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Children of Immigrant Families

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Statement of Purpose

Since 1989, The David and Lucile Packard Foundation has provided an institutional home for the development and publication of *The Future of Children*, with a mission to promote effective policies and programs for children by providing policymakers, service providers, and the media with timely, objective information based on the best available research regarding major issues related to child well-being. After this issue, however, *The Future of Children* will move to Princeton University's Woodrow Wilson School of Public and International Affairs, in partnership with The Brookings Institution in Washington, D.C. The first Princeton-Brookings issue will appear in Spring 2005, and is entitled "School Readiness: Closing Racial and Ethnic Gaps." We are pleased that although the institutional home for the journal is changing, its purpose is not. The overall mission of *The Future of Children* will continue to be to translate research into better policy and practice for children.

This journal issue, the last to be edited under my supervision by Packard Foundation staff, focuses on the growing number of immigrant families in this country, and the challenges faced by their children as the next generation of Americans. For the most part, children of immigrants benefit from having healthy, intact families, strong work ethic and aspirations, and a cohesive community of fellow immigrants to ease their transition. But they also often face many obstacles, including poverty,

discrimination, limited language skills, and lack of access to quality health care and education resources. Even though most children of immigrants are born in this country, and therefore are entitled to services and benefits the same as every other U.S. citizen, they often are not able to take advantage of these supports. As a result, though children of immigrants may start out with good health and high educational aspirations, these strengths can dissipate by adolescence. At each stage of their development, further efforts are needed to ensure that children in immigrant families have access to the resources they need to help them stay on positive pathways to success. The futures of these children—and of the entire nation—are at stake.

In closing, I would like to note how much I have enjoyed serving as the editor-in-chief for *The Future of Children* for the past 15 years, and how proud I am of all it has achieved in helping to draw attention to the needs of children across the country on a wide range of important topics. Under the leadership of Sara McLanahan, the journal's new editor-in-chief, we hope and expect this legacy to continue for many years to come.

Richard E. Behrman, M.D.
Editor-in-Chief
The Future of Children

Children of Immigrant Families

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A series of responses from experts across various organizations and backgrounds to the question: "How should policymakers, advocates, stakeholders, and practitioners respond strategically and proactively to demographic change and increasing diversity in order to promote the healthy development, productivity, and well-being of our nation's children into the future?"

Mark H. Greenberg and Hedieh Rahmanou, Center for Law and Social Policy

Harris N. Miller, Information Technology Association of America

Karen M. Kaufmann and J. Celeste Lay, University of Maryland and Tulane University

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Children of Immigrant Families: Analysis and Recommendations

Margie K. Shields and Richard E. Behrman

As the 21st century progresses, our nation will become increasingly dependent on the current generation of children, a generation that is dramatically more diverse than previous generations.¹ Racial/ethnic minorities, in aggregate, are destined to become the numerical majority in the United States within the next few decades.² This dramatic shift in demographics is being driven by immigration and fertility trends with the number of children in immigrant families growing rapidly in nearly every state across the country. According to the 2000 Census, 1 of every 5 children in the United States was a child of immigrants—that is, either a child who is an immigrant or who has at least one immigrant parent.

Regardless of how one might feel about our nation's immigration policies, there is no turning back the clock on the children of immigrants already living here, most of whom are U.S. citizens. Who these children grow up to be will have a significant impact on our nation's social and economic future. Will we have a cohesive society—or one rife with intergenerational and intercultural conflict? Will we have a prosperous economy—or one struggling with a labor force dominated by low-wage earners? Will we have a strong safety net for the elderly,

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Richard E. Behrman, M.D., Editor-in-Chief, The Future of Children.

Opinions expressed in this article are those of the authors and are not to be considered those of The Packard Foundation.

poor, and disabled—or will the taxes to support historic entitlement programs become prohibitive?

In this journal issue, the strengths and challenges that set children of immigrant families apart from the mainstream population are explored. For example, compared with children of U.S.-born parents, children of immigrants are more likely to be born healthier and to live with both parents. They also are more likely to be living in poverty and to be without health insurance. Although indicators of child well-being vary widely based on the family's country of origin, the overall trends are dominated by the large number of immigrants from Mexico, Asia, Central America, and the Caribbean. (See Figure 1.) Parents with limited English skills emigrating from these regions tend to be poorly educated and have limited job prospects. Some are legal immigrants, some are refugees, and some are undocumented. Thus, while the children in these families often share the same hardships experienced by other children from low-income families, what is needed to help them overcome these hardships requires a greater understanding of each group's unique circumstances.

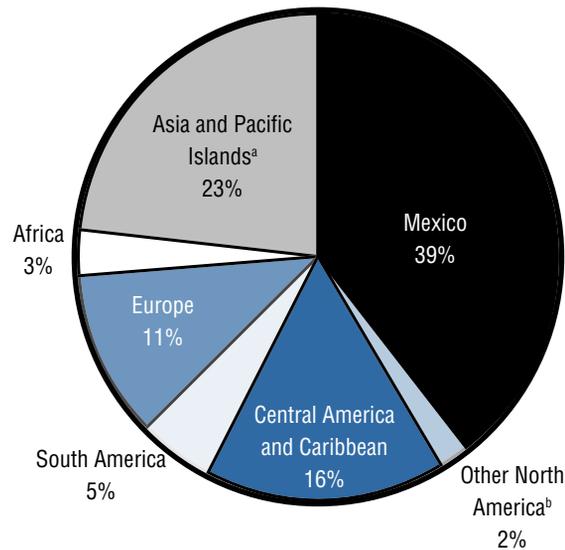
Investing in the healthy development of all our nation's children, including children of immigrants, is to invest in a brighter future—not just for these children themselves, but for our entire nation. All society benefits by providing this segment of our population with the education and supports they need today to become America's productive, engaged citizens of tomorrow.

Strengths of Immigrant Families

Immigrant families generally come to America with many strengths, including healthy, intact families,

Figure 1

Children of Immigrants by Region of Origin, 2000



^a The Indochinese countries of Cambodia, Laos, and Vietnam.

^b Includes Canada, Bermuda, and Cape Verde.

Source: Based on data from the Census 2000.

strong work ethic and aspirations, and for many, a cohesive community of fellow immigrants from the same country of origin. These strengths can help to insulate children of immigrants from various negative influences in American society, but they are not always sufficient to keep children on pathways to success over time.

Healthy, Intact Families

According to several measures, children born to immigrant mothers are healthier than those born to U.S.-born mothers, on average. For example, infant mortality rates are lower among immigrant mothers, and their babies are less likely to be born with low birth weights.³ Also, children of immigrants are reported to experience fewer health problems across a wide range of conditions—from injuries and physical impairments, to infectious diseases and asthma.⁴

Moreover, children in immigrant families are more likely than children in U.S.-born families to live with two parents in the home, with a father who works and

a mother who does not work. As detailed in the article by Hernandez in this journal issue, the percentage of children of immigrant families living in a single-parent household is only about 16%, compared with 26% for children of U.S.-born families.

Children of immigrants are also more likely to live with a large extended family that can help provide child care and other household support. Nearly 40% live with other relatives and non-relatives in their homes, compared with about 22% for children of U.S.-born families. Although, as Hernandez notes, overcrowding can place a strain on resources, parental time, and even the ability to find a quiet place to do homework, large households also can provide many social and economic benefits.

Strong Work Ethic and Aspirations

Immigrant families generally come to America eager to improve their standard of living. Parents are willing to work hard, and they expect their children to do the

same. According to data provided by Hernandez, the parents in immigrant families are almost as likely to be working as those in U.S.-born families (97% versus 99%).⁵

Children of immigrants typically are imbued with a strong sense of family obligation and ethnic pride, and with the importance of education. As a result, the children of immigrants tend to have high educational aspirations and are less likely than children of U.S.-born families to engage in risky behaviors such as substance abuse, early sexual intercourse, and delinquent or violent activity.⁶ Studies show that they also tend to spend more time doing homework and that they do better in school, at least through middle school. For example, although their reading test scores are somewhat lower, 8th-grade children of immigrants have slightly higher grades and math test scores than their counterparts of the same ethnicity in U.S.-born families.⁷

According to the National Center on Education Statistics, the dropout rate is higher for children of immigrant parents than for children of U.S.-born parents, but the rate is calculated based on the number of 16- to 24-year-olds who are not enrolled in high school and have not graduated.⁸ As a result, the rate includes a large number of older foreign-born children—especially Hispanics—who never attended U.S. schools. The dropout rate for non-Hispanic children of immigrants is considerably lower than the U.S. average (6% versus 11%).

Community Cohesion

When immigrant families arrive in America, they often settle in communities with others from their same country of origin. Fellow immigrants in these communities can facilitate a family's adjustment, helping them learn to navigate new systems and institutions (such as schools) and to find jobs.⁹ As noted in the article by García Coll and Szalacha in this journal issue, such communities also can be supportive of the child's emotional and academic adjustment by reinforcing cultural values and parental authority, and by buffering them from the negative influences of mainstream society. The role of a cohesive, culturally-consonant community can make a critical difference in helping youth maintain positive aspirations despite the challenges they face as newcomers to this country.

Challenges Faced by Children of Immigrants

Although possessing many strengths, immigrant families also confront many challenges. The children in these families often must navigate the difficult process of acculturation from a position of social disadvantage with limited language skills and minimal family and institutional support.

Less-Educated Parents

Children in immigrant families are far more likely than children in U.S.-born families to have parents who have not graduated from high school. Among all children with U.S.-born parents, 12% have mothers, and 12% have fathers, who are not high school graduates. In contrast, among children with foreign-born parents, 23% have mothers, and 40% have fathers, who are not high school graduates. As Hernandez observes in his article, the lower level of parental educational attainment in immigrant families has major implications for child well-being and development. Poorly-educated parents are less able to help their children with homework, and less able to negotiate educational and other institutions to foster their children's success. Across a wide range of socioeconomic indicators, children whose parents have more education tend to fare better than those whose parents have less education.

Low-Wage Work with No Benefits

Over the past 30 years, the industrial base of the United States has shifted from manufacturing to services and, more recently, to technology and communication. As discussed in the article by Nightingale and Fix in this journal issue, this shift has resulted in a widening of the wage gap between those with high levels of education and skills, and those without. For the most part, immigrant parents find themselves on the bottom side of this wage gap. They are over-represented among workers who are paid the least, and are most in need of training to improve their skills and earnings. Immigrants represent about 11% of the U.S. population, but they account for 20% of the low-wage labor force, often with limited access to benefits. They are more likely than U.S.-born workers to have only part-time and/or partial-year work (25% versus 21%), and they are less likely to have private, employer-provided health insurance for their children (55% versus 72%).

Language Barriers

Among all children in this country, 18% speak a language other than English at home. Among children in immigrant families, 72% speak a language other than English at home. While the ability to speak two languages has potential benefits, if no one in the household speaks English well, the family is likely to encounter difficulties finding higher wage employment, talking with children's teachers, and accessing health and other social services. Census data indicate that among children in immigrant families, 26% live in linguistically-isolated households where no one age 14 or older has a strong command of the English language.

Discrimination and Racism

Many children of immigrants and their families must contend with discrimination and racism. García Coll and Szalacha describe in their article how social position, racism, and segregation can set children of color and children of immigrants apart from mainstream populations, and how schools serving primarily children of color are likely to have fewer resources, lower teacher expectations, and patronizing attitudes toward students of non-mainstream cultures.¹⁰ They maintain that for these students, schools can come to be perceived as instruments of racial oppression, and efforts to advance through education as hopeless.¹¹ Thus, while children from immigrant backgrounds enter school with very positive attitudes toward education, by adolescence they can become disillusioned, and their attitudes toward teachers and scholastic achievement can turn negative.¹²

Poverty and Multiple Risk Factors

Poverty rates for children in immigrant families are substantially higher than for children in U.S.-born families. According to the official poverty measure, 21% of those with immigrant parents live in poverty, compared with 14% of those with U.S.-born parents. If families with incomes up to twice the poverty level are included, the differences are even more dramatic: 49% of those with immigrant parents live in poverty, compared with 34% of those with U.S.-born parents.¹³

Poverty often means lack of access to quality health care and education resources, which can lead to children's poor health and school failure. In fact, studies indicate that the health and academic achievement of children

of immigrants deteriorates as exposure to mainstream American culture increases, perhaps due to the negative effects associated with poverty, such as poor diet, destructive behaviors, and racial/ethnic stratification.¹⁴ As noted by Edelman and Jones in this journal issue, poverty accentuates racial disparities in children's health, and poor health and poverty spiral together in a vicious circle that injures all children.

Negative developmental outcomes for children have been linked to a variety of risk factors, such as having a poorly-educated mother, and/or living in a household that is poor, linguistically-isolated, or headed by a single parent. Moreover, research suggests that while children are generally resilient to a single risk factor, the effects of multiple risk factors—regardless which they are—can work synergistically to undermine a child's healthy development.¹⁵ Data presented in the Hernandez article show that children in immigrant families are more than twice as likely as those in U.S.-born families to experience two or more risk factors.¹⁶

Lack of Supports

The provision of supports for low-income families to enable parents to better care for their children is a longstanding tradition in this country, and studies show that work programs and supports that increase parental employment and income have positive impacts on indicators of child well-being.¹⁷ In terms of access to such programs, until fairly recently, legal immigrants were generally eligible under the same terms as citizens. But, as detailed in the commentary by Greenberg and Rahmanou in this journal issue, the 1996 federal welfare reform law imposed a wide range of restrictions on immigrant eligibility for federal public assistance programs and the impact has been dramatic.

Between 1996 and 2001, the share of non-citizens receiving assistance from programs such as Temporary Assistance for Needy Families, Food Stamps, and Medicaid, dropped significantly. Moreover, though targeted to excluding non-citizens, participation rates have fallen among citizen children as well—especially those living in families with non-citizen parents—even though they remain eligible for benefits. Reasons include parents' confusion or lack of knowledge about eligibility, language barriers, and fear of adverse immigration consequences. Although four of every five

children of immigrants are U.S. citizens, many are in “mixed status” families—that is, living in households where some members are not citizens—and their parents fear involvement with government agencies. This is especially true for parents who are in the country illegally. In April 2004, it was estimated that of the 33 million foreign-born persons living in the United States, about 9.3 million are undocumented.¹⁸

In contrast, immigrants afforded refugee status are provided access to a variety of supports enabling them to improve their economic stability and status more quickly.¹⁹ Refugees’ relatively more secure economic circumstances likely contribute to the research findings that suggest that compared to other children with similar family characteristics, children of refugees do better in school at least until middle school.²⁰

Variation across Different Countries of Origin

Under the surface of these overall trends, there is substantial variation in immigrant families’ assets and challenges across different countries of origin. In general, those families emigrating from West and Central Europe, and from other English-speaking countries such as Canada, Australia, New Zealand, and India, for example, tend to have more advantages and face fewer challenges, compared with those emigrating from Mexico, Central America, the non-English-speaking Caribbean, and Indochina.²¹ To have a significant impact on improving the health and well-being of children in immigrant families, it is important to focus on the unique circumstances of the groups who are struggling the most to succeed in this country. (See Figure 2.) There are some similarities among these groups, but also some significant differences. Individual and family characteristics, reasons for immigration, and the social context families find upon their arrival, all play important roles in understanding these differences.

Families from Mexico

Over 5.1 million children in this country are children of immigrants from Mexico. They are part of a new wave of Mexican immigrants, both documented and undocumented, streaming into the country in search of economic opportunity. They join a large community of Mexican Americans that have lived across the Southwest

United States for hundreds of years,²² but their ties to family in Mexico remain strong.²³

In many ways, immigrant families from Mexico embody the description of strengths outlined above. Rates of infant mortality and low birth weight are lower, and they are more likely to be living in intact families with two parents and multiple siblings, than are immigrant families—or U.S.-born families—overall.²⁴ In addition, the proportion with a working parent is on a par with immigrant children in general, at just over 96%. Finally, there are many large, well-established Mexican-American communities throughout the country that can ease their transition, helping parents to find jobs and promoting children’s cultural connections.

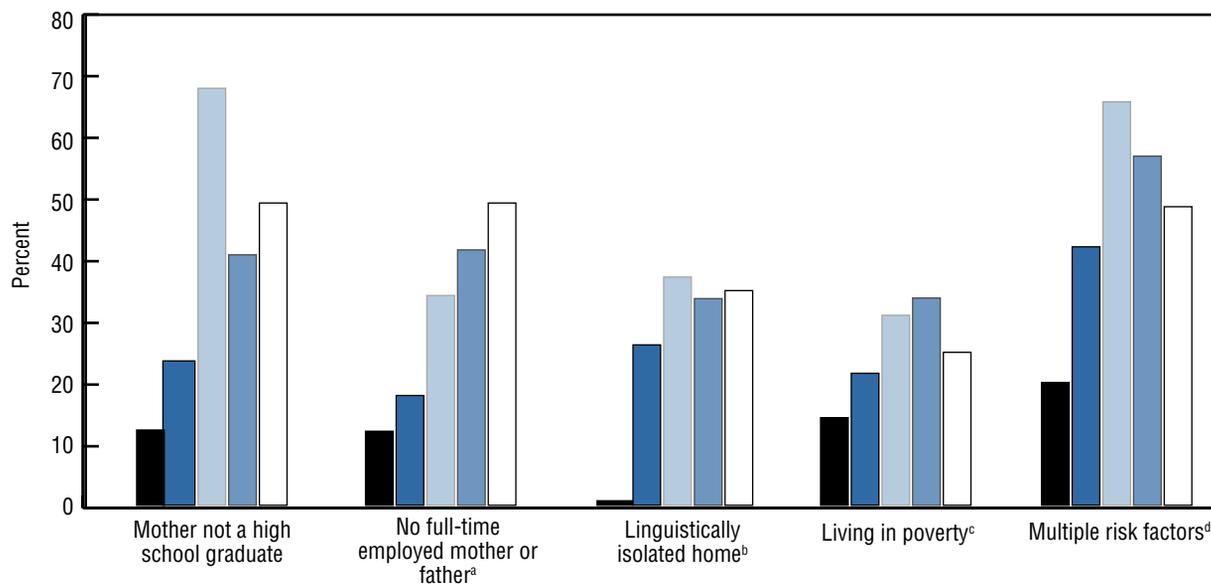
At the same time, immigrant families from Mexico also share the litany of challenges outlined above—to an extreme in some cases. For example, the level of parental education among Mexican immigrant families is very low. Children in such families are least likely among all immigrant groups to have a parent who has graduated from either high school or college. Thus, their parents often are less able to help their children with homework and less knowledgeable about the steps needed to gain entrance to college. Also, although nearly all children in immigrant families from Mexico have at least one parent who is employed, they are much more likely than children in immigrant families overall to have parents working only part-time or partial-year, and to be living in poverty. (See Figure 2.)

