Poverty and Health of Children from Racial/Ethnic and Immigrant Families

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Consequences of Child Poverty

- Physical health (e.g., physical growth, low-birth weight birth, child mortality, lead poisoning, and short-stay hospital episode)
- Educational achievement (e.g., grade repetition, dropping out high school, learning disability, and cognitive development (e.g., reading ability and test scores))
- Emotional and behavioral problems and depression
- Other consequences:
  - Teenage out-of-wedlock birth
  - Child abuse and neglect
  - Violent crime
  - Later adult productivity
  - Welfare dependency (state and federal $)
  - Global competitive disadvantage of tomorrow’s adults
Incidence of Child Poverty in the United States

- Levels 2008
  - 18%
  - 2.5 x as high among Latinos (28%) as non-Hispanic Whites (11%)
  - 3.1 x as high among African Americans (34%) as non-Hispanic Whites (11%)
  - 2.8 times as high among American Indian (31%) as non-Hispanic Whites (11%)

- Reducing child poverty is a national priority

Data source: 2009 Kids Count Data, The Annie E. Casey Foundation
Incidence of Child Poverty in the Midwest by State, 2009

- Illinois: 18.9%
- Indiana: 22.5%
- Iowa: 12.7%
- Kansas: 16.1%
- Michigan: 19.0%
- Minnesota: 15.0%
- Missouri: 17.8%
- Nebraska: 14.7%
- North Dakota: 11.6%
- Ohio: 19.5%
- South Dakota: 11.6%
- Wisconsin: 13.5%
Relations among Race/Ethnicity, Poverty, and Child Health

- Race/Ethnicity/Immigrant status
- Poverty
- Child health

Controls:
- Household structure
- Parental education
- Parental employment
- Parental age
- Health insurance coverage
- Metro/nonmetro residence
- Child sex and age

Causation
Association
Research Hypotheses

• Increased exposure to poverty among children is associated with poor health
• Latino, especially Mexican American, and African American children experience greater poverty and suffer poor health than non-Hispanic White children
• Second generation immigrant children are more likely to experience poor health than first or higher generation children
• The more difficult conditions faced by poor Latinos, African American, and Asian families leads to worse health among their children compared to non-Latino White children with equivalent poverty levels
CPS -- ASEC Data, 2007-2009

- Current Population Surveys (CPS)
  - National sample of about 50,000 households
    - Representative of United States, individual states, and other specified areas
- The Annual Social and Economic (ASEC)
  - Basic CPS monthly demographic and labor force data + data on work experience, income, noncash benefits, and migration
- The ASEC is supplemented with a sample of Hispanic households ~ 4,500 households
Variables

- **Child health:**
  - Would you say in general your health is...
    - Excellent, very good, good, fair, or poor
  - Classified poor, fair, or good as “poor” health and very good or excellent as “better” health
    - Measure used in multivariate analyses

- **Child poverty:**
  - Family income-to-poverty ratio (IPR)
    - Family income in $ compared against poverty level for family of same size and age composition
  - % poor used in multivariate analyses = IPR < 1.25

- **Race/Ethnicity:**
  - Non-Hispanic White (reference)
  - Mexican American, Other Latino, African American, and Asian dummy variables
  - Other racial groups were excluded

- **Immigrant/generation status:**
  - 1\(^{st}\) generation
  - 2\(^{nd}\) generation
  - 3\(^{rd}\) generation or higher (reference)

- **Other characteristics:**
  - Child sex; child age; household structure; parental education, employment status, and age; metro/nonmetro residence; and health insurance coverage
Model Specifications

• Logistic regression of child poverty
• Logistic regression of child poor health
  – Model I
    • Race/Ethnicity and child age
  – Model II
    • Model I + immigrant/generation status + race/Ethnicity X immigrant/generation status
  – Model III
    • Model II + child poverty, race/ethnicity X child poverty
  – Model IV
    • Model III + Household structure
  – Model V
    • Model IV + Parental education
  – Model VI
    • Model V + Parental age, health insurance coverage, and metro/nonmetro residence
Child Health by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>% Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>13.4%</td>
</tr>
<tr>
<td>Mexican American</td>
<td>25.9%</td>
</tr>
<tr>
<td>Other Latino</td>
<td>18.7%</td>
</tr>
<tr>
<td>African American</td>
<td>27.0%</td>
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<tr>
<td>Asian</td>
<td>19.5%</td>
</tr>
</tbody>
</table>
Child Health by Immigrant/Generation Status

