (see figure 11 in "Major Findings" and 24 in "Issues in the Delivery of Services to Selected Groups of Adolescents"').²²² Poor racial and ethnic minorities are both the least likely to complete school and the most likely to experience the health problems that are likely to interfere with optimal functional development and ability to contribute to the Nation's productivity (e.g., adolescent parenting; incarceration for delinquency; violence (see appendix B, 'Burden of Health Problems Among U.S. Adolescents,' in Volume III)).

Attention to concerns about the future may prompt those responsible for public policymaking to act to improve the health and well-being of adoles-



Photo credit: Office of Technology Assessment

Adolescents who are both poor and members of racial or ethnic minorities are more likely to be without the necessary safety nets that help the typical adolescent through the second decade of life, but even white middle-class adolescents are at risk of developing problems and not having access to needed health services and other sources of support.

cents in general, as well as the health and well-being of the most disadvantaged.

Conclusion

Despite well-entrenched barriers to implementing changes in approaches to promoting and improving adolescent health, OTA found that change is essential. The social and economic costs to today's adolescents, and to the Nation, of not making improvements in the Nation's approach to adolescent health issues may not be quantifiable, but they are potentially enormous. Adolescents who are both poor and members of racial or ethnic minorities are more likely to be without the necessary safety nets that help the typical adolescent through the second decade of life, but even white middle-class adolescent are at risk of developing problems and not having access to needed health and other sources of support.

OTA concludes that a more sympathetic, supportive approach to adolescents is needed. Should society take such an approach, which includes taking a more participatory approach to adolescent problem-solving, more concrete steps to help improve adolescent health will become apparent. OTA's analysis suggested three tangible approaches that could also

²²¹ Half of all American Indians and Alaska Native adolescents also live in poverty. While the total population of American Indians and Alaska Natives is numerically small, half are age 19 or under (22/3).

²²² Unfortunately, the Bureau of Labor Statistics does not report labor force participation projections by socioeconomic status. The combination of racial and ethnic minority status and poverty is discussed in ch. 18, "Issues in the Delivery of Services to Selected Groups of Adolescents," in Vol. III.

be taken to benefit adolescents: improving access to health services; restructuring and invigorating the Federal role in adolescent health; and improving adolescents' environments. Each of these approaches can be addressed in numerous ways, many outlined in this Report. This Report, comprehensive as it attempted to be, does not pretend, however, to have all the "answers" to the well-remarked upon crisis in adolescent health. Many of the problems are in fact socially defined; others clearly are not, and others will change as new generations of children reach adolescence. Development of the solutions to problems, should they continue to be considered problems, will undoubtedly be an iterative process.



Photo credit: Benjamin Smith, Washington, DC