To some extent, the lack of full-time work and high poverty rate can be explained by the low levels of parental education. Also, many cannot speak English well: About 70% of Mexican immigrant parents, and about 38% of their children, have only limited English skills.²⁵ In addition, the fact that many are undocumented further compromises their employment opportunities and access to other supports. Census data suggest that about 60% of all foreign-born residents from Mexico—about 4.8 million residents total—were here illegally as of 2000.²⁶

Finally, Mexican Americans must contend with a long history of stigmatization, economic exploitation, and racial exclusion.²⁷ While Mexican American communities provide supports for new immigrants, the types of jobs they have connections to are often at the bottom of

Figure 2

Challenges Faced by Children of Immigrant versus U.S.-Born Parents



KEY:

- U.S.-Born Parents
- Immigrant Parents
- Parents from Mexico
- Parents from the Dominican Republic
- Parents from Indochina

^aFull-time work defined here as working at least 48 of 52 weeks a year, and working at least 35 hours during the weeks worked.

^bA linguistically isolated household is defined as a household where the majority of the household members do not speak English well.

^cFamily income is less than the official poverty threshold.

^dA child experiencing at least two of the following: (1) living in a linguistically isolated household; and (2) living in a one-parent family.

^eIndochina includes the Southeast Asian countries of Cambodia, Laos, Thailand, and Vietnam.

Source: Based on data from Census 2000 issue.

the economic ladder. This not only affects the employment opportunities of the parents, but also the academic aspirations of the youth. When children of Mexican immigrants perceive discrimination and prejudice in U.S. society, they can become disillusioned and reject academic goals as not for them.²⁸

Families from the Dominican Republic

Approximately 350,000 children in the United States

have parents who emigrated from the Dominican Republic. These families, along with other families from non-English-speaking Caribbean countries, have come to this country primarily in search of economic opportunity, and much the same as their fellow immigrants from Mexico, their ties to their homeland also remain strong.²⁹ Again, about 96% of the children have parents who are employed, but compared with children in families from Mexico, an even greater proportion have

parents who are working only part-time or not year round, and are living in poverty. (See Figure 2.)

Although a large percentage have limited English skills, on the positive side, parent education levels are significantly higher. The share of children in Dominican families with mothers and fathers who have graduated from high school is nearly double that of children in Mexican families, and the share with parents graduating from college is nearly triple. Also, a much smaller percentage—only about 13%—of foreign-born residents from the Dominican Republic are here illegally, according to Census Bureau estimates.³⁰

On the negative side, however, a much greater proportion of children in Dominican families live in a one-parent family: 37% are living in families with a single parent, compared with 15% for children in Mexican families, and 16% for children in immigrant families overall. In addition, while Dominican families often settle in communities with other families from their country of origin, their ethnic acculturation vis-à-vis mainstream society can nevertheless be jarring. Light-skinned Dominicans viewed as “white” in their homeland can find that in the United States they are more often identified as “black,” exacerbating identity issues for Dominican youth. Fearing that their children are at risk of joining the drug culture and inner city gangs, a growing number of parents are sending their children back to the Dominican Republic to be educated.³¹

Families from Indochina

Approximately 687,000 children of immigrant families from Indochina—the Southeast Asian countries of Cambodia, Laos, Thailand, and Vietnam—are currently living in the United States. Their families have come here, for the most part, as refugees following the Vietnam War. As discussed in the article by Yang in this journal issue, the children in these families have little in common with the “model minority” of Asian Americans who achieve high levels of educational and occupational success in this country. Nearly three decades after the beginning of their families’ refugee flight from Southeast Asia, many children continue to struggle with formal education due to limited English skills, discrimination, miscommunication, and feelings of alienation.

Similar to the children in families from Mexico, the proportion of children in Indochinese families living in intact

families with two parents and multiple siblings is high relative to other immigrant and U.S.-born groups. Unlike their counterparts from Mexico, however, families from Cambodia, Laos, Thailand, and Vietnam often arrived in the United States with no established community of compatriots to ease their adjustment, and instead tended to rely on various government programs and supports afforded them due to their refugee status.³² As noted earlier, studies suggest that the availability of these resources helped Indochinese families to achieve greater economic security and stability than would be expected otherwise based on family characteristics.³³ But it has also resulted in greater dependence on these supports. The proportion with no working parent—either part-time or full-time—is highest among all the immigrant groups analyzed, at just over 8%. In addition, the level of parent education among children in Indochinese families is low compared with immigrant groups overall, and the proportion living in a linguistically-isolated family is second only to children in families from Mexico.

The trauma experienced in Southeast Asia before coming to the United States, as well as the sudden, involuntary departure from their homeland, often with little preparation or resources, sets these families apart from most other immigrant groups. As Yang describes, children in these families often lack adequate supports to bridge their two worlds: parents with high aspirations for them, but who often are rooted in the past, suffering from depression and trauma-related illnesses, and unable to communicate with the outside world; and mainstream society’s racism and discrimination, often embodied in school staff with low expectations about the children’s ability to succeed. According to Yang, without a greater appreciation of Southeast Asian history and culture, and a means to promote better communication between parents and teachers, children in Indochinese families may internalize society’s negative expectations and give up on school.

Strategies for the Future

Although immigrant parents are generally optimistic about the many opportunities this country offers to them and their children, they also fear the possible dangers of their children becoming Americanized—that is, alienated from the culture of their country of origin, and more likely to become involved in risky behaviors such as substance abuse, early sexual intercourse, and delinquent or violent

activity. Especially among immigrant families with few economic resources, assimilating into American culture can have negative consequences for their children's health and well-being. While children of immigrants may start out with better health and higher educational aspirations, these strengths can dissipate over time. As adolescents, children of immigrants are more likely to report involvement in risky behaviors the longer they have lived in the United States.³⁴ At each stage of development, further efforts are needed to ensure that children in immigrant families have access to the resources they need to help them stay on positive pathways to success.

Young Children Ages Birth to Eight

For disadvantaged young children, early learning experiences can be especially important to leveling the playing field as children enter school, as noted in the article by Takanishi in this journal issue. When programs are extended into kindergarten and the early elementary grades, positive outcomes are even further enhanced. Special education classes are another important vehicle for providing supports to children experiencing difficulties in school. Yet, despite high levels of disadvantage and difficulties, children in immigrant families tend not to participate in these programs. Understanding how early education and special education programs fit with immigrant parent beliefs and values regarding early socialization will be crucial to improving access to these programs and other services that support young children's development and well-being.

Middle Childhood

During middle childhood, the development of positive attitudes toward school, academic achievement, and aspirations for the future can have major implications for children's success as adults. As discussed in the article by García Coll and Szalacha, in order to provide appropriate supports to children in immigrant families, it is critical to understand how experiences with racism and discrimination and perceptions of diminished life opportunities can influence their pathways through middle childhood. The unique strengths of immigrant families, as well as their added sources of risk, must be acknowledged and incorporated into strategies to counteract the negative messages children of immigrants may be receiving about themselves during this critical stage of development.

Moreover, the research suggests that maintaining respect for parental authority is linked to children's ability to stay

on positive developmental pathways, and that for children in immigrant families, preserving connections to their cultural heritage is an important factor in maintaining parental authority.³⁵ Yang notes that community-based organizations can play a useful role in reinforcing cultural ties and fostering healthy communication between students, parents, and teachers, but unfortunately, most communities lack such programs.

Adolescence

For adolescents to transition successfully to adulthood, several elements are key: finishing school, acquiring work skills, postponing parenthood, and being physically and mentally healthy. In particular, as noted in the articles by Fuligni and Hardway, by Nightingale and Fix, and in the commentary by Miller, acquiring strong skills in math, science, and technology will be increasingly important to securing well-paying jobs in the future, as well as to maintaining the competitiveness of the U.S. economy.

Overall, youth from immigrant families appear to be doing just as well, or even better, than their peers from U.S.-born families in terms of their physical and mental health, and avoidance of high risk behaviors. However, there is evidence that adolescent well-being declines the longer families have lived in the United States.³⁶ Also, while the vast majority of teens in immigrant families attend school, they are more likely than those in U.S.-born families to be behind grade and not to graduate—especially those in immigrant families with origins in Mexico, Central America, the Dominican Republic, Haiti, and Indochina, who account for over half of all children in immigrant families.

To improve the educational prospects of youth in immigrant families, Fuligni and Hardway chronicle the barriers to access and use of high quality institutions and programs that must be overcome, including poor school quality, lack of financial supports and health insurance, and lack of outreach to immigrant and limited-English proficient families. All society suffers when youth fail to reach their potential. For example, as cited by Pérez in this journal issue, increasing the college completion rate of today's Hispanic 18-year-olds by as little as three percentage points would increase their lifetime contributions to social insurance programs such as Social Security and Medicare by about \$600 million.³⁷ Given that a large number of older Hispanic youth have never attended U.S. schools, special outreach programs may be needed to bring this group into the educational system.

Conclusions and Recommendations

Studies show that on average, because of their lower incomes, larger households, and lack of English-language skills, immigrant families contribute less to public revenues and cost more in terms of use of services.³⁸ Implementing programs that promote the healthy development of children in immigrant families and that provide them with opportunities for achievement more equal to those enjoyed by children in U.S.-born families clearly places an added financial burden on society. However, failure to implement such programs will also place a financial burden on society—a burden that is likely to grow over time as these children enter adulthood, and their lifetime earnings and tax contributions are less than what they might have been had they received more supports early in life. To assure a cohesive society, a prosperous economy, and a strong safety net for the elderly, poor, and disabled into the next century, more attention must be paid to meeting the developmental needs of the large number of children in immigrant families now living in this country, especially those who are at greatest risk of failure.

In some ways, the needs of children of immigrants are the same as for other vulnerable low-income children, and efforts to support the positive development of all disad-

vantaged youth would undoubtedly help to address a wide range of their challenges as well. A variety of strategies to mobilize policy support for vulnerable children, both inside and outside the immigrant community and across generations, are discussed in the commentaries by Kaufmann and Lay, and by Novelli and Goyer.

At the same time, current strategies aimed at addressing poverty in general are not always appropriate for this population as their situation is unique in several ways. For example, children in immigrant families tend to live in two-parent families with at least one working parent, so programs that are aimed at promoting marriage and greater work effort are less likely to be effective in boosting the incomes of these families. Instead, immigrant families are more likely to need help dealing with low education levels and lack of access to supports and programs due to their citizenship status. Most importantly, for many, efforts to enhance their English language skills are critical.

Throughout this journal issue, the authors offer many suggestions of steps that could and should be taken to improve the life prospects of all our nation's children, especially children in immigrant families. Key recommendations reflecting their suggestions are summarized on adjacent page.

Recommendations

1 - Preschool and Special Education

Federal, state, and local education agencies should expand the availability of quality programs and strengthen outreach efforts to encourage more children of immigrants to attend preschool and kindergarten, and to access special education resources when appropriate.

2 - Parent Support Groups

Schools should promote the formation of parent support groups for those families with limited English skills to facilitate communication between parents, teachers, and students, and ensure all parents understand the requirements for their children to enter college.

3 - After-School Activities

Community-based organizations in immigrant communities should expand efforts to provide after-school activities that reinforce the children's cultural values and heritage, while at the same time improving their English language skills by working with children and parents together in family literacy programs.

4 - History and Culture

To promote better cross-cultural understanding, schools should include in their curricula the history and culture of the major immigrant groups in their local community.

5 - Math, Science, and Technology

Schools should strengthen their courses in math, science, and technology to ensure all students are well-prepared to compete in the increasingly technology-based labor market that is emerging.

6 - Bilingualism

Federal, State, and local education agencies should encourage bilingualism for all students—enabling children of immigrants to maintain ties with their heritage, and enabling children of U.S.-born families to be better prepared for life and work in a global society.

7 - Enhanced Outreach Efforts

Social service agencies and other institutions should strengthen their bilingual staff and/or work with community-based organizations to enhance outreach efforts to facilitate greater access to benefits for eligible children in immigrant families.

8 - Children of the Undocumented

Federal, state, and local agencies should explore ways to reduce, and eventually eliminate, the barriers to access to critical supports and resources for children of parents who are undocumented.

ENDNOTES

1. Only about 20% of those currently age 65-69 are not of white European descent, but this figure doubles to about 40% for those currently age 5 to 9, according to population estimates as of April 2000 from the U.S. Census Bureau.
2. For a detailed discussion of these trends, see the article by Hernandez in this journal issue. Throughout this article, statistics cited are from this article unless otherwise noted.
3. Landale, N.S., Oropesa, R.S., and Gorman, B.K. Immigration and infant health: Birth outcomes of immigrant and native-born women. In *Children of immigrants: Health, adjustment, and public assistance*. D.J. Hernandez, ed. Washington, DC: National Academy Press, 1999, pp. 244–285. See Table 1 in the article by Hernandez in this journal issue.
4. Hernandez, D.J., and Charney, E., eds. *From generation to generation: The health and well-being of children in immigrant families*. Washington, DC: National Academy Press, 1998, pp. 107–109.
5. See Appendix 6 in the article by Hernandez in this journal issue. Percentages include those working part-time and only part of the year, as well as those working full-time year-round.
6. See the article by Fuligni and Hardway in this journal issue.
7. See note 4, Hernandez and Charney, 1998, pp. 90–97.
8. National Center for Education Statistics. *Dropout rates in the United States: 1999*. Washington, DC: US Department of Education, NCES, 2001.
9. Portes, A., and Rumbaut, R.G. *Legacies: The story of the immigrant second generation*. Berkeley and Los Angeles, CA: University of California Press, 2001.
10. See, for example, Ogbu, J. Minority coping responses and school experience. *Journal of Psychohistory* (1991) 18(4):433–456; and U.S. General Accounting Office. *School finance: Per-pupil spending differences between selected inner city and suburban schools varied by metropolitan area*. Report no. GAO-03-234. Washington, DC: USGAO, December 2002, pp. 3–4.
11. See note 9, Portes and Rumbaut, 2001, p. 60.
12. Portes, A., and Zhou, M. The second generation: Segmented assimilation and its variants. *Annals of the American Academy of Political and Social Science* (1993) 530:74–96; and Rumbaut, R.G. Children of immigrants and their achievement: Relating family and school to engagement, aspirations, and achievement. *CEIC Review* (May 2001) 10(4):9–11,13.
13. See the article by Hernandez in this journal issue for a more detailed discussion of various poverty measures.
14. Many health problems and risk behaviors tend to increase with length of residency in the United States and from one generation to the next. See note 4, Hernandez and Charney, 1998.
15. Sameroff, A., Seifer, R., Barocas, R., et al. Intelligence quotient scores of 4-year-old children: Social-environmental risk factors. *Pediatrics* (1987) 79:343–350.
16. See Figure 7 in the article by Hernandez in this journal issue.
17. See, for example, Zaslow, M.J., Moore, K.A., Brooks, J.L., et al. Experimental studies of welfare reform and children. *The Future of Children: Children and Welfare Reform* (Winter/Spring 2002) 12(1):79–95.
18. Population Resource Center. *A nation of immigrants: Current policy debates meet new social science research*. Congressional staff briefing. Washington, DC. April 19, 2004. Materials available online at <http://www.prdc.org/programs/immigration04/immigration04.html>.
19. Under the Refugee Act of 1980, individuals determined to be fleeing persecution in their homelands are eligible to receive cash and medical assistance, employment preparation and job placement, skills training, English language training, social adjustment and aid for victims of torture. See the U.S. Department of Health and Human Services, Office of Refugee Resettlement Web site at <http://www2.acf.hhs.gov/programs/orr/geninfo/index.htm>.
20. See note 9, Portes and Rumbaut, 2001, pp. 242–245.
21. Indochina refers to the Southeast Asian countries of Cambodia, Laos, Thailand, and Vietnam.
22. Lopez, D.E., and Stanton-Salazar, R.D. Mexican Americans: A second generation at risk. In *Ethnicities: Children of immigrants in America*. R.G. Rumbaut and A. Portes, eds. Berkeley and Los Angeles, CA: University of California Press, 2001, pp. 57–90.
23. See Zhou, M. Contemporary immigration and the dynamics of race and ethnicity. In *America becoming: Racial trends and their consequences, vol. 1*. N.J. Smelser, W.J. Wilson, and F. Mitchell, eds. Washington, DC: National Academy Press, 2001, pp. 200–242.
24. They also are much more likely to have relatives and other persons living with them in their households. Across all groups analyzed, children of Mexican immigrants have the highest rate of overcrowding: 67% (versus an immigrant average of 47%, and a U.S.-born average of 11%). See Appendix 3 in the article by Hernandez in this journal issue.
25. See Appendix 8 in the article by Hernandez in this journal issue.
26. U.S. Census Bureau. *Statistical abstract of the United States: 2003*. Washington, DC: 2004, table no. 7; and U.S. Census Bureau. *Statistical abstract of the United States: 2002*. Washington, DC: 2003, table no. 43.
27. See note 22, Lopez and Stanton-Salazar, 2001.
28. See note 22, Lopez and Stanton-Salazar, 2001. For further discussion of this topic, see also the article by Garcia Coll and Szalacha in this journal issue.
29. See Grasmuck, S., and Pessar, P. Dominicans in the United States: First- and second-generation settlement. In *Origins and destinies: Immigration, race, and ethnicity in America*. S. Pedraza and R.G. Rumbaut, eds. Belmont, CA: Wadsworth Publishing Company, 1990, pp. 280–292.
30. See note 26, Census, 2004 and 2003.
31. See note 9, Portes and Rumbaut, 2001, pp. 98–99.
32. See Zhou, M. Straddling different worlds: The acculturation of Vietnamese refugee children. In *Ethnicities: Children of immigrants in America*. R.G. Rumbaut and A. Portes, eds. Berkeley and Los Angeles, CA: University of California Press, 2001, pp. 187–228.
33. See note 9, Portes and Rumbaut, 2001, pp. 46–49, 80–82.
34. See note 4, Hernandez and Charney, 1998, p. 6.
35. See note 9, Portes and Rumbaut, 2001, p. 54.
36. See note 4, Hernandez and Charney, 1998, p. 6. See also note 9, Portes and Rumbaut, 2001, pp. 98–102.
37. Sorensen, S., Brewer, D.J., Carroll, S.J., and Bryton, E. *Increasing Hispanic participation in higher education: A desirable public investment*. Santa Monica, CA: RAND Corporation, 1995.

38. Vernez, G., and McCarthy, K.F. *The costs of immigration to taxpayers: Analytical and policy issues*. Santa Monica, CA: RAND Corporation, 1995.