<table>
<thead>
<tr>
<th>Generation</th>
<th>% Poor Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st generation</td>
<td>24.9%</td>
</tr>
<tr>
<td>2nd generation</td>
<td>23.5%</td>
</tr>
<tr>
<td>3rd generation or higher</td>
<td>15.4%</td>
</tr>
</tbody>
</table>
Child Health by Poverty Status

<table>
<thead>
<tr>
<th>Income-to-Poverty Ratio (IPR)</th>
<th>% poor health</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt; 1.0</td>
<td>26.7%</td>
</tr>
<tr>
<td>1.00 - 1.49</td>
<td>25.1%</td>
</tr>
<tr>
<td>1.50 - 2.49</td>
<td>19.7%</td>
</tr>
<tr>
<td>2.50 - 3.99</td>
<td>12.7%</td>
</tr>
<tr>
<td>4.00 - 4.99</td>
<td>9.8%</td>
</tr>
<tr>
<td>5.0+</td>
<td>7.9%</td>
</tr>
</tbody>
</table>
Relative Odds of Child Poor Health by Race/Ethnicity*

* Controlling for age
Relative Odds of Child Poor Health by Immigrant Status and Race/Ethnicity*

* Compared to non-Hispanic White of 3rd generation or higher and controlling for age
Relative Odds of Child Poor Health by Poverty and Race/Ethnicity*

* Controlling for age and immigrant status
Relative Odds of Child Poor Health by Household Structure, Parental Education, and Nonmetro Residence

Controlling for race/ethnicity, immigrant status, child poverty, child age, parents’ age, and health insurance coverage
Predicted Probabilities of Poor Child Health by Income-to-Poverty Ratio and Race/Ethnicity

Controlling for child age; household structure; parental education and age; metro/nonmetro residence; and health insurance coverage
Predicted Probabilities of Poor Child Health by Income-to-Poverty Ratio and Immigrant Status

Controlling for child age; household structure; parental education and age; metro/nonmetro residence; and health insurance coverage
Conclusions

• Mexican American, African American, and to a lesser extent, other Latino and Asian children experience poor health compared to non-Hispanic White children

• 1st generation children experience poor health than 2nd or 3rd generation children

• The effect of immigrant status on child health varies by race/ethnicity
  – Among Mexican American and African American children, 1st generation children suffer poor health than 2nd or 3rd generation children
  – Among non-Hispanic White, Other Latino, and Asian children, 2nd generation children exhibit poor health than 1st or 3rd generation children
Conclusions

• Increased child poverty is associated with poor child health

• The effect of child poverty on child poor health also varies by race/ethnicity
  – Poor African American, followed by Asian, non-Hispanic White, Mexican American, and other Latino children (in descending order of their relative odds) suffer poor health than non-poor non-Hispanic White children
  – Among non-poor children, African American and Mexican American children suffer poor health than other Latino, Asian, and non-Hispanic children
Conclusions

• Higher child poverty (lower value of IPR) is associated with worse child health for all children
  – However, Asian, African American, and Mexican American poor children suffer poor health than non-Hispanic White and other Latino children
  – At the higher end of income spectrum (i.e., children in well-off families), Mexican American and African American, followed by other Latino and Asian children suffer poor health than non-Hispanic White and other Latino children
  – 1st generation poor children suffer worse child health than 2nd or 3rd generation children. However, at higher end of income spectrum, 2nd generation children suffer worse child health than 1st or 3rd generation children

Controlling for child age, immigrant status, parental education and parental age, household structure, health insurance coverage, and metropolitan/nonmetropolitan residence
Conclusions

• Health disadvantages of Midwestern children from racial/ethnic minority and immigrant families faced by poverty
  - Increased exposure to poverty worsens child health
  - Improving the economic well-being, i.e., tackling the issue of poverty, would improve child health and the overall well-being of tomorrow’s adults

GRACIAS!