At one time in our history, children were very important. Were it not for the labor they contributed, many families would not have risen above penury. To a considerable extent, we owe the success of our national growth over the first century of our nation to the children. We "rewarded" them with a system of public education that, with all of its problems, is still a model for most of the world [4].

But, unfortunately, attention shifted away from children just when medical progress was entering a new revolution. Public policy, and particularly that aspect of it concerned with health, has neglected children. As a society, we rationalize the neglect by considering children "healthy". Only the awareness of teenage sexuality (with consequences for early childbearing) and drug misuse (with consequences for crime) have begun to shake our notion of carefree, disease-free youth. Yet still we fail to think of these phenomena as manifestations of neglect of children.

Consider the following:

- Poverty rates among children have been rising, and about one in every five children lives in poverty. One-third of all children born in this country in 1980 will spend some part of their lives living in poverty ([38], p. 44).
- In 1985, 49 states defined 'need' in the AFDC program for a family of three with children at an amount less than the poverty level. Eighteen states defined 'need' as less than 50% of the poverty level [8]. Income levels for Medicaid eligibility are on average less than 44% of the federal poverty level [11].
- While the number of children in poverty grew by 18% between 1980 and 1982, Medicaid eligibility stayed constant, or in some places, declined [9]. In 1985, Medicaid reached fewer than half of poor and near poor families as compared to 65% in 1969 [8].
- Even though ill health is more frequent among poor children, many serious health problems cut across social class. One in twenty high school seniors – not including the 20% who have already dropped out of school – smoke marijuana more than 20 times a month, or use cocaine at least once a month. One in five smokes cigarettes daily. Three in eight have five or more
alcoholic drinks in a row within each two-week period ([18], p. 46). One in ten newborns in urban, middle class families has an umbilical cord blood lead level that is elevated [5].

- About one-third of children born into two-parent families will spend at least some of their childhood in a family where their parents separate [13]. As children in families with divorce are subject to a wide variety of stresses, increased rates of parental separation are a cause for concern about children.

It is not, of course, that our society has failed to make great strides that promote health, social strides as well as scientific ones. Consider what has happened to the poverty rates of senior citizens: marked declines since 1970. Life expectancy has increased remarkably at older ages; between 1968 and 1980, life expectancy increased 4 years at age 70. Suicide, the ultimate effect of alienation, is much less common among the elderly than it was two decades ago. In the same period of time, there have been large increases in the participation of our elderly in the democratic process, as evidenced by voting rates. Our changing demographic profile assures that this will continue to be the case; advocacy for the elderly will continue at high levels. Their needs will receive attention, as they should.

Hardly the same can be said for children. Poverty rates in childhood have increased. Life expectancy at age 15 has increased only one year compared to the four years at age 70. Suicide rates have increased in childhood and adolescence, particularly among white males and females [25].

It seems only fair that society now consider a major public policy initiative for children as well. What are the problems of children and youth? Are there clues as to what kinds of interventions would be useful in dealing with the problems? What is the policy imperative, at the local level, the state level, and the national level?

I. THE POLICY CHALLENGE

We know that the average child spends about five days bedridden in a year. About one child in twenty is reported to be in fair or poor health and about one in twenty-five is limited in his or her activities because of some persistent health problem. We also know that the prevalence of problems is related to family income, with low-income children experiencing a much greater frequency of problems, both acute and chronic, than middle-income children, who in turn experience more than children in higher-income families [22].

Table I shows the relative frequency of some specific problems of childhood in low-income children as compared with other children. The