Demographic Change and the Life Circumstances of Immigrant Families

Donald J. Hernandez

SUMMARY

Several major demographic shifts over the past half-century have transformed who we are and how we live in this country in many ways. Most striking, however, is the fact that children today are much more likely to be members of ethnic or racial minority groups. Racial/ethnic minorities are destined, in aggregate, to become the numerical majority within the next few decades. This article presents a wide range of statistics reflecting cultural, family, social, economic, and housing circumstances across various racial/ethnic and country-of-origin groups. Key observations include:

- ▶ Children in immigrant families are much less likely than children in native-born families to have only one parent in the home, and they are nearly twice as likely as those in native-born families to be living with grandparents, other relatives, and non-relatives.
- ▶ Parental educational attainment is perhaps the most central feature of family circumstances relevant to overall child well-being

and development, regardless of race/ethnicity or immigrant origins.

- ▶ Children in immigrant families were only slightly less likely than children in native-born families to have a father who worked during the past year, but many of their fathers worked less than full-time year-round.
- ▶ Official poverty rates for children in immigrant families are substantially higher than for children in native-born families (21% versus 14%).

The author concludes that these results point to a growing need for policies and programs to assure the health, educational success, and well-being of all children across the varied racial/ethnic and immigrant-origin groups who now live in this country.

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Over the past half-century, our nation has experienced major demographic shifts that have transformed who we are and how we live. This is especially true for children. To start, proportionately, there are fewer of them. Children today make up only 25% of the U.S. population, compared with 36% in 1960. And children today are being reared differently. They are more likely to have a working mother, 67% compared to only 15% in 1950, and most spend significant amounts of time in out-of-home care. Many are also likely to live in or near poverty (26%), and to spend at least part of their childhood living with fewer than two parents (nearly 50%). At the same time, children today are healthier and have better-educated parents. Most striking, however, children today are much more likely to be a member of

an ethnic or racial minority group, and the diversity of our nation’s children is increasing at a dramatic rate.

Children in the United States are leading the way toward the creation of a new American majority. This transformation does not, however, reflect the emergence of a singular, numerically dominant group. Instead, it is characterized by a mosaic of diverse racial, ethnic, and cultural groups from around the world. Historically, racial/ethnic minorities, including Hispanics, African Americans, Asians, and American Indians, have accounted for substantially less than one-half of the American population. But taken as a whole, because they are growing much more rapidly than the non-Hispanic white population, they are destined, in aggregate, to become the numerical majority within the next few decades. (See Figure 1.)

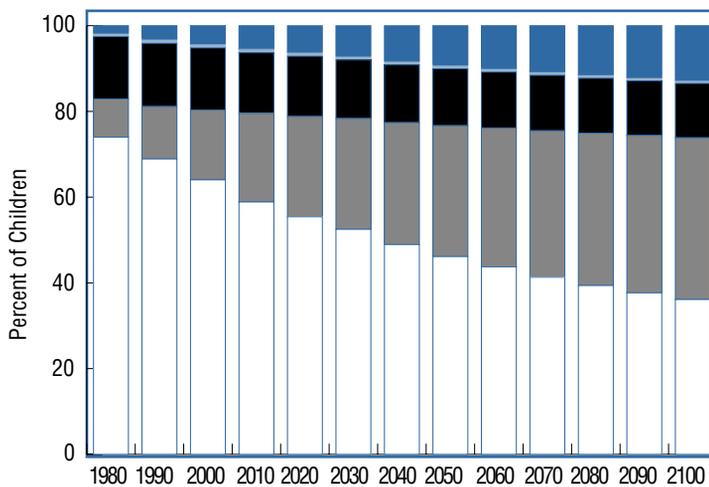
These new demographic realities pose enormous opportunities and challenges for public policies and programs aimed at assuring that the next generation of children reach their potential to become economically productive adults, nurturing parents, and engaged citizens.

This article presents a wide range of statistics (calculated from the Public Use Microdata Sample, or PUMS, file of Census 2000,¹ unless noted otherwise) reflecting cultural, family, social, economic, and housing circumstances of children in native-born and immigrant families—statistics that merit the attention of policymakers and service providers who are responsible for initiating, designing, and implementing programs that will fully meet the developmental needs of America’s children. The article begins by describing the nature and sources of the ongoing transformation in the racial/ethnic composition of the U.S. population, focusing especially on immigration as the most powerful force driving the current demographic change. Attention then turns to a description of the

Figure 1
Past and Projected Percent of Children in Specified Racial/Ethnic Groups

KEY:

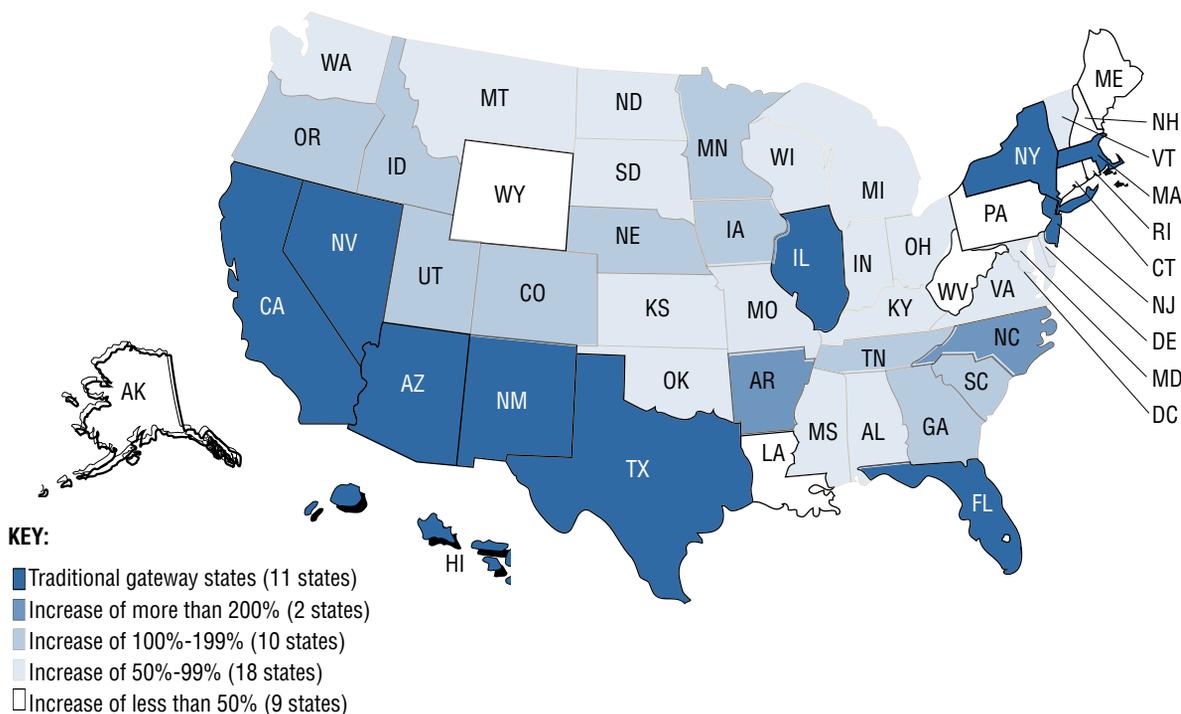
- Asian/Pacific Islander, non-Hispanic
- American Indian, non-Hispanic
- Black, non-Hispanic
- Hispanic
- White, non-Hispanic



Source: Population Projections Program, Population Division, U.S. Census Bureau, issued January 13, 2000.

Figure 2

Dispersion of Immigrant Families between 1990 and 2000



Source: Based on data from the U.S. Census Bureau, Census 1990 and 2000, Public Use Microdata Sample (PUMS).

life circumstances of these immigrant families, including household composition, educational accomplishments of children and their parents, engagement in paid work, and poverty. Next, the barriers faced by immigrant families due to citizenship status and linguistic isolation are discussed. Finally, the article concludes with some observations concerning the implications for the future.

The Blossoming of Racial/Ethnic Diversity

The emergence of racial and ethnic minorities as the majority of the U.S. population is occurring most rapidly, and will become a reality first, among children.² Immigration and births to immigrants and their descendants are the forces driving this historic transformation:

Children in immigrant families are the fastest growing segment of the child population in this country. Since 1990, the number of children in immigrant families has expanded about seven times faster than the number in native-born families and, by the year 2000, 1 of every 5 children in the United States lived in a newcomer family, with one or both parents foreign-born.^{3,4} Moreover, by about 2035, three-fourths of the elderly will be non-Hispanic white compared with only about one-half of the children.

Spatial Concentration and Dispersion

Historically, children in immigrant families have been highly concentrated in a small number of states, but during the past decade their number has grown rapidly in nearly every state. In most states, growth in the immigrant population has contributed greatly to increases

in the proportion of children who live in immigrant families, in racial/ethnic minority families, or both.

Children in newcomer families today account for 48% of all children in California, and 20% to 30% in 10 other major immigrant gateway states across the country. Moreover, among states with few immigrants prior to 1990, many have also experienced enormous influxes during the past decade. (See Figure 2.) The resources in many of these states are being stretched thin, as the states that had small numbers of children in newcomer families in 1990 often have little institutional infrastructure for providing for the needs of immigrants who differ from native-born families in language and culture.

Countries of Origin Span the Globe

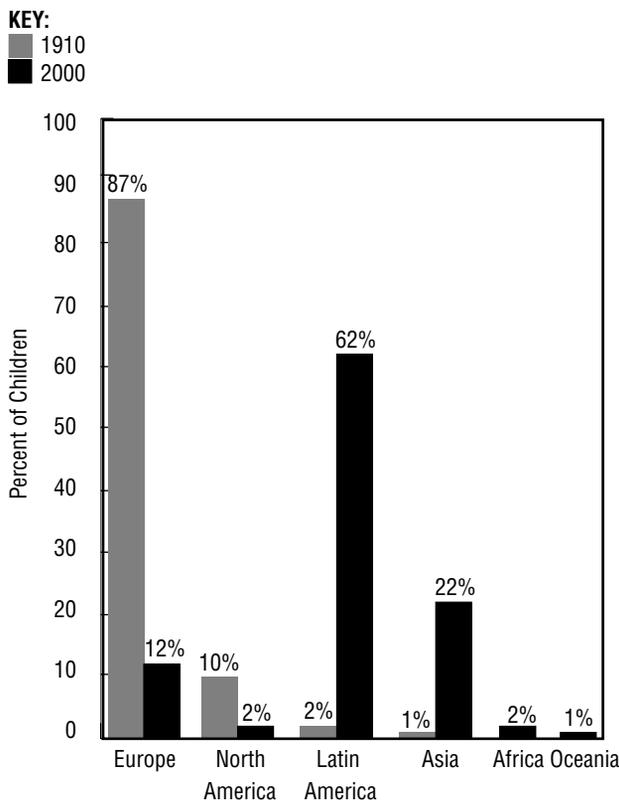
The United States has been a destination for immigrants throughout its history, but two enormous waves of immigration were prominent: between 1901 and 1910; and during the 1980s and 1990s.⁵ Between these waves, the origins of children have shifted across the globe. In 1910, 97% of children in newcomer families had origins in Europe or Canada; in 2000, however, 84% had their origins in either Latin America or Asia.⁶ (See Figure 3.) Mexico alone accounted for 39% of the children of newcomers, but no other country accounts for more than 4%. Thus, more than half of the children of newcomer families have origins in a very large number of countries spread around the world. (For detailed statistics on number of immigrants by country of origin, see Appendix 1 at the end of this article.) These children vary enormously, as do children in native-born families, in their family and socioeconomic circumstances.

Family Circumstances of Diverse Racial/Ethnic and Immigrant-Origin Groups

The decades since World War II have brought unprecedented changes to children and their families' life circumstances.⁷ Children experienced a dramatic increase in one-parent family living, and a drop in the number of siblings in the home. Parental educational attainment rose considerably, and there was an explosion in mothers' labor force participation. Meanwhile, the sharp rise in family income and fall in child poverty after World War II were followed by no or slow income growth and rising poverty. Many children today live in

Figure 3

Percent of Children in Immigrant Families, by Regions of Origin



Source: Based on data from the U.S. Bureau of the Census, Current Population Survey, Public Use Microdata Sample (PUMS) files, 2000.

economic need. For children of diverse racial/ethnic and immigrant-origin groups, the effects of these trends vary widely, largely correlated with the parents' level of education. Throughout this article, reference is made to levels of parental education within five distinct groups, as depicted in Figure 4. Across a wide range of socioeconomic factors, children whose parents have more education tend to fare better than those whose parents have less education.

Household Composition

Children depend on the family members in their homes for the nurturance and economic resources they re-

quire to survive and develop. Most children live with two parents, but the proportion living with only one (usually the mother) has tripled from 8% in 1940, to 24% in 2000. With rising divorce and out-of-wedlock childbearing, nearly half of the children born since the 1980s will spend at least part of their childhood with fewer than two parents in the home. Among those with two parents, frequently one is a step-parent. Also, the number of siblings in the home has declined markedly.⁸ Nearly two-thirds (63%) of children today live in families as the only child or with only one dependent sibling in the home. Among children of diverse racial/ethnic and immigrant-origin groups, the number of persons in the home can have important implications for children's economic well-being and educational success. (For detailed

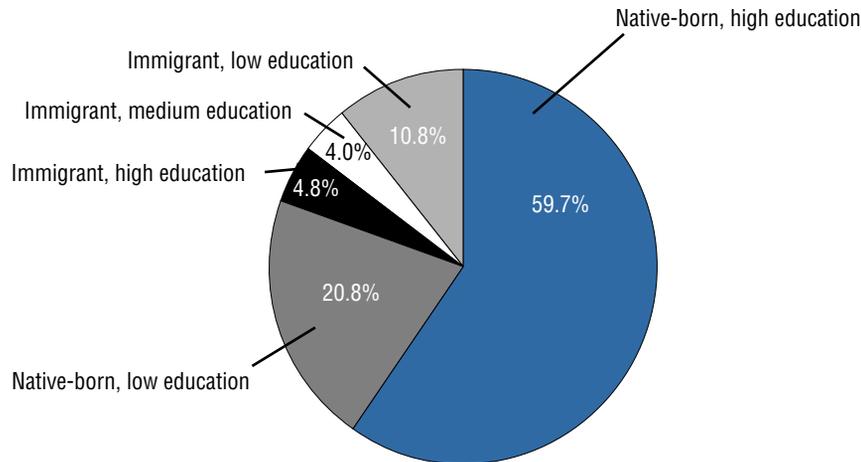
statistics on household composition by racial/ethnic and country-of-origin group, see Appendix 3.)

Parents in the Home

Children with only one parent in the home tend to be somewhat disadvantaged in their educational and subsequent economic success.⁹ As shown in Figure 5, children in immigrant families are much less likely than children in native-born families to have only one parent in the home, but there is substantial variation across groups. For example, no more than 10% of children live with one parent among children in immigrant families who have origins in India, Australia and New Zealand, Canada, China, and the Eastern and Southern former Soviet bloc, compared to more than 30% for those with

Figure 4

Parental Education Groups, Native-Born versus Immigrant



Native-born: Children born in the United States, with both parents born in the United States

High education group: proportion with mother who has not graduated from high school ranges from 6%-15%

Low education group: proportion with mother who has not graduated from high school ranges from 20%-37%

Immigrant: Children born in a foreign country, or have at least one parent born in a foreign country

High education group: proportion with a mother who has not graduated from high school ranges from 6%-11%

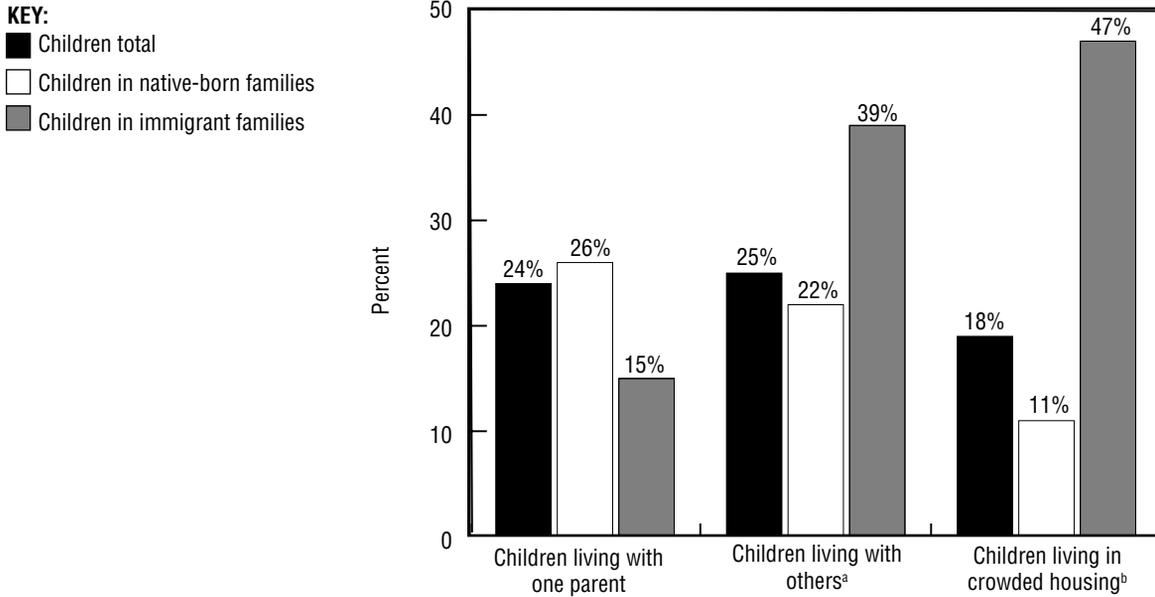
Medium education group: proportion with a mother who has not graduated from high school ranges from 17%-24%

Low education group: proportion with a mother who has not graduated from high school ranges from 37%-68%

Source: Based on data from the U.S. Bureau of the Census, Census 2000, Public Use Microdata Sample. For detailed data on the percentages by racial/ethnic and immigrant-origin group, see Appendix 2.

Figure 5

Children’s Households, Native-Born versus Immigrant



^aBeyond parents and siblings.

^bCrowded housing is defined as having more than one person per room.

Source: Based on data from the U.S. Bureau of the Census, Census 2000, Public Use Microdata Sample. For detailed data on the percentages by racial/ethnic and immigrant-origin group, see Appendix 3.

origins in the English-speaking Caribbean, Haiti, and the Dominican Republic. Similarly, the proportion with one parent in the home is 17% to 25% for children in native-born families who are white or Asian, compared to about 50% or more for those who are Central American and mainland-origin Puerto Rican. (For detailed data, see Appendix 3.)

The variation in number of parents in the household appears to be highly associated with level of parental education. For example, among children in immigrant families, only 10% live with one parent in the high education group, while 17% live with one parent in the medium and low education groups. Among children in native-born families, proportions are 18% for children with high education parents versus 49% for children with low education parents. The number of parents also appears to be highly associated with the age of the

children. The proportion with one parent rises from 20% at ages 0-2, to 24% at ages 3-8, and then to 25% at ages 9-13, and 26% at ages 14-17.¹⁰

Siblings in the Home

The presence of brothers and sisters in the home is a mixed blessing for most children. Siblings provide companionship, but they must share available resources. Insofar as parental time and financial resources are limited, parental resources must be spread more thinly in families with a larger number of siblings than in smaller families. Dependent siblings under age 18 are especially likely to compete for parental time and income. As a result, family size can have important consequences for the number of years of school that a child completes, and hence, for economic attainment during adulthood.¹¹

Among families of diverse native-born groups, the proportion with four or more siblings in the home

ranges from 9% to 11% for Asians, Central Americans, and whites, to 18% for blacks and American Indians. In contrast, among children in immigrant families, the proportion in large families ranges more widely—from a low of 4% to 5% for children with origins in India and China, to a high of 35% for those with origins in the Pacific Islands (other than Australia and New Zealand). (For detailed data, see Appendix 3.)

As was the case with the number of parents, the number of siblings in the home also appears to be highly associated with level of parent education. Those children in families with high parental education are least likely to live with four or more siblings.

Grandparents and Others in the Home

Relatives, such as grandparents and older siblings, and non-relatives in the home can provide childcare or other important resources for children and families, but they may also act as a drain on family resources. Especially in families with few financial resources, doubling-up with other family or non-family members provides a means of sharing scarce resources, and benefiting from economies of scale in paying for housing, energy, food, and other consumable goods. At the same time, doubling-up can also lead to overcrowded housing conditions with negative consequences for children.

Taking grandparents, other relatives, and non-relatives together, many children have someone other than a parent or dependent sibling in the home. As illustrated in Figure 5, however, children in newcomer families are nearly twice as likely as those in native-born families to have such a person in the home. Children in white, non-Hispanic native-born or immigrant-origin families are least likely to live with such other persons.¹² (For detailed data, see Appendix 3.)

Grandparents. About 9% of all children in the United States have at least one grandparent in the home, and whether or not a child lives with a grandparent is strongly correlated with racial/ethnic and immigrant status. For example, living with grandparents is much less common for white children (3%-8%) than for non-white children (12%-22%).¹³ Also, on average, a smaller proportion of children in native-born families live with a grandparent (8%) than do children in immigrant families (13%). However, 22% of children in native-born families who are Central American have a grandparent in the

home. (For detailed data, see Appendix 3.) Overall, on average across all families, grandparents are more likely to be in the home when children are younger (12% for those ages 0-2) than when they are older (8%-9% for those ages 3-18).

Other relatives. Other relatives in the home may be older siblings ages 18 and over, or extended family members such as aunts, uncles, or cousins. About 15% of children have another relative in the home. The difference overall between white children and other children is quite large (10% versus 23%). Moreover, children in immigrant families are more than twice as likely as those in native-born families to have another relative present (27% versus 12%). Having other relatives in the home is strongly correlated with parental education, with lower education linked to increased likelihood of living with relatives.¹⁴ Among children in immigrant families with low parental education, 29%-36% live with other relatives. The likelihood of living with other relatives is also greater when younger children are present.¹⁵

Non-relatives. Non-relatives, such as unrelated individuals (boarders or boyfriends, for example) or families doubling up who are from the same immigrant-origin village, are also sometimes present in children's homes. In fact, the proportion of children with a non-relative in the home is the same as the proportion with a grandparent in the home: about 9%. Differences between children in native-born families and immigrant families also are similar, on average: 8% versus 12%. Nevertheless, 20% of children in immigrant families with origins in Central America have a non-relative in the home. (For detailed data, see Appendix 3.) Living with non-relatives is much more common among children who are younger and whose parents have less education.^{16,17} Among low education immigrant families, for example, 21% of those with young children ages 0-2 have a non-relative in the home. The data suggest that in families with parents who have limited education and part-time partial-year work instead of full-time year-round work, sharing a home with another person may often result from financial necessity.

Overcrowded Housing

Overcrowded housing has deleterious effects on child health and well-being, including psychological health and behavioral adjustment, as well as the ability to find

a place to do homework undisturbed.¹⁸ As shown in Figure 5, nearly 1 in 5 children live in crowded housing conditions (that is, with more than one person per room). But nearly half of children in immigrant families live in overcrowded housing, compared to only 11% of children in native-born families. There is wide variation among groups, however. Among children in native-born families, the proportion in overcrowded housing ranges from 7% for whites to 40% for Native Hawaiian and other Pacific Islanders. Among children in immigrant families, the proportion in overcrowded housing among white groups is about the same as for native-born white groups, while the highest levels of overcrowding are experienced by children in immigrant families from Central America (59%) and Mexico (67%). (For detailed data, see Appendix 3.)

Overcrowding is strongly correlated with parental education and poverty across racial/ethnic and immigrant generation groups, suggesting the need to double-up with relatives or non-relatives to share resources. This appears to be especially true among immigrant-origin groups. Moreover, while overcrowding improves slightly for older versus younger age groups, these reductions tend to be smaller among children in immigrant families, despite their initially higher levels.

Children's Education and Health

For most children in the United States, there have been dramatic increases in educational attainment and health status over the course of the past century. Today, far more children attend nursery/preschool, stay in school longer, and graduate from high school than was the case 50 years ago. Also, infant mortality rates have declined and life expectancy rates have increased. The data indicate, however, that children's educational attainment and health status vary widely across groups.

Early Education

Early education prior to kindergarten can help assure that children are ready to learn when they reach elementary school, even in families with very limited educational and linguistic resources. (See the article by Takanishi in this journal issue.) According to data from Census 2000, overall, the proportion of children enrolled in nursery/preschool rises from 36% at age 3, to 58% at age 4, and then falls to 34% at age 5 as many children enter kindergarten. Beginning at age 3, chil-

dren in native-born families are more likely than those in immigrant families to be enrolled (38% versus 30%). This disparity grows substantially by age 4 (60% versus 48%), and then continues at age 5 (37% versus 26%).

There are large differences across children with different levels of parental education, however. At each age, regardless of racial/ethnic or country-of-origin group, children in families with higher parental education generally are more likely to be enrolled in nursery/preschool than children in families with lower parental education. Moreover, it appears that children in lower parental education groups are more likely to enter kindergarten at age 4, while children in higher parental education groups are spending additional preparatory time in nursery/preschool. That said, however, the differences by race/ethnicity and immigrant origins are substantial. For example, enrollment at age 4 ranges from 60% or more for most high education native-born groups, to 35% for children with immigrant origins in Mexico. (For detailed data on enrollment in early education by racial/ethnic and immigrant-origin group, see Appendix 4 at the end of this article.)

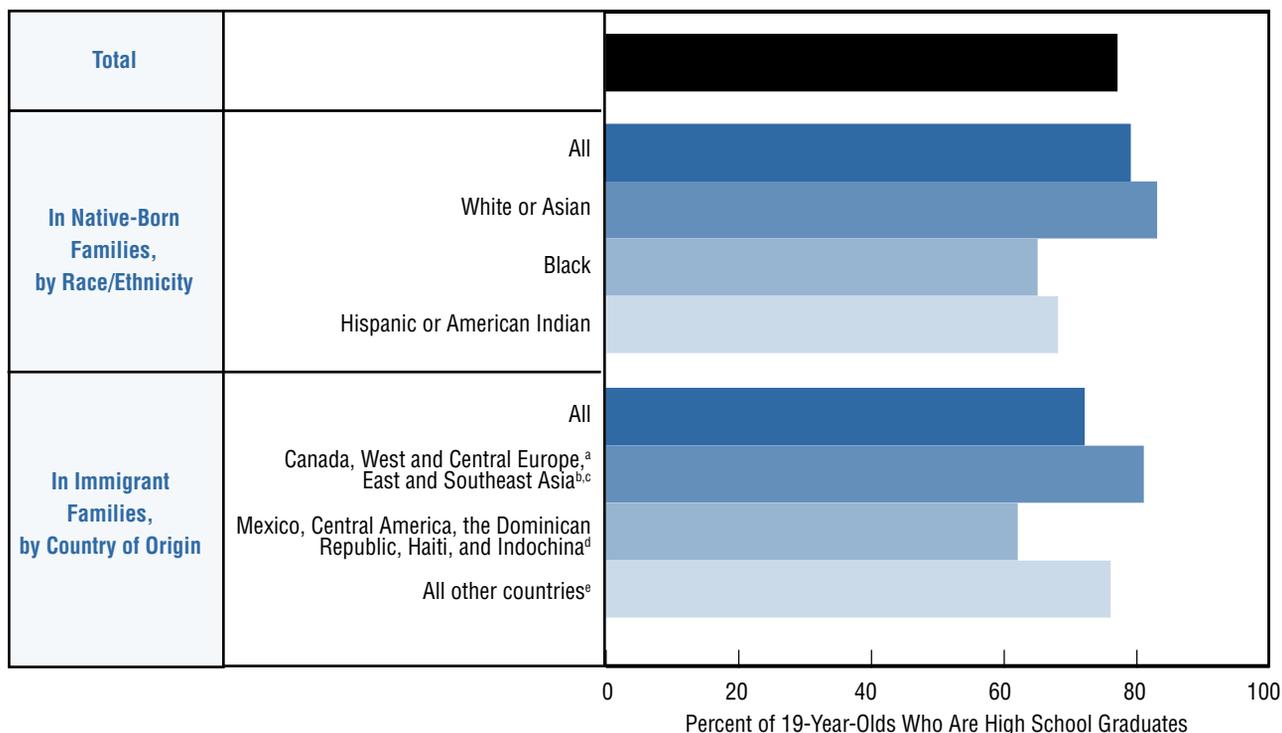
Progress in School

According to data from the Current Population Survey, the vast majority of children are attending school and are in the grade appropriate for their age level. However, among those who are not at the appropriate level, children in immigrant families are more likely to be behind grade than are children in native-born families. Among 16-year-olds, 8% of children in native-born families are behind grade, compared with 10% of children in immigrant families. By age 19, 79% of children in native-born families are high school graduates, compared with 72% of children in immigrant families. Moreover, across some racial/ethnic and regional immigrant-origin groups, the differences can be substantial. For example, among the six racial/ethnic and immigrant-generation groups distinguished in the available data from the Current Population Survey, 83% of those categorized as white or Asian in native-born families have graduated from high school as of age 19, compared to only 62% of those in immigrant families with origins in Mexico, Central America, the Dominican Republic, Haiti, and Indochina. (See Figure 6.)

Moreover, across groups, how much children are behind grade in school is highly correlated with the level of parental educational attainment. For example, among

Figure 6

Keeping Up in School, Native-Born versus Immigrant Children



^a Excluding the former Soviet Union, Albania, Bulgaria, Romania, and Yugoslavia.
^b Excluding Indochina.
^c These countries make up the “high parental education” group.
^d These countries make up the “low parental education” group.
^e The remaining countries of origin make up the “medium parental education” group.

Source: Based on data from the U.S. Bureau of the Census, Current Population Survey, Public Use Microdata Sample (PUMS) files, 2000.

children in families with high parental education, about 8%-9% of those ages 17-18 are a year behind in school. In contrast, among children in families with low parental education, the proportions who are a year or more behind in school at ages 17-18 are two or three times greater at about 19%-22%. However, virtually all of the children with immigrant origins and low parental education who are two or more years behind in school are themselves immigrants, and many are probably recent immigrants from Mexico, Central America, the Dominican Republic, or Haiti, where progress through the educational system occurs more slowly than in the United States.

Among all 19-year-olds who have not graduated from high school, 48% are native-origin in high parental education groups, 9% are immigrant-origin in high or middle parental education groups, and 44% are native-origin or immigrant origin in low parental education groups. These statistics suggest that policies aimed at fostering high school graduation need to be quite diverse in their approaches, because 19-year-olds are extremely diverse in the their race/ethnicity, their immigrant-origins, and the recency of their immigration to the United States.

Health Status

The differences in the health status of children in immigrant and native-born families are complicated and sometimes paradoxical. Recent research has found children born to immigrant mothers in the United States are less likely to be born with a low birth weight, and less likely to die during the first year of life, than are children born to native-born mothers.¹⁹ This relationship is especially strong within particular racial/ethnic groups, most notably, for children in immigrant families with origins in Mexico. (See Table 1.)

A recent report from the National Academy of Sciences/National Research Council noted that, because of the limited number of studies and limitations in the available data, care must be taken in generalizing across

diverse groups and domains of health regarding the situation of children in immigrant families.²⁰ Nevertheless, available evidence suggests that along several important dimensions, children in immigrant families appear to be healthier than children in native-born families. The evidence also suggests, however, that the health of children in immigrant families tends to deteriorate through time and across generations as families assimilate into mainstream American culture.

According to data from the Current Population Survey, 81% of all children are reported to be in excellent or very good health, with children in native-born families somewhat more likely to be healthy than children in immigrant families (82% versus 76%). Across racial/ethnic and immigrant-origin groups for whom data are

Table 1

Incidence of Low Birth Weight and Infant Mortality among Selected Groups of Native-Born versus Foreign-Born Mothers

Racial/Ethnic and/or Immigrant Country-of-Origin Group	Low Birth Weight (percent)		Infant Mortality (rate per 1,000 births)	
	Native-Born Mother	Foreign-Born Mother	Native-Born Mother	Foreign-Born Mother
White	4.5	3.9	5.8	4.6
Black	11.8	8.0	12.9	10.5
Mexican	5.4	4.1	6.6	5.3
Puerto Rican	7.9	7.5	7.8	7.0
Cuban	4.7	4.4	5.3	4.7
Central/South American	5.2	4.8	5.2	5.0
Chinese	4.8	3.8	4.6	4.3
Filipino	6.9	6.1	6.8	4.8
Japanese	5.0	5.0	3.7	3.7
Other Asian	5.3	5.7	6.2	5.3

Source: Lan
Health, adjustment, and public assistance. D.J. Hernandez, ed. Washington, DC: National Academy Press, 1999, pp. 244-285.

Children of immigrants:

...children whose parents have a limited education may be especially in need of special initiatives and programs to assure their success in school...

available, the proportion with excellent or very good health is strongly correlated with parental educational attainment. These results are broadly consistent with recent research using the National Health and Nutrition Examination Survey (NHANES III), but not always consistent with results based on physical examinations, suggesting that health perceptions may be influenced by factors that are less well measured by a physician's examination.²¹ Moreover, children in immigrant-born families are much less likely to be covered by health insurance than are children in native-born families (76% versus 88%). The difference is associated with parental education across groups, but the rates of not being covered by health insurance remain higher for Hispanic children even after controlling for parental education, work status, family income, and whether the parents work full-time year-round.²² (For detailed data, see Appendix 5.)

Parental Educational Attainment

As families shrank during the last half of the past century, parental education rose. Among adolescents ages 12-17 in 1940, about 70% had parents who had completed no more than 8 years of school, while only 15% had parents who were high school graduates, and 3% had parents who were college graduates. Expenditures for education have expanded enormously since then, and the educational attainment figures have been turned on their head. By 2000, only 6% of adolescents ages 12-17 have parents with no more than 8 years of school, while 82% have parents with high school diplomas, including the 21%-29% who have mothers or fathers with 4-year college degrees.

Parental educational attainment is perhaps the most central feature of family circumstances relevant to overall child well-being and development, regardless of race/ethnicity or immigrant origins. Parents who have completed fewer years of schooling may be less able to help their children with schoolwork because of their limited exposure to knowledge taught in the classroom. They also may be less able to foster their

children's educational success in other ways because they lack familiarity with how to negotiate educational institutions successfully. Children whose parents have extremely limited education may, therefore, be more likely to benefit from, or to require, specialized educational program initiatives if their needs are to be met by educational institutions. (For more on this topic, see the article by Fuligni and Hardway in this journal issue.)

More broadly, parents with limited educational attainment may also be less familiar with how to access successfully the health and other social institutions with which children and their parents must interact in order to receive needed services. Equally important is that parent educational attainment influences their income levels. Parents with limited education tend to command lower wages in the labor market and are, therefore, constrained in the educational, health, and other resources that they can afford to purchase for their children. For all of these reasons, among children generally, negative educational and employment outcomes have been found for children with low parental educational attainment.²³

Overall, nearly one-fifth (18%) of children ages 0-17 in the United States have a mother who has not graduated from high school,²⁴ but the proportion varies widely for native-born versus immigrant-origin groups. Among native-born families, Asians are the most likely to have a mother who has graduated (only 6% have a non-graduate mother), while island-origin Puerto Ricans are the least likely (37% have a non-graduate mother). Among immigrant families, those with origins in Canada are the most likely to have a mother who has graduated (6% have a non-graduate mother), while those from Mexico are the least likely (68% have a non-graduate mother). (For detailed statistics on parental educational attainment by race/ethnicity and country of origin, see Appendix 2.)

Knowing the parental educational attainment level of

different racial/ethnic and immigrant-origin groups can be helpful because children whose parents have a limited education may be especially in need of special initiatives and programs to assure their success in school, and to ensure their access to resources from additional education, health, or social service institutions.

Parental Paid Work

As education levels rose, children experienced a half-century explosion in mothers' labor force participation. In 1940, only 11% of children lived with a mother with a paid job. Today, over 70% of children have mothers who worked sometime during the past year. Mothers' increased employment is important to children for at least two reasons. First, the more that mothers work, the greater the income available to the family. Second, the more that mothers work, the greater the potential need for non-parental childcare for young children—care that may require substantial expenditures of scarce economic resources.

Despite the limited parental education among children in many racial/ethnic and immigrant-origin groups, most children who live with their fathers have fathers who are employed, and most who live with their mothers have mothers who work for pay, as is the case with the population overall.²⁵ In 2000, children in immigrant families were only slightly less likely than children in native-born families to have a father who worked during the past year (93% versus 95%).²⁶ Among most racial/ethnic and immigrant-origin groups, 91%-97% had a father who worked during the past year, but many fathers worked less than full-time year-round. (For detailed statistics on parental work by race/ethnicity and country of origin, see Appendix 6.) Full-time year-round work by fathers is strongly associated with parental education levels across racial/ethnic and immigrant generation,²⁷ while the age of the children appears to make little difference.²⁸

The story is quite different with respect to mothers. Overall, 27% of children have a mother who does not work for pay, but the proportion is substantially higher for children in immigrant families than for children in native-born families (39% versus 24%).²⁹ About half of this difference is accounted for by a difference in full-time year-round work, and about half by part-time or partial-year work. (For detailed data, see Appendix 6.)

Although mothers' work is strongly associated with native-immigrant status,³⁰ it is not strongly correlated with parental education levels. However, the age of the children does matter. Among children in all racial/ethnic and immigrant-origin groups, the proportion with a mother who works usually increases for older versus younger age groups.

Counting either the father's or the mother's work, 77% of children live with at least one parent who works full-time year-round. Overall, the proportion is somewhat higher for children in native-born than in immigrant families (78% versus 72%), but having at least one parent who works full-time year-round varies widely across groups and is strongly correlated with parental educational attainment. For example, among those families with high parental education, the proportion with full-time work ranges from 69% for Central Americans and Native Hawaiian or other Pacific Islanders, to 86% for those with origins in Canada, and Australia and New Zealand. Among those families with low education, the proportion with full-time work ranges from 56% for island-origin Puerto Ricans, to 72% for those with origins in Haiti. Moreover, the age of the children appears to have little impact. For nearly all native-born and immigrant-origin groups, the proportion with at least one parent who works full-time year-round changes little across children of different ages.³¹ (For further discussion of this topic, see the article by Nightingale and Fix in this journal issue.)

Economic Resources and Poverty

In contrast to the steady progression of changes during the past half-century that children experienced in one-parent family living and in parental education and employment, trends in economic resources and poverty have fluctuated. Between 1940 and 1973, median family income jumped by more than 100%, but has increased much more slowly since then, despite the continuing, large increases in mothers' labor force participation. Meanwhile, after peaking at 38% in 1940 following the Great Depression, the relative child poverty rate dropped sharply,³² reaching its historic low of 24% in 1970, and has lingered between 25% and 29% ever since.

In general, poverty has been found to have negative developmental consequences for children.³³ Children

Box 1

Measuring Poverty

- ▶ **Official Poverty Rate.** The most widely used measure of poverty is the official poverty rate published by the U.S. Census Bureau. It is well-known, however, that the official measure underestimates the true level of economic need in the United States.
- ▶ **Alternative Poverty Estimates.** A highly respected National Academy of Sciences/National Research Council report has explored the problem in detail.^a The Census Bureau has long recognized that there are problems with the official measure. In response, beginning with 1970, it has regularly published alternative poverty estimates that replace the official poverty-income thresholds with alternative thresholds set as high as 200% of the official levels—that is, with income thresholds twice as high as the official level.
- ▶ **Minimum Basic Family Budget.** More recently, the Economic Policy Institute in Washington, D.C., has estimated, for each metropolitan area and non-metropolitan region in the United States, the minimum basic family budget required for a family to maintain a safe and decent standard of living based on the local costs of food, housing, childcare, and other necessities^b. Using these basic family budgets as an alternative measure yields rates of economic deprivation that are very close to the rates obtained by using 200% of the poverty threshold as a

criterion, for the nation and for major racial/ethnic groups^c. This indicator provides the best available measure of economic need among children.

- ▶ **Relative Poverty Measure.** The relative poverty measure is the best available approach to measuring historical change in economic deprivation because it sets the poverty threshold at one-half median family income for each specific year. Results for the relative poverty measure currently correspond closely to results obtained for a measure set 150% above the official thresholds, that is, set midway between the official level and the highest level published by the Census Bureau.
- ▶ **Deep-Poverty Measure.** A final poverty measure, which is often used to focus on children whose family income places them at risk of severe deprivation, is the proportion in deep-poverty with family incomes less than 50% of the official thresholds.

Detailed child poverty rates are presented in Appendix 7 for the official measure, the relative measure, the measure using as the cut-off criterion 150% of the official thresholds (that is, thresholds 50% greater than the official thresholds), and 200% of poverty (that is, thresholds 100% greater than the official thresholds).

^a Citro, C.F., and Michael, R.T., eds. *A new approach*. Washington, DC: National Academy Press, 1995.

^b Bernstein, J., Brocht, C., and Spade-Aguilar, M. *How much is enough? Basic family budgets for working families*. Washington DC: Economic Policy Institute, 2000; and Boushey, H., Brocht, C., Gundersen, B., and Bernstein, J. *Hardships in America: The real story of working families*. Washington, DC: Economic Policy Institute, 2001.

^c Bernstein, J. The new hybrid: Toward ending working poverty as we know it. EPI Working Paper, #129. Washington, DC: Economic Policy Institute, forthcoming.

in impoverished families may be at risk of educational failure because they lack access to adequate nutrition, health care, dental care, or vision care, as well as lacking access to educational resources that parents with higher incomes can afford to purchase for their children.

The most widely used measure of poverty is the official poverty rate published by the U.S. Census Bureau. According to this official measure, poverty rates for children in immigrant families are substantially higher than for children in native-born families (21% versus 14%). It is well-known, however, that the official measure underestimates the true level of economic need in

the United States. Recognizing the inadequacy of the official measure, major public programs for children are increasingly setting eligibility criteria at higher levels. For example, children in families with incomes ranging between 130% and 185% of official poverty are eligible for reduced-priced meals through the School Breakfast Program and the National School Lunch Program administered by the Food and Nutrition Service of the U.S. Department of Agriculture.³⁴ States have also raised their eligibility thresholds for various programs.³⁵ To provide indicators that reflect levels of economic need more faithfully than the official measure, various other poverty measures have been developed.

...many children in immigrant families speak a language other than English at home, and many live in linguistically isolated households where no one over the age of 13 speaks English exclusively or very well.

(See Box 1.) These alternative poverty measures were examined across various racial/ethnic and country-of-origin immigrant groups, with fairly consistent results. (For detailed data on child poverty rates using various measures, see Appendix 7.)

The measure using 200% of the official poverty threshold as the criterion (that is, setting thresholds at twice the official level) provides the best available measure of economic need among children. According to this measure, referred to as the “2x-poverty rate,” overall poverty rates for children in immigrant families are substantially higher than for children in native-born families (49% versus 34%). In addition, while there is great variation within these groups that is strongly correlated with parental educational attainment, poverty rates are high even among the most highly educated groups. For example, among native-born and immigrant-origin groups with low education, the 2x-poverty rate ranges from 48% for third and later generation Mexican children, to 69% for immigrant families from Mexico. But the 2x poverty rate is quite high even among several of the most highly educated groups, ranging from 16% for children with origins in Australia and New Zealand, to 43% for children in native-born families who are Native Hawaiian or other Pacific Islanders. With respect to children’s age, most groups show a slight decline in poverty rates between the younger and older age groups, but some show a slight increase.

Just as having a parent who can find full-time year-round work is strongly associated with parental education levels, so too are child poverty rates. Children with lower education parents have parents who are less able to find full-time year-round work, and the work they find pays less well. As a consequence, policymakers and program administrators in areas with large numbers of children in groups with low parental education tend to have children as clients who not only have parents with limited education, but who work more sporadically,

and who have limited income to provide for the needs of their children. Data presented here on the range of child poverty rates for the different racial/ethnic and immigrant-origin groups offer important guides to policymakers and program administrators who are developing and implementing programs using eligibility criteria set far above official poverty thresholds.

Barriers to Educational Success and the American Dream

Children in many immigrant families confront an additional set of barriers to well-being and development that are experienced by comparatively few children in native-born families. Many children in immigrant families live in a household that includes at least one member who is not a U.S. citizen, and as a result, the family may be ineligible for—or reluctant to seek—certain supports and benefits. In addition, many children in immigrant families live in a household that is linguistically isolated from English-speaking society, or their parents are limited in their spoken English, or they themselves are limited in their English. Lack of language skills can make it difficult to communicate with teachers and with health and other service organizations. These barriers, combined with the other indicators discussed above, cause children in immigrant families to be more than twice as likely as those from native-born families to experience multiple risk factors critical to their development.

Recency of Immigration and Family Citizenship Status

Immigration to a new country can involve a wide range of changes, including the need to become familiar with a new language, with new educational and health institutions, and with new social customs. Children in newcomer families who have arrived most recently have had less time to adjust to life in the United States and to become naturalized citizens.

Every child in a newcomer family is foreign-born or has at least one foreign-born parent, and many of the parents are recent immigrants. Among children in newcomer families, 52% have a father—and 60% have a mother—who has lived in the United States for less than 15 years. Children in immigrant families in the highest parental education group are most likely to have a father who has lived in the United States for less than 15 years.³⁶ Insofar as most children in immigrant families were born in this country, the proportion with a father or mother who has lived here for less than 15 years declines substantially for older versus younger age groups.

Citizenship status within immigrant families is important because, for the first time, the recent welfare reform legislation (enacted in 1996) excluded many non-citizens from eligibility for important public programs.³⁷ As a result, immigrant parents who are not citizens may be hesitant to seek public benefits for their children, even if their children were born in the United States, and hence have been citizens for their entire lives. Although many children have parents who have lived in the United States for less than 15 years, the overwhelming majority of children in immigrant families live in a family where either the child or a parent is a citizen of the United States. Four of every five children in an immigrant family are U.S. citizens, because they were born here. These children are eligible for programs and services on the same basis as all other U.S. citizens.

Although 30% of children in immigrant families have parents who are naturalized citizens, 53% of children in newcomer families live in a mixed-status nuclear family, where at least one sibling or parent is not a U.S. citizen, and at least one sibling or parent is a U.S. citizen.³⁸ The highest proportions living in a mixed-status nuclear family occur among children with low parental education and origins in Mexico (66%). The lowest proportions in mixed status nuclear families occur among children with Southern and Eastern Soviet bloc origins (32%). (For detailed data on citizenship status by racial/ethnic and immigrant-origin group, see Appendix 8.)

Because parents who are not citizens may be unaware of their children's eligibility for important services or may fear to contact government authorities on behalf of their children, a substantial number of children in

immigrant families are at risk of not receiving important public services or benefits. This may be especially the case among children with low parental education, because children from these countries not only have high proportions of families with non-citizen parents, but also have high proportions of families living in poverty which may, therefore, make them eligible for critical public benefits or services. (See the article by Nightingale and Fix in this journal issue.)

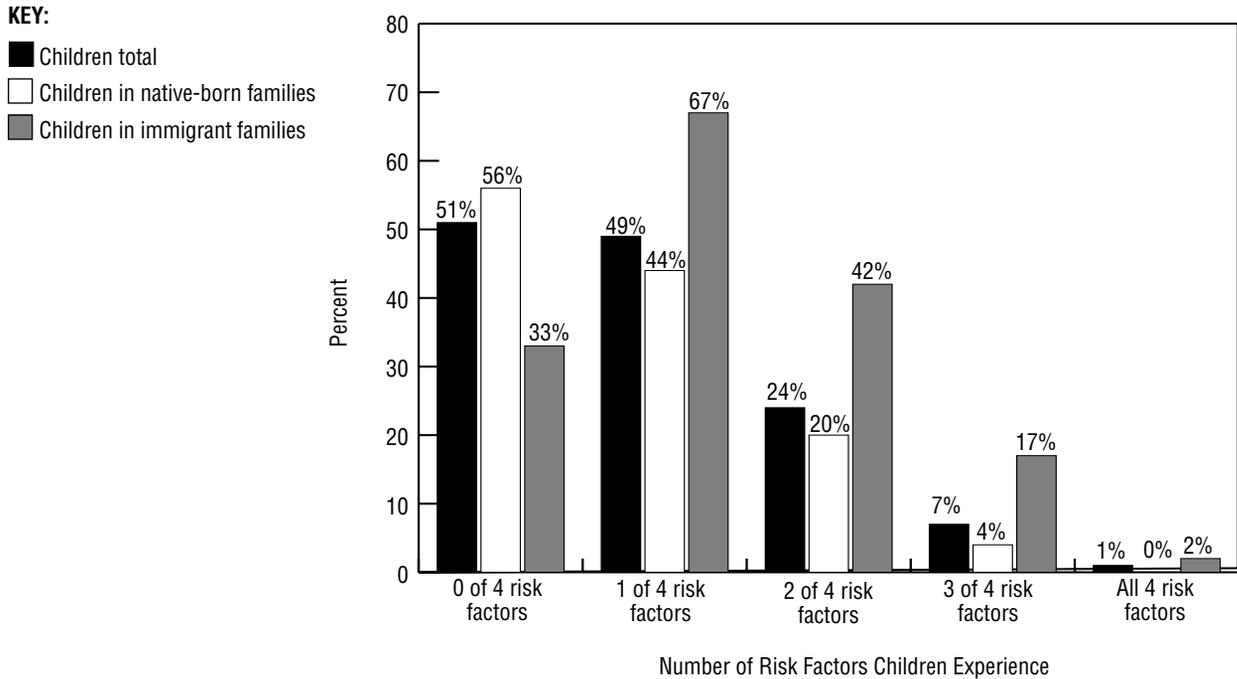
Language and Linguistic Isolation from English-Speaking Society

Lack of language skills may pose a significant barrier stemming from the cultural circumstances of children in newcomer families, requiring special attention or programmatic initiatives from educational, health, and other institutions. With the global span of countries of origin of children in immigrant families comes an extraordinary diversity in languages spoken by children and their parents. Because many children in newcomer families have parents who have arrived within the past 15 years, and because learning a new language, especially during adulthood, can be a long-term process, many children in immigrant families speak a language other than English at home, and many live in linguistically isolated households where no one over the age of 13 speaks English exclusively or very well.

These children may have substantial difficulty communicating with and learning from teachers, because the teachers are, in turn, limited in their ability to speak the child's primary language. These children and their families also may experience barriers in communicating with health and other service organizations and agencies that are not prepared to function in a variety of languages. Linguistic isolation among immigrant families is not a new phenomenon, but it continues to act as an important barrier for many children and families. All together, 18% of children in the United States speak a language other than English at home. Among children in native-born families, 6% speak a language other than English at home, and among children in immigrant families, the proportion rises to 72%. Especially likely to speak a language other than English at home are children in low parental education homes with origins in Mexico and the Dominican Republic (both at 91%). (For detailed data on language skills by racial/ethnic and immigrant-origin group, see Appendix 8.) Even

Figure 7

Multiple Risk Factors among Native-Born versus Immigrant Children



Note: The four risk factors are: (1) having a hold; and (4) living in a one-parent family.

Source: Based on data from the U.S. Bureau of the Census, Census 2000, Public Use Microdata Sample. For detailed data on the percentages by racial/ethnic and immigrant-origin group, see Appendix 9.

among children in several native-born groups, between one-fifth and two-fifths speak a language other than English at home.

In nearly three-fourths (74%) of homes where a language other than English is spoken, at least one person over age 13 speaks English exclusively or very well, providing a linguistic bridge to English-speaking institutions. But this means just over one-fourth of these homes do not have such a person, and are characterized by the Census Bureau as linguistically isolated from English-speaking society. Overall, 6% of children live in linguistically isolated households, but this varies widely between native-born and newcomer families. Only 1% of children in native-born families are linguistically isolated, but one-fourth (26%) of children in newcomer families

are linguistically isolated. Although linguistic isolation varies among different racial/ethnic and immigrant-origin groups, it is strongly correlated with parental education—that is, those with lower parental education are most likely to be linguistically isolated. Linguistic isolation also varies sharply by age for many newcomer children, declining among the older age groups.³⁹ For example, among children in newcomer families with origins in Mexico, 44%-45% of children ages 0-8 live in linguistically isolated households, but this falls to 36% at ages 9-13, and to 15% at ages 14-17.

Focusing on children themselves, 6% have limited English skills, that is, they do not speak English exclusively or very well. The proportion is nearly twice as large among parents: 12% have fathers and 11% have mothers

with limited English skills. Most of the children with limited English skills live in immigrant families, and their English proficiency is strongly correlated with the level of parental education and age. Groups with higher parental education are less likely to have limited English skills compared to those with lower parental education. Moreover, within each racial/ethnic and immigrant-origin group, older children are less likely than younger children to have limited English skills. (For detailed data, see Appendix 8.)

Multiple Risk Factors

A wide range of socioeconomic and cultural factors in children's families can have negative impacts on child well-being and development. The statistics presented thus far indicate the extent to which children of different groups experience various risk factors, looking at each risk factor individually. But some children experience none of these risks, while others experience several. Four critical risk factors that can have significant effects on children's outcomes include:

- (1) Having a mother who has not graduated from high school;
- (2) Living in economic deprivation (based on the 2x-poverty measure);
- (3) Living in a linguistically isolated household; and
- (4) Living in a one-parent family.

Overall, nearly one-half of children experienced at least one of the four risk factors. (See Figure 7.) Although there are enormous differences across racial/ethnic and immigrant-origin groups, it is important for policymakers and program administrators to note that even among white children in native-born families, 35% experience at least one of these risk factors. But among immigrant-origin groups, the overall proportion experiencing at least one of these risk factors is substantially higher at 67%. (For detailed data on risk factors by racial/ethnic and immigrant-origin group, see Appendix 9.)

It is also important to note that, as shown in Figure 7, many children experience more than one risk factor. Overall, about a quarter of all children experience at least two of the four risk factors. Moreover, the proportion experiencing at least two of the four risk factors is more than double for children in immigrant families

compared with children in native-born families. Among children in most high parental education families, only 5%-14% experience at least two of four risks, but this jumps to 35%-57% for children in low parental education groups, and to 65% among Mexican-origin children. Thus, many children experience multiple circumstances that may benefit from policy initiatives.

Conclusions

Many states that have not been immigrant gateways in the past are now experiencing large increases in the number of children in newcomer families. Driven primarily by rapid growth in the number of children in immigrant families, in 2000, nearly two of every five children in the United States were members of racial/ethnic minority groups, members of newcomer families, or both. By the year 2035, more than half of the children in this country will be members of these groups. Thus, it is important that policymakers and services providers throughout the nation, including those in most states and many localities, develop and implement education, health, and service programs in a fashion that assures access and that meets the needs of these vulnerable, but rapidly growing, populations of children.

Across a wide range of indicators, significant variation often exists between native-born and immigrant families, and also among the specific racial/ethnic or immigrant country-of-origin groups within each of these categories. For example, the vast majority of children live in homes where the father worked last year, but children in immigrant-origin groups are more likely to have parents working only part-time or partial-year, and as a result, to experience greater economic deprivation. (See the article by Nightingale and Fix in this journal issue.) Also, native-born families are more likely than immigrant families to be headed by a single parent, but immigrant families are more likely to have another person in the home—such as siblings, grandparents, other relatives, or non-relatives. Overcrowding is strongly correlated with parental education and poverty across racial/ethnic and immigrant generation groups, suggesting the need to double-up with relatives or non-relatives to share resources. This is especially true for immigrant-origin groups.

An index of risk indicating the extent to which children experience at least one of four risk factors (low parental

education, 2x-poverty, linguistic isolation, or a one-parent family) shows that many children in major racial/ethnic and immigrant-origin groups are exposed to one or more important potential risks. Despite great differences across racial/ethnic and immigrant-origin groups, even among white children in native-born families, 35% experience at least one of the four risk factors. In light of the extensive research that documents that children with such risk factors are more likely to experience negative outcomes,⁴⁰ these results point to a growing need for policies and programs to assure the health, educational success, and

well-being of children across all racial/ethnic and immigrant-origin groups.

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ENDNOTES

1. The specific data files used are the 5% Census 2000 sample distributed as the Integrated Public Use Microdata Series. See Ruggles, S., Sobek, M., et al. *Integrated Public Use Microdata Series: Version 3.0*. Minneapolis: Historical Census Projects, University of Minnesota, 2003; and the IPUMS Web site at <http://www.ipums.org>.
2. Projections reported here do not, however, distinguish multi-racial/ethnic individuals who are born within the increasingly large number of marriages that involve parents who are members of different groups, including Hispanic-white intermarriages and Asian-white intermarriages. Yet all of the racial/ethnic groups projected by the Census Bureau have significant to substantial proportions who consider themselves to be of mixed racial/ethnic origin. See Edmonston, B., Lee, S.M., and Passel, J.S. Recent trends in intermarriage and immigration and their effects on the future racial composition of the U.S. population. In *The new race question: How the Census counts multiracial individuals*. J. Perlmann, and M.C. Waters, eds. New York: Russell Sage Foundation, 2002, pp. 227–255.
3. The results presented here often distinguish between children in immigrant (or newcomer) families and children in native-born families. Children in newcomer families are first-generation immigrants if they were born in a foreign country, and they are second-generation immigrants if they were born in the United States but at least one of their parents was born in a foreign country. Children in native-born families were born in the United States, and have parents who also were born in the United States.
4. Although 20% as of 2000 is much smaller than the 28% of children in 1910 who lived in newcomer families, it is much larger than in recent American experience when only 6% of children in 1960 and the 13% in 1990 lived in immigrant families. See Hernandez, D.J., and Darke, K. Socioeconomic and demographic risk factors and resources among children in immigrant and native-born families: 1910, 1960, and 1990. In *Children of immigrants: Health, adjustment, and public assistance*. D.J. Hernandez, ed. Washington, DC: National Academy Press, 1999, pp. 19–125.
5. Chiswick, B.R., and Sullivan, T.A. The new immigrants. In *State of the union: America in the 1990s. Vol. 2, Social trends*. R. Farley, ed. New York: Russell Sage Foundation, 1995, pp. 211–270; and U.S. Immigration and Naturalization Service. Statistical yearbook of the Immigration and Naturalization Service: 2001. Washington, DC: U.S. Government Printing Office, 2002.
6. Estimate based on note 4, Hernandez and Darke and data from Census 2000.
7. Hernandez, D.J. *America's children: Resources from family, government, and the economy*. New York: Russell Sage Foundation, 1993; and Hernandez, D.J. Children's changing access to resources: A historical perspective. *Social Policy Report* (Spring 1994) 8(1):1–23.
8. During the peak of the baby boom in 1960 and 1970, for example, 59% of children lived in families with 3 or more siblings under age 18, but this has fallen to only 14% today.
9. Cherlin, A.J. Going to extremes: Family structure, children's well-being, and social sciences. *Demography* (November 1999) 36(4):421–428; and McLanahan, S., and Sandefur, G. *Growing up with a single parent: What hurts, what helps*. Cambridge, MA: Harvard University Press, 1994.
10. Both the level and the pattern vary, however, across education and immigration origin groups. Children in the high education immigrant-origin group have the lowest levels of single-parent households, ranging from 6% for ages 0-2, to 13% for ages 14-17. In contrast, among children in high education native-born families, and medium and low education immigrant families, the range is about twice as high at 12%-14% at ages 0-2, and 20%-22% at ages 14-17. Among children in low education native-born families, the proportion is even higher, and changes very little across the ages, at 50%-52%—for each of the four age groups 0-2, 3-8, 9-13, and 14-17.
11. For a review of studies concerning the effects of sibling size on the psychological well-being of adults, see Hernandez, D.J. Childhood in sociodemographic perspective. In *Annual review of sociology. Vol. 12*. R.H. Turner and J.F. Short Jr., eds. Palo Alto, CA: Annual Reviews, 1986, pp. 159-180. Also see Blake, J. *Family size and achievement*. Berkeley, CA: University of California Press, 1989.
12. Only 15%-23% of the children in these groups are likely to have another person in the home (with one exception, children with origins in the Eastern and Southern former Soviet bloc at 28%). See Appendix 3.
13. The lone exception among the white country-of-origin groups are those families from the Eastern and Southern former Soviet bloc, with 10% having a grandparent in the home.
14. Among 8 of 11 high parental education groups, the proportion with another relative in the home is 10%-16%. The proportion rises to 17%-25% for five of the eight middle education groups, and to 29%-36% for children in low education immigrant-origin groups, and for children in immigrant families with origins in the Pacific Islands.
15. The proportion with one or more other relatives in the home increases from 10% for ages 0-8, to 15% for ages 9-13, to 27% for ages 14-17.

Much of this increase is no doubt associated with the fact that adolescents are more likely than younger children to have a sibling age 18 or older in the home.

16. Among 14 of the 19 high and medium education groups, 3%-10% have a non-relative in the home, compared to 1 of 11 low education groups (children in immigrant families with origins in Indochina, at 9%).
17. Overall the proportion with a non-relative in the home is 12% for children ages 0-2, but this decreases to 10% for children ages 3-8, and to 7%-8% for children ages 9-17.
18. Saegert, S. Environment and children's mental health: Residential density and low income children. In *Handbook of psychology and health. Vol. II, Issues in child health and adolescent health*. A. Baum and J.E. Singer, eds. Hillsdale, NJ: Lawrence Erlbaum Associates, 1982, pp. 247-271; and Evans, G.W., Saegert, S., and Harris, R. Residential density and psychological health among children in low-income families. *Environment and Behavior* (March 2001) 33(2):165-180.
19. Only among blacks was infant mortality greater for immigrants than for native-born white women. See Landale, N.S., Oropesa, R.S., and Gorman, B.K. Immigration and infant health: Birth outcomes of immigrant and native-born women. In *Children of immigrants: Health, adjustment, and public assistance*. D.J. Hernandez, ed. Washington, DC: National Academy Press, 1999, pp. 244-285.
20. Hernandez, D.J., and Charney, E., eds. *From generation to generation: The health and well-being of children in immigrant families*. Washington, DC: National Academy Press, 1998.
21. Mendoza, F.S., and Dixon, L.B. The health and nutrition status of immigrant Hispanic children: Analyses of the Hispanic Health and Nutrition Examination Survey. In *Children of immigrants: Health, adjustment, and public assistance*. D.J. Hernandez, ed. Washington, DC: National Academy Press, 1999, pp. 187-243; and note 20, Hernandez and Charney.
22. 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: Health, adjustment, and public assistance*. D.J. Hernandez, ed. Washington, DC: National Academy Press, 1999, pp. 126-186.
23. Featherman, D.L., and Hauser, R.M. *Opportunity and change*. New York: Academic Press, 1978. See also Sewell, W.H., Hauser, R.M., and Wolf, W.C. Sex, schooling, and occupational status. *American Journal of Sociology* (1980) 83(3):551-583; and Sewell, W.H., and Hauser, R.M. *Education, occupation, and earnings*. New York: Academic Press, 1975.
24. The educational attainments of mothers and fathers are generally similar, although fathers are somewhat more likely to graduate from college. In this article, the mother's education is used as the criterion for assessing parental education levels, because it is available for most children insofar as most children in one-parent families, and all children in two-parent families live with their mothers.
25. Throughout the era since the Great Depression, among children living with a father, nearly all (95%-97%) had a father who was in the labor force—that is, who was employed or looking for work. See note 7, Hernandez, 1993.
26. All statistics for fathers' employment pertain only to children who have a father in the home.
27. Among children whose fathers worked at all during the past year, a very large proportion worked more than full-time during the weeks that they worked, at 49% overall, and at 52% and 40%, respectively for children in native-born and immigrant families. Among children whose fathers usually worked more than 40 hours per week, 9% had fathers who worked less than year-round (1-47 weeks), but this ranged from 8% for children in native-born families to 16% for children in immigrant-origin families.
28. Across age groups, only one racial/ethnic or immigrant-origin group experiences a change of more than a few percentage points in the proportion with a father who works full-time year-round, despite the large increases with age among children in newcomer families in the number of years that fathers have lived in the United States. Among children in newcomer families with origins in Indochina, the proportion with a father working full-time year-round declines from 73% at ages 0-2, to 59% at ages 14-17.
29. All statistics for mothers' employment pertain only to children who have a mother in the home.
30. Ten of the 11 native-born groups have high mother's labor force participation in the range of 72%-79% (with the exception of island-origin Puerto Ricans at 62%), while children in only 7 of 19 immigrant-origin groups have this high proportion of mothers working.
31. Only among children in newcomer families with origins in Indochina does a decline occur between ages 0-2 and 14-17 in the proportion have at least one parent working full-time year-round (from 75% to 62%). In sharp contrast, among children in native-born families, only among island-origin Puerto Ricans does the proportion with at least one parent working full-time year-round not increase.
32. Because real income and living standards rose enormously between 1940 and 1973, social perceptions about what income level is considered "normal" and "adequate" also changed substantially. To take account of these changes, it is most appropriate to measure poverty for this historical era by using a relative poverty measure that sets the poverty threshold at one-half median family income for each specific year.
33. Duncan, G.J., and Brooks-Gunn, J., eds. *Consequences of growing up poor*. New York: Russell Sage Foundation, 1997; and McLoyd, V.C. Socioeconomic disadvantage and child development. *American Psychologist* (1998) 53:185-204.
34. See the U.S. Department of Agriculture Web site at <http://www.fns.usda.gov/cnd/breakfast/AboutBFast/bfastfacts.htm>. (Accessed March 22, 2004.)
35. For example, ten states have set eligibility levels for the State Child Health Insurance Program (SCHIP) at 200%-350% of the poverty level. These states are California, Connecticut, Minnesota, Missouri, New Hampshire, New Jersey, Rhode Island, Vermont, and Washington. See the Center for Policy Alternatives Web site at <http://www.stateaction.org/issues/schikipkids/index.cfm>. (Accessed March 22, 2004.)
36. Among the highest parental education group, 55%-73% have a father who has lived in the United States for less than 15 years. This also holds true for four of the eight middle education groups: China, blacks from Africa, South America, and the Eastern and Southern former Soviet bloc. Among children with other immigrant origins in the middle parental education group, and all the children in the low parental education groups, a smaller proportion (41%-52%) have fathers who have lived in the United States for less than 15 years.
37. See, for example, Greenberg, M., Levin-Epstein, J., Hutson, R., et al. The 1996 welfare law: Key elements and reauthorization issues affecting children. *The Future of Children: Children and Welfare Reform* (Winter/Spring 2002) 12(1):27-57.
38. When the citizenship status of extended family members is taken into account, overall, the proportion living in mixed-status families grows to 62%. Within each group, the percentage is nearly always 5-12 percentage points greater than the proportion living in mixed-status nuclear families.
39. Statistics vary for different children at different ages, but it is not certain that a particular cohort of children will experience these changes as it ages (although it is certainly possible that with increasing age, children tend to experience declines in household linguistic isolation). Much of this change, especially after age 13, is no doubt due to the fact that children in immigrant families often speak better English than parents. As they (or their older siblings) pass age 13, they become the bridge to the English-speaking world, and their household will no longer be defined as linguistically isolated.
40. See note 20, Hernandez and Charney.

APPENDICES

Appendix 1

Number of Children of Newcomer Families, by Country of Origin

Country of Origin	Number	Country of Origin	Number	Country of Origin	Number	Country of Origin	Number
North America		Europe		(Europe cont'd)		(Asia cont'd)	
Bermuda	3,966	Albania	12,933	Sweden	15,357	Syria	25,386
Canada	312,994	Armenia	23,586	Switzerland	12,725	Taiwan	111,685
Cape Verde	12,595	Austria	12,478	Ukraine	69,477	Thailand	75,171
Mexico	5,151,553	Azerbaijan	3,307	United Kingdom	248,774	Turkey	22,517
		Belgium	11,184	Uzbekistan	6,678	Vietnam	355,014
Central America		Bosnia	30,715	Yugoslavia	29,873	Yemen, Republic of	10,053
Belize/British Honduras	21,008	Bulgaria	8,276				
Costa Rica	30,028	Croatia	10,058	Asia		Africa	
El Salvador	390,439	Czech Republic	4,212	Afghanistan	17,879	Algeria	4,154
Guatemala	217,529	Czechoslovakia	6,335	Bangladesh	32,221	Egypt/United Arab Rep	46,427
Honduras	124,965	Denmark	9,010	Burma (Myanmar)	9,248	Morocco	12,252
Nicaragua	98,656	Finland	6,306	Cambodia (Kampuchea)	80,909	Sudan	7,504
Panama	53,201	France	51,249	China	256,606	Ghana	24,765
		Georgia	2,619	Cyprus	3,914	Liberia	18,317
Caribbean		Germany	220,221	Hong Kong	70,637	Nigeria	81,236
Cuba	247,280	Greece	50,538	India	328,280	Senegal	3,317
Dominican Republic	349,076	Hungary	16,396	Indonesia	21,572	Sierra Leone	8,411
Haiti	201,531	Ireland	42,747	Iran	99,640	Ethiopia	21,667
Jamaica	230,182	Italy	129,318	Iraq	39,298	Kenya	14,561
Trinidad & Tobago	84,264	Kosovo	5,752	Israel/Palestine	72,377	Somalia	15,656
Other Caribbean	100,712	Latvia	3,395	Japan	104,833	Tanzania	3,484
		Lithuania	4,193	Jordan	31,787	Uganda	4,270
South America		Macedonia	7,374	Korea	321,918	Zimbabwe	4,552
Argentina	45,927	Moldavia	6,565	Kuwait	12,273	Eritrea	6,696
Bolivia	18,448	Netherlands	29,186	Laos	142,548	Cameroon	5,237
Brazil	73,830	Norway	9,425	Lebanon	54,267	South Africa, Union of	26,226
Chile	31,851	Poland	113,296	Malaysia	15,496		
Colombia	197,010	Portugal	67,283	Nepal	2,451	Oceania	
Ecuador	109,975	Romania	40,286	Pakistan	104,157	Australia	26,783
Guyana/British Guiana	76,310	Russia	118,030	Philippines	538,946	New Zealand	11,375
Paraguay	6,785	Serbia	2,954	Saudi Arabia	11,954	Fiji	12,749
Peru	105,172	Slovakia	3,171	Singapore	8,041	Tonga	11,744
Uruguay	8,888	Spain	29,345	Sri Lanka (Ceylon)	7,165	Western Samoa	14,724
Venezuela	47,210						

Source: Based on data from the Census 2000, 5% Public Use Microdata Sample (PUMS).

Introduction to Appendices 2 through 9

It is not possible in the limited space of this chapter to present results for children for each racial/ethnic and country-of-origin group in the United States that can be distinguished based on Census 2000. Therefore, in these appendices, children in native-born families are classified as belonging to 1 of 11 different racial/ethnic categories, and children in immigrant families are classified as belonging to 1 of 19 different country or region-of-origin categories.

Subgroups of children within various racial/ethnic and immigrant-origins groups are classified as belonging to 1 of these 30 broader categories based primarily on similarities in parental education and poverty rates, and in the case of immigrant groups, based also on geographic

proximity, shared language, and/or racial/ethnic or geopolitical connections. Across all of the appendices, the listing of the 30 groups is organized according to the level of parental educational attainment. (For cross-tabulations of these data by four specific age groups of children, 0-2, 3-8, 9-13, and 14-17, visit the Foundation for Child Development Web site at <http://www.fcd-us.org>.)

The results in these appendices (except Appendix 5) were calculated from the Census 2000, 5% Public Use Microdata Sample (PUMS), obtained from Ruggles, S., Sobek, M., et al. Integrated Public Use Microdata Series: Version 3.0. Minneapolis: Historical Census Projects, University of Minnesota, 2003. (Available on the IPUMS Web site at <http://www.ipums.org>.)

Appendix 2

Parental Education, by Racial/Ethnic and Immigrant-Origin Group

Racial/Ethnic and Immigrant-Origin Group	Percent of Children Ages 0-17 in the United States, 2000					
	Mother's Education			Father's Education		
	Non-High School Graduate ^a	High School Graduate ^b	College Graduate	Non-High School Graduate ^a	High School Graduate ^b	College Graduate
Total	17.7	82.4	22.6	17.9	82.1	27.4
Total Native-born	12.2	87.9	40.1	12.0	88.0	28.4
Native-born groups with high parental education	8.6	91.4	27.7	9.8	90.2	31.8
Asian	6.3	93.7	38.7	6.1	93.9	43.7
Central American	14.8	85.2	22.8	15.4	84.6	30.3
Cuban	11.9	88.1	28.7	10.3	89.7	34.4
Native-Hawaiian or Pacific Islander	12.5	87.5	12.6	12.9	87.1	16.4
White	8.6	91.4	27.6	9.8	90.2	31.7
Native-born groups with low parental education	22.6	77.4	11.1	21.5	78.5	13.2
American Indian	19.7	80.3	11.5	21.2	78.9	12.2
Black	21.1	78.9	11.4	19.3	80.7	13.3
Mexican	25.5	74.5	10.4	24.0	76.0	13.6
Other Spanish	23.2	76.8	10.6	22.3	77.7	13.8
Puerto Rican, island origin	37.3	62.8	9.6	36.6	63.4	11.5
Puerto Rican, mainland origin	24.7	75.3	10.7	21.6	78.4	13.6
Total Immigrant	23.4	59.9	19.1	39.7	60.3	23.7
Immigrant groups with high parental education	8.9	91.1	42.0	8.6	91.4	48.8
Africa, whites and other non-blacks	9.8	90.2	46.6	7.2	92.8	59.4
Australia and New Zealand	9.7	90.3	41.7	8.4	91.6	55.5
Canada	6.1	93.9	38.4	7.6	92.4	50.0
East and Southeast Asia ^c	7.3	92.7	46.1	5.4	94.7	50.0
India	11.4	88.6	62.5	8.3	91.7	72.5
West and Central Europe	10.2	89.8	34.0	11.8	88.3	40.1
Immigrant groups with medium parental education	20.0	80.1	28.2	18.9	81.1	37.3
Africa, blacks	17.0	83.0	29.9	9.1	90.9	54.8
China	23.5	76.5	43.2	22.6	77.4	50.0
Cuba	19.8	80.2	24.4	23.0	77.0	28.7
English-speaking Caribbean	18.7	81.3	18.5	22.4	77.6	20.0
Former Soviet bloc ^d	22.6	77.4	23.6	20.1	79.9	27.4
Pacific Islands	23.8	76.2	9.4	22.5	77.5	13.3
South America	20.0	80.0	23.4	20.0	80.0	29.0
Southwest Asia and Middle East ^e	19.0	81.0	36.1	14.9	85.1	50.0
Immigrant groups with low parental education	61.8	38.2	5.4	62.3	37.7	6.8
Central America	52.3	47.7	8.1	52.7	47.3	9.6
Dominican Republic	40.6	59.4	9.8	44.0	56.0	12.4
Haiti	36.5	63.6	11.5	33.3	66.8	15.3
Indochina	49.0	51.0	11.5	37.6	62.4	18.2
Mexico	67.6	32.4	3.5	69.2	30.9	4.3

^aIncluding those with 12 years of education who have not graduated.

^bIncluding those who are also college graduates.

^cChina and Indochina are reported separately and are not included in this category.

^dThe category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^eIndia is reported separately and is not included in this category.

Source: Calculated from the Census 2000

Appendix 3

Household Composition, by Racial/Ethnic and Immigrant-Origin Group

Percent of Children Ages 0-17 in the United States, 2000

Racial/Ethnic and Immigrant-Origin Group	One-parent Family	Four or More Siblings Ages 0-17 in Home ^a	Grandparent in Home ^b	Other Relative in Home ^c	Non-Relative in Home	Any Other Person in Home ^d	Crowding ^e
Total	23.8	13.6	9.1	15.3	9.1	25.3	18.3
Total Native-born	25.8	12.4	8.2	12.4	8.4	21.9	11.4
Native-born groups with high parental education	17.6	10.9	5.6	10.4	6.8	18.1	6.9
Asian	24.6	9.4	12.6	12.5	8.7	25.9	15.8
Central American	50.0	10.5	22.0	16.2	13.1	34.7	20.2
Cuban	35.0	11.8	11.8	11.1	12.1	26.1	16.8
Native-Hawaiian or Pacific Islander	29.7	21.6	19.8	22.6	11.6	39.2	39.7
White	17.4	10.8	5.4	10.4	6.8	17.9	6.8
Native-born groups with low parental education	49.3	17.0	15.7	18.2	12.8	32.9	24.2
American Indian	32.4	18.4	13.0	18.2	14.8	31.3	26.3
Black	56.4	17.5	15.9	18.5	12.3	33.2	22.1
Mexican	36.0	15.9	17.5	18.1	12.8	34.0	29.1
Other Spanish	37.2	14.7	15.2	15.7	12.6	30.4	26.5
Puerto Rican, island origin	38.1	17.4	12.3	21.9	15.6	33.5	32.4
Puerto Rican, mainland origin	49.2	14.4	14.3	14.7	14.6	29.5	22.9
Total Immigrant	15.5	18.1	13.0	27.3	12.0	39.0	46.9
Immigrant groups with high parental education	10.0	9.1	10.4	15.5	5.2	25.3	20.9
Africa, whites and other non-blacks	9.7	11.0	7.8	15.6	4.5	23.0	21.1
Australia and New Zealand	5.8	11.3	3.7	8.9	5.4	15.4	10.7
Canada	8.4	13.4	3.3	10.3	4.7	15.3	8.1
East and Southeast Asia ^f	11.3	7.2	15.4	18.5	6.4	31.9	29.5
India	5.9	4.2	17.1	16.8	3.1	30.6	29.1
West and Central Europe	10.5	10.6	6.7	14.0	4.8	21.4	15.0
Immigrant groups with medium parental education	17.4	13.2	13.4	21.9	8.7	34.5	33.8
Africa, blacks	23.3	24.1	8.2	25.7	9.1	35.2	44.1
China	9.8	4.8	19.8	16.5	4.9	33.8	33.9
Cuba	17.5	8.7	16.6	16.2	10.0	32.2	28.7
English-speaking Caribbean	34.9	12.8	14.1	25.4	12.2	38.1	27.2
Former Soviet bloc ^g	9.3	13.8	9.7	18.9	3.3	28.3	33.1
Pacific Islands	14.8	35.1	19.9	31.3	9.5	44.1	57.1
South America	18.0	9.0	13.5	24.1	12.4	37.7	34.0
Southwest Asia and Middle East ^h	7.7	19.2	10.4	20.7	4.0	29.9	34.5
Immigrant groups with low parental education	17.3	24.0	14.0	34.6	16.3	46.8	63.4
Central America	20.5	15.8	14.6	31.8	20.2	47.0	59.1
Dominican Republic	36.5	12.4	16.0	29.3	17.0	43.4	47.7
Haiti	30.6	20.8	15.7	33.6	13.8	47.0	44.7
Indochina	15.1	28.3	16.8	31.1	9.2	43.9	53.6
Mexico	15.1	25.8	13.4	36.0	16.6	47.4	67.2

^a Children living in families with a total of four or more children (siblings) in the home, including themselves.

^b Children living with at least one grandparent in the home.

^c Children living with at least one relative in the home who is not the child's parent, sibling ages 0-17, or grandparent. (Thus, siblings ages 18 and older are counted as other relatives.)

^d Children living with at least one non-relative or at least one relative in the home who is not the child's parent or sibling ages 0-17.

^e Children who live in a home with more than one p

^f China and Indochina are reported separately and are not included in this category.

^g The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^h India is reported separately and is not included in this category.

Source: Calculated from the Census 2000, 5% Public Use Microdata Sample (PUMS).

Appendix 4

Enrollment in Early Education, by Racial/Ethnic and Immigrant-Origin Group

Racial/Ethnic and Immigrant-Origin Group	Percent of Children Enrolled in Nursery/Preschool			Percent of Children Enrolled in Nursery/Preschool or Kindergarten	
	Age 3	Age 4	Age 5	Age 4	Age 5
Total	36.3	57.6	34.5	61.6	85.1
Total Native-born	37.9	60.1	36.7	63.2	85.1
Native-born groups with high parental education	37.4	60.9	38.3	63.0	84.6
Asian	43.3	64.6	31.9	67.2	88.3
Central American	44.4	55.5	39.5	58.5	87.0
Cuban	49.5	66.8	36.4	72.4	88.2
Native-Hawaiian or Pacific Islander	29.0	58.8	22.5	60.7	85.0
White	37.4	60.8	38.4	63.0	84.5
Native-born groups with low parental education	39.3	58.0	32.3	63.7	86.6
American Indian	32.0	54.8	32.9	57.4	82.0
Black	44.8	62.1	32.9	68.7	88.4
Mexican	28.2	47.9	31.2	52.3	82.6
Other Spanish	31.1	54.4	32.6	57.8	83.1
Puerto Rican, island origin	31.0	48.9	28.1	55.6	85.3
Puerto Rican, mainland origin	39.3	56.8	28.7	62.2	87.7
Total Immigrant	30.0	48.0	25.9	55.3	85.0
Immigrant groups with high parental education	42.4	63.3	31.1	67.2	87.6
Africa, whites and other non-blacks	41.4	65.8	27.6	71.8	91.5
Australia and New Zealand	55.5	72.0	35.9	77.8	89.6
Canada	44.0	70.2	35.8	73.4	87.1
East and Southeast Asia ^a	38.2	58.4	28.5	61.6	86.9
India	43.4	64.9	33.1	68.9	90.5
West and Central Europe	44.9	64.8	31.8	69.2	87.2
Immigrant groups with medium parental education	41.3	59.3	28.3	67.0	88.1
Africa, blacks	49.5	61.6	30.9	72.8	89.2
China	47.8	68.6	31.3	75.5	92.2
Cuba	37.3	60.9	29.9	66.8	83.6
English-speaking Caribbean	47.7	63.8	27.6	73.7	90.7
Former Soviet bloc ^b	27.1	41.1	26.3	46.7	82.0
Pacific Islands	20.9	38.8	20.8	42.6	72.1
South America	37.9	57.1	27.3	64.5	88.2
Southwest Asia and Middle East ^c	38.5	56.9	27.3	63.8	87.4
Immigrant groups with low parental education	20.7	38.1	23.1	46.5	83.0
Central America	25.2	42.7	24.1	52.0	83.8
Dominican Republic	33.2	51.8	19.2	61.5	86.7
Haiti	48.1	59.6	25.8	72.4	88.5
Indochina	24.4	41.4	23.2	48.5	83.1
Mexico	17.9	35.4	23.0	43.6	82.4

^a China and Indochina are reported separately and are not included in this category.

^b The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^c India is reported separately and is not included in this category.

Source: Calculated from the Census 2000, 5% Public Use Microdata Sample (PUMS).

Appendix 5

Children's Health Status and Insurance Coverage, by Racial/Ethnic and Immigrant-Origin Group

Percent of Children Ages 0-17 in the United States, 2000

Racial/Ethnic and Immigrant-Origin Group	Health Status ^a Excellent/Very Good	Health Insurance Coverage ^b		
		Total ^c	Private	Medicaid
Total	81.0	85.4	68.6	20.8
Total Native-born	82.2	88.0	72.3	19.8
Native-born groups with high parental education	85.9	90.1	80.1	13.7
Asian	79.4	90.0	76.0	17.1
Cuban	83.6	90.0	78.3	11.6
White	85.9	90.1	80.1	13.7
Native-born groups with low parental education	72.1	82.3	50.7	36.7
American Indian	72.7	86.2	43.8	37.1
Black	70.9	82.6	50.5	38.4
Mexican	75.6	79.0	54.1	28.9
Other Spanish	75.4	83.7	61.2	29.5
Puerto Rican, island origin	72.4	84.7	38.7	50.4
Puerto Rican, mainland origin	74.3	84.3	48.9	40.1
Total Immigrant	76.2	75.6	54.6	24.6
Immigrant groups with high parental education	83.7	84.6	74.1	13.4
Africa, whites and other non-blacks	82.6	85.0	62.6	24.3
Australia and New Zealand, Canada	86.1	87.8	81.6	9.2
East and Southeast Asia ^d	82.9	83.8	65.4	21.0
India	81.1	88.3	81.5	9.7
West and Central Europe	84.2	83.1	74.6	11.6
Immigrant groups with medium parental education	79.4	81.2	68.8	16.1
Africa, blacks	78.5	73.6	60.1	19.2
China	74.7	84.1	75.7	12.2
Cuba	80.6	80.0	54.5	29.4
English-speaking Caribbean	77.9	81.2	62.8	23.0
Former Soviet bloc ^e	76.8	85.7	63.3	28.2
Pacific Islands	87.9	86.5	77.1	16.9
South America	77.5	74.1	58.5	18.5
Southwest Asia and Middle East ^f	82.3	84.2	78.4	8.7
Immigrant groups with low parental education	71.0	66.6	37.6	32.7
Central America	75.2	68.6	44.2	27.6
Dominican Republic	68.5	79.0	32.2	51.5
Haiti	73.1	67.0	53.1	19.4
Indochina	66.1	81.3	53.2	34.4
Mexico	70.9	63.4	34.1	32.5

^a Health status is measured in the U.S. Census Bureau's Current Population Survey by asking whether the health status of a person in general is "excellent, very good, good, fair, or poor." These results indicate the percent of children who are reported as having "excellent" or "very good" health.

^b Health insurance coverage is measured in the U.S. Census Bureau's Current Population Survey by asking whether the health insurance coverage was provided by a private source or by Medicaid. Coverage under the State Children's Health Insurance Program (SCHIP) may or may not be included depending on the rules in specific states.

^c Includes Indian Health Service.

^d China and Indochina are reported separately and are not included in this category.

^e The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^f India is reported separately and is not included in this category.

Source: Calculated from the U.S. Census Bureau's Current Population Survey for the years 1998, 1999, 2000, 2001, and 2002. The results weight each year according to the population in that year. The "CPS Utilities" dataset used for this analysis was produced by the Unicon Research Corporation (www.unicon.com).

Appendix 6

Parental Work Status, by Racial/Ethnic and Immigrant-Origin Group

Percent of Children Ages 0-17 in the United States, 2000

Racial/Ethnic and Immigrant-Origin Group	Mother's Work Last Year		
	None	Part-Time and/or Part Year ^a	At Least Full-Time, Year-Round ^b
Total	27.2	35.3	37.5
Total Native-born	24.4	36.7	38.9
Native-born groups with high parental education	24.6	37.7	37.7
Asian	23.8	34.2	42.0
Central American	22.4	38.8	38.9
Cuban	24.8	30.6	44.6
Native-Hawaiian or Pacific Islander	26.6	33.5	39.9
White	24.6	37.7	37.7
Native-born groups with low parental education	23.6	33.9	42.5
American Indian	26.9	37.5	35.6
Black	21.3	33.6	45.1
Mexican	26.2	34.1	39.8
Other Spanish	26.0	35.5	38.5
Puerto Rican, island origin	37.9	30.3	31.8
Puerto Rican, mainland origin	28.3	32.9	38.8
Total Immigrant	38.7	29.4	31.9
Immigrant groups with high parental education	32.9	30.5	36.6
Africa, whites and other non-blacks	37.9	31.0	31.1
Australia and New Zealand	40.3	35.0	24.7
Canada	34.6	36.0	29.4
East and Southeast Asia ^c	29.4	27.3	43.3
India	36.7	26.2	37.1
West and Central Europe	33.8	32.9	33.3
Immigrant groups with medium parental education	33.4	29.5	37.2
Africa, blacks	25.5	31.7	42.8
China	27.6	28.3	44.1
Cuba	27.7	28.5	43.8
English-speaking Caribbean	20.0	28.4	51.7
Former Soviet bloc ^d	35.7	32.0	32.4
Pacific Islands	29.2	30.3	40.6
South America	33.4	32.0	34.7
Southwest Asia and Middle East ^e	52.1	26.5	21.4
Immigrant groups with low parental education	43.4	28.8	27.8
Central America	35.4	31.3	33.3
Dominican Republic	35.7	30.9	33.4
Haiti	22.7	28.4	48.9
Indochina	36.5	25.7	37.8
Mexico	47.1	28.7	24.3

^a Part-time, partial-year work is defined as 1-48 weeks, or usually working 1-34 hours per week worked. Thus, part-time, partial-year work is either part-time or partial-year, or both.

^b Full-time, year-round work is defined as working at least 49 weeks, and usually working at least 35 hours during the weeks worked.

^c China and Indochina are reported separately and are not included in this category.

^d The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^e India is reported separately and is not included in this category.

Source: Calculated from the Census 2000, 5% Public Use Microdata Sample (PUMS).

Percent of Children Ages 0-17 in the United States, 2000

Father's Work Last Year			Parental Work Last Year			
None	Part-Time and/or Part Year ^a	At Least Full-Time, Year-Round ^b	None	Part-Time and/or Part Year ^a	At Least Full-Time, Year-Round ^b	Two Parents, At Least Full-Time, Year Round ^b
5.5	15.7	78.8	1.6	21.6	76.8	22.4
5.0	14.0	81.1	1.2	20.9	78.0	22.8
3.6	12.5	83.9	0.9	15.4	83.7	24.8
4.3	14.9	80.8	0.9	19.0	80.1	25.4
5.7	13.2	81.1	0.3	31.0	68.7	13.9
4.6	13.4	82.1	0.9	23.1	76.1	23.5
8.4	21.0	70.6	2.3	28.8	69.0	22.2
3.6	12.5	83.9	0.9	15.3	83.8	24.8
10.9	20.4	68.7	1.8	36.6	61.6	17.1
10.6	24.8	64.6	2.9	33.0	64.1	17.0
12.6	20.7	66.7	1.6	39.4	59.1	16.2
6.9	18.9	74.3	1.6	29.2	69.3	19.9
6.9	19.3	73.9	1.6	30.6	67.9	18.7
16.9	20.1	63.0	5.5	38.7	55.8	16.1
9.1	17.4	73.5	1.5	37.2	61.4	16.4
7.4	22.1	70.5	3.2	24.7	72.2	20.4
5.1	16.3	78.6	1.9	16.0	82.1	26.0
5.1	18.2	76.7	2.0	18.3	79.7	21.6
3.2	12.8	84.0	1.2	13.0	85.8	18.5
3.4	13.4	83.3	0.8	13.6	85.5	21.0
5.9	17.3	76.8	2.1	16.6	81.3	30.8
4.0	15.3	80.7	1.7	13.8	84.5	29.3
5.3	16.3	78.4	2.2	16.5	81.4	23.0
7.1	19.9	73.0	2.9	21.9	75.2	23.4
7.6	24.5	67.9	2.6	25.7	71.8	24.3
6.0	19.6	74.4	2.1	18.0	80.0	32.0
6.5	16.8	76.8	2.2	19.4	78.4	29.7
8.9	19.6	71.5	1.7	24.6	73.7	25.4
8.6	22.4	69.0	4.7	23.1	72.2	23.5
11.1	17.8	71.1	3.9	20.0	76.1	26.3
6.1	19.8	74.1	2.5	22.6	74.9	21.8
7.6	19.2	73.3	4.6	20.5	74.9	15.3
8.5	25.8	65.7	3.9	29.5	66.6	16.8
7.1	23.4	69.5	2.6	26.9	70.4	19.4
13.1	24.7	62.2	3.9	37.5	58.6	15.3
11.0	20.7	68.3	2.7	25.2	72.1	25.0
14.7	19.5	65.8	8.1	23.9	68.1	26.5
7.6	27.2	65.2	3.6	30.4	66.0	14.9

Appendix 7

Child Poverty Rates, by Racial/Ethnic and Immigrant-Origin Group

Racial/Ethnic and Immigrant-Origin Group	Percent of Children Ages 0-17 in the United States, 2000				
	Deep Official Poverty ^a	Official Poverty ^b	1.5x Official Poverty ^c	Relative Poverty ^d	2x Official Poverty ^e
Total	6.8	15.7	26.2	25.1	36.7
Total Native-born	6.4	14.2	23.8	22.8	33.7
Native-born groups with high parental education	3.4	8.7	16.5	15.7	25.7
Asian	3.6	8.2	14.5	13.9	22.2
Central American	7.3	17.6	26.1	25.0	38.8
Cuban	6.7	14.3	22.2	21.1	32.8
Native-Hawaiian or Pacific Islander	6.6	18.0	30.3	29.2	42.8
White	3.4	8.7	16.5	15.7	25.7
Native-born groups with low parental education	15.1	30.0	44.4	42.9	56.4
American Indian	11.7	26.0	41.2	39.7	54.5
Black	17.1	32.9	47.5	45.9	59.3
Mexican	9.2	21.8	35.8	34.4	48.0
Other Spanish	10.8	23.1	37.2	35.8	50.1
Puerto Rican, island origin	19.7	36.2	50.8	49.3	62.6
Puerto Rican, mainland origin	15.5	29.5	41.8	40.4	52.7
Total Immigrant	8.2	21.4	36.2	34.8	49.0
Immigrant groups with high parental education	3.7	8.3	14.8	13.9	22.5
Africa, whites and other non-blacks	6.0	12.1	19.3	18.7	27.2
Australia and New Zealand	2.5	4.8	9.1	8.1	16.3
Canada	2.6	6.2	11.8	10.8	18.7
East and Southeast Asia ^f	3.8	7.5	14.1	13.2	22.2
India	3.0	7.0	13.1	12.3	19.5
West and Central Europe	3.8	9.5	16.3	15.4	24.2
Immigrant groups with medium parental education	7.0	16.1	27.0	25.9	37.9
Africa, blacks	9.7	20.2	31.1	30.2	43.2
China	4.1	12.4	22.0	21.0	30.4
Cuba	5.9	13.5	23.5	22.4	33.9
English-speaking Caribbean	8.1	16.6	28.3	27.2	40.2
Former Soviet bloc ^g	10.0	18.2	28.4	27.1	40.9
Pacific Islands	7.8	17.0	32.1	30.3	45.6
South America	6.0	14.7	26.3	25.2	38.4
Southwest Asia and Middle East ^h	7.8	18.5	28.6	27.8	37.9
Immigrant groups with low parental education	10.7	29.3	49.3	47.4	64.9
Central America	8.6	23.6	41.2	39.4	56.9
Dominican Republic	16.3	33.6	50.0	48.4	63.7
Haiti	10.9	24.6	41.3	39.1	55.5
Indochina	9.4	24.8	38.8	37.5	50.8
Mexico	10.9	30.8	52.4	50.4	68.7

^a Family income is less than 50% of the poverty threshold.

^b Family income is less than the official poverty threshold.

^c Family income is less than 150% of the official poverty threshold.

^d Family income is less than one-half of median family income.

^e Drawing upon the method developed by the

deprivation in local areas across the United States for specific racial/ethnic and immigrant generation and origin groups. Insofar as these new results are not yet available, the data presented here include national-level data for a measure using 200% of the official poverty threshold as the criterion (that is, setting thresholds at twice the official level). The new results will be published in Hernandez, D.J., Denton, N.A., and Macartney, S.E. The geography of economic opportunity for America's children. New York: Russell Sage Foundation and Population Reference Bureau, forthcoming.

^f China and Indochina are reported separately and are not included in this category.

^g The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^h India is reported separately and is not included in this category.

Appendix 8

Citizenship and Language Barriers, by Racial/Ethnic and Immigrant-Origin Group

Percent of Children Ages 0-17 in the United States, 2000

Racial/Ethnic and Immigrant-Origin Group	"Mixed" Citizenship Status	
	Mixed Status Nuclear Family ^a	Mixed Status Extended Family ^b
Total	10.5	12.4
Total Native-born	0.1	0.3
Native-born groups with high parental education	0.1	0.2
Asian	0.2	2.0
Central American	0.5	7.9
Cuban	0.0	1.7
Native-Hawaiian or Pacific Islander	0.1	1.7
White	0.1	0.1
Native-born groups with low parental education	0.1	0.9
American Indian	0.0	0.1
Black	0.0	0.2
Mexican	0.2	3.6
Other Spanish	0.1	1.9
Puerto Rican, island origin	0.1	0.5
Puerto Rican, mainland origin	0.1	0.4
Total Immigrant	53.3	61.9
Immigrant groups with high parental education	42.6	48.4
Africa, whites and other non-blacks	38.4	44.1
Australia and New Zealand	65.1	67.9
Canada	51.5	54.1
East and Southeast Asia ^c	36.0	44.2
India	47.3	57.3
West and Central Europe	44.6	48.3
Immigrant groups with medium parental education	41.3	49.4
Africa, blacks	49.7	61.0
China	37.5	49.1
Cuba	31.8	35.5
English-speaking Caribbean	48.3	54.7
Former Soviet bloc ^d	31.8	37.6
Pacific Islands	47.1	53.7
South America	45.6	54.0
Southwest Asia and Middle East ^e	35.2	43.7
Immigrant groups with low parental education	62.5	72.6
Central America	64.5	72.9
Dominican Republic	55.4	64.7
Haiti	51.2	64.3
Indochina	42.4	53.6
Mexico	65.8	75.9

^a Children are designated as living in a "mixed status nuclear child) is not a citizen.

^b Children are designated as living in a "mixed status is not a citizen. Family members may be parents, siblings, grandparents, cousins, etc.

^c Not including China or Indochina.

^d The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^e India is reported separately and is not included in this category.

Appendix 8 (continued)

Percent of Children Ages 0-17 in the United States, 2000

Racial/Ethnic and Immigrant-Origin Group	Limited English ¹			Linguistically Isolated	
	Limited English Child	Limited English Mother	Limited English Father	Language Spoken at Home Not English ²	Lives in a Linguistically Isolated Home ³
Total	6.3	11.4	11.7	18.2	5.6
Total Native-born	1.8	1.7	1.4	5.7	0.6
Native-born groups with high parental education	1.0	0.7	0.6	3.0	0.2
Asian	2.0	2.6	2.2	7.4	1.0
Central American	7.0	5.8	4.8	22.4	2.4
Cuban	6.0	4.2	3.8	33.5	1.7
Native-Hawaiian or Pacific Islander	4.1	4.9	4.5	16.3	1.5
White	1.0	0.7	0.6	2.8	0.2
Native-born groups with low parental education	4.1	4.6	5.0	13.6	1.8
American Indian	3.8	5.0	5.2	12.3	1.6
Black	1.1	0.8	0.7	3.1	0.2
Mexican	8.6	8.9	8.4	29.6	3.6
Other Spanish	8.2	8.7	7.8	29.0	3.8
Puerto Rican, island origin	23.6	39.1	36.7	77.7	17.1
Puerto Rican, mainland origin	10.7	7.9	6.8	38.6	3.9
Total Immigrant	25.7	51.0	49.6	71.5	26.0
Immigrant groups with high parental education	11.4	27.2	23.6	44.2	11.6
Africa, whites and other non-blacks	11.7	24.1	20.4	48.1	10.1
Australia and New Zealand	2.8	3.7	3.9	12.7	0.9
Canada	2.6	4.7	4.0	13.0	1.5
East and Southeast Asia ⁴	14.9	38.9	31.6	48.9	16.9
India	14.2	30.8	22.4	68.6	11.7
West and Central Europe	10.1	22.7	22.9	42.7	9.9
Immigrant groups with medium parental education	16.9	36.6	33.6	60.0	17.5
Africa, blacks	15.0	26.4	18.6	43.4	12.5
China	30.6	59.8	53.7	80.5	35.1
Cuba	17.6	32.2	37.0	75.8	16.8
English-speaking Caribbean	2.1	2.9	3.4	8.2	1.0
Former Soviet bloc ⁴	22.8	50.6	52.7	75.9	27.8
Pacific Islands	16.2	28.4	33.2	66.2	10.4
South America	18.8	45.8	40.1	70.0	21.2
Southwest Asia and Middle East ⁵	17.4	39.1	30.3	70.6	14.9
Immigrant groups with low parental education	35.8	67.1	68.0	88.7	35.7
Central America	27.8	62.4	60.2	83.6	32.5
Dominican Republic	28.7	65.8	63.6	91.1	33.5
Haiti	19.8	51.0	48.1	71.7	22.7
Indochina	36.5	70.8	67.7	84.2	34.8
Mexico	38.3	68.2	70.3	90.8	37.0

¹ A person is classified as speaking English fluently only if that person speaks English "exclusively" or "very well." A child, mother, or father is designated as speaking "limited English" if that person speaks a language other than English.

² Children ages 5 and older who speak any language other than English at home.

³ A child lives in "linguistically isolated" if that child

not be considered linguistically isolated, the household does not speak English "very well."

very well." In other words, to

Source: Calculated from the Census 2000, 5% Public Use Microdata Sample (PUMS).

Appendix 9

Exposure to Multiple Risk Factors, by Racial/Ethnic and Immigrant-Origin Group

Percent of Children Ages 0-17 in the United States, 2000

Racial/Ethnic and Immigrant-Origin Group	None of Four Risk Factors ^a	One of Four Risk Factors ^a	Two of Four Risk Factors ^a	Three of Four Risk Factors ^a	All Four Risk Factors ^a
Total	51.3	48.7	24.2	6.8	0.5
Total Native-born	55.7	44.3	19.9	4.4	0.1
Native-born groups with high parental education	65.1	35.0	11.8	1.6	0.0
Asian	66.0	34.0	12.0	2.0	0.1
Central American	38.5	61.5	32.3	7.7	0.7
Cuban	50.1	49.9	23.1	4.8	0.4
Native-Hawaiian or Pacific Islander	44.7	55.3	23.7	3.5	0.0
White	65.1	34.9	11.8	1.6	0.0
Native-born groups with low parental education	28.7	71.3	43.4	12.4	0.5
American Indian	34.4	65.6	31.3	6.1	0.2
Black	25.4	74.6	47.3	12.9	0.0
Mexican	36.9	63.2	34.5	10.8	0.8
Other Spanish	35.7	64.4	35.3	10.4	1.0
Puerto Rican, island origin	24.9	75.1	50.2	22.9	4.7
Puerto Rican, mainland origin	31.2	68.8	42.5	15.2	1.3
Total Immigrant	33.1	66.9	41.9	16.8	2.0
Immigrant groups with high parental education	63.5	36.6	12.1	2.3	0.2
Africa, whites and other non-blacks	62.7	37.3	13.6	3.4	0.5
Australia and New Zealand	74.5	25.5	5.4	0.5	0.1
Canada	74.3	25.7	6.3	0.9	0.0
East and Southeast Asia ^b	59.5	40.5	12.8	2.2	0.2
India	66.9	33.1	11.0	2.4	0.1
West and Central Europe	63.2	36.9	13.1	2.6	0.2
Immigrant groups with medium parental education	45.4	54.6	26.3	8.0	0.8
Africa, blacks	45.1	55.0	25.8	9.6	1.8
China	45.0	55.0	29.0	11.0	0.9
Cuba	50.3	49.7	25.5	8.3	1.2
English-speaking Caribbean	42.0	58.0	26.7	6.8	0.3
Former Soviet bloc ^c	40.1	59.9	30.2	8.1	0.6
Pacific Islands	38.8	61.2	24.5	4.5	0.3
South America	43.6	56.4	28.3	8.8	1.1
Southwest Asia and Middle East ^d	50.2	49.8	21.5	5.3	0.3
Immigrant groups with low parental education	14.7	85.3	61.3	26.7	3.3
Central America	21.2	78.8	53.3	23.1	3.5
Dominican Republic	18.4	81.6	56.6	26.9	6.5
Haiti	25.8	74.2	45.0	18.4	3.9
Indochina	23.5	76.5	48.4	19.2	2.5
Mexico	11.6	88.4	65.4	28.6	3.2

^a The four risk factors are (1) having a mother who has living in a one-parent family.

^b China and Indochina are reported separately and are not included in this category.

^c The category includes only the former Soviet Union, Albania, Bulgaria, Romania, and the former Yugoslavia. Other members of the former Soviet bloc are included in West and Central Europe.

^d India is reported separately and is not included in this category.

Source: Calculated from the Census 2000, 5% Public Use Microdata Sample (PUMS).



Economic and Labor Market Trends

Demetra Smith Nightingale and Michael Fix

SUMMARY

A number of economic and labor market trends in the United States over the past 30 years affect the well-being of workers and their families. This article describes key changes taking place and the implications for social and economic policies designed to help low-income working families and their children, particularly those families that include immigrants. Important conclusions that emerge include the following:

- ▶ **Diversity.** The workforce, like the population, is more diverse than in past decades, as more workers and their families are of mixed ethnicities and more workers have families that include both immigrant and non-immigrant members.
- ▶ **Demand for Low-Skilled Labor.** Although demand for high-skilled workers continues to increase, two-thirds of all jobs in the U.S. labor market do not require high skills or education, and the demand for low-skilled workers also is expected to continue over the next decade.
- ▶ **Skills Gap.** Those with strong technical skills and college educations receive higher wages;

and those with fewer skills and education are relegated to the secondary labor market where wages and job security are low and few employee benefits are offered.

- ▶ **Working Poor.** Over 2 million persons are in poverty even though at least one person in their family works full time, year round.

The authors conclude that policies to help low-wage workers with families need to focus on more work supplementation strategies, improved access to supports, more targeted education and training services, and proposals extending some form of legal status to undocumented workers. Without a commitment to such policies, working poverty is likely to continue, and children in immigrant families, in particular, are likely to stay poor, even with working parents.

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A number of economic and labor market trends in the United States over the past 30 years have altered the characteristics of the workforce and have had an impact on the well-being of workers and their families. Low-income workers in particular have been affected by some of the macro-economic trends, such as the shift in the industrial base of the nation from one centered on manufacturing to one focused more on services and, especially since the 1990s, to one defined by technology and communication. Because of economic restructuring, the gap between wages paid to those with high levels of education and skills and those with low levels of education and skills has widened.

Meanwhile, the United States has experienced a shift in the ethnicity and national origins of its population, and therefore its workforce, as well as a continuing shift in family structure. The past two decades have seen a high and sustained inflow of immigrants and an increase in the proportion of the population with limited English proficiency. A significant share of the immigrant population possesses educational deficiencies and limited work skills, which means they generally enter the low-wage segment of the labor market. At the same time, the trend toward more single-parent households, at least in the non-immigrant population, continues to redefine family issues for low-wage workers, their employers, and public policy.

This article describes key changes taking place in the economy and in the workforce that affect low-income families.¹ The implications of these broad and intermingled trends are discussed, along with social and economic policies designed to help low-income working families, particularly those that include immigrants.

Trends in the Economy and Employment

Despite the slow-down and recession in 2001 and 2002, the U.S. economy is extremely strong. The long period of economic growth in the 1990s—with strong job growth, high productivity, and low inflation—brought unemployment to historically low levels. More people, even those with relatively limited labor market experience, worked in the 1990s, and poverty rates showed a slight decline even for single mothers and their children. These trends reinforce the importance of a strong

economy to the employment and income of low-skilled workers, including those who are immigrants.

Increased Employment Rates

During the 1990s, sustained growth and strong demand for workers resulted in an increase in employment and labor force participation even by groups that had low employment in the past. For example, between 1993 and 2000, the employment of single mothers increased from 59% to 75%.² Some of that increase was undoubtedly due to major changes in the nation's welfare policies which limited the number of years any family could receive federal welfare benefits and added strong requirements that welfare recipients work as a condition of their receipt of payments. Much research suggests that the strong economy was at least as important as welfare reform in explaining this upward trend in employment, particularly of mothers.³ In fact, single mothers' employment gains appear to have continued even during the recession, as their employment rate dropped only two percentage points, suggesting that their entry into the job market may be sustained.⁴

Other groups of workers also benefited from the strong economy in the 1990s, as further testimony to the importance of a strong economy to helping individuals with low incomes. By 2000, for example, there was some indication that for the first time in several years the employment rate of African-American men had begun to increase.⁵

Widening Wage Gap

While employment has been increasing, the wage gap based on skills and education has been widening. Those with strong technical skills and college educations receive higher wages; and those with fewer skills and education are relegated to the secondary labor market where wages and job security are low and few employee benefits are offered.

The industrial shift from a manufacturing-based economy to a services-based economy has had particularly negative effects on the wages of individuals with limited education, and especially of minority men. Since 1973, for example, the real wages (that is, wages adjusted for inflation) of men without a high school diploma or a General Equivalency Diploma (GED) declined by about 25%.⁶ In the United States, only those with more than four years of college have seen their real earnings

increase over this time period, attesting to the high premium paid for high-skilled and educated workers.⁷

Among immigrant workers themselves, the robust economy of the late 1990s also appears to have produced stronger employment than wage gains. Immigrant unemployment rates—especially those of Hispanic males—fell faster than natives, but immigrant wage rates grew more slowly: Natives’ median wages rose more than 50% faster than did immigrants’ median wages.⁸

Trends in the Demand for High-Skilled and Low-Skilled Workers

While demand is increasing for both high-skilled and low-skilled workers, the underlying changes in labor market structure that have been occurring since the 1970s have significant implications for workers’ opportunities for advancement.

Demand for High-Skilled Workers

Technological change is occurring in every sector of the economy. There is an increasing demand for high-skilled workers, especially those with technological and computer skills such as computer programmers and other technical positions. But even some manufacturing jobs, retail sales positions, office administrative staff, and other jobs prefer or require some knowledge of computers.⁹

Demand for Low-Skilled Workers

Recognizing that there is an increasing demand for high-tech skills, however, it is important to also acknowledge that there continues to be a high number of low-skilled jobs in the U.S. economy. In fact, according to occupational analysis from the U.S. Bureau of Labor Statistics, about two-thirds of all U.S. jobs today do not require any formal education or experience (that is, they can be considered “low-skilled jobs”). The Bureau also projects that two-thirds of all new jobs over the next 10 years will require limited skills and education.¹⁰ (See Box 1.)

Many of the jobs in demand, listed in Box 1, pay low wages and are in the services and retail sectors where high proportions of the workers are female. Yet the implications for all low-wage workers are quite important. While employers report that they are having difficulty filling their high-skill positions—and even import foreign workers to fill some unmet needs—they also

Box 1

Top 20 Occupations between 2000 and 2010

Occupations with the largest projected increase in number of jobs nationwide between 2000 and 2010, based on data from the Bureau of Labor Statistics, U.S. Department of Labor:

- ▶ Food preparation and serving workers
- ▶ Customer service representatives
- ▶ Registered nurses
- ▶ Retail salespersons
- ▶ Computer support specialists
- ▶ Cashiers
- ▶ Office clerks
- ▶ Security guards
- ▶ Computer software engineers, applications
- ▶ Waiters and waitresses
- ▶ General and operations managers
- ▶ Truck drivers, heavy and tractor-trailer
- ▶ Nursing aides, orderlies, and attendants
- ▶ Janitors and cleaners, except maids and housekeepers
- ▶ Postsecondary teachers
- ▶ Teacher assistants
- ▶ Home health aides
- ▶ Laborers
- ▶ Computer software engineers, systems
- ▶ Landscaping and groundskeeping workers

continue to require many low-skilled workers.

There is some optimism regarding opportunities for economic advancement for some low-skilled workers. Occupations traditionally considered “men’s jobs,” such as machinists, truck drivers, construction workers, and equipment operators and repairers, are expected to grow over the next decade and many of these occupations pay higher than average wages. Unionized jobs in these areas offer the best chance for wage progression. Good jobs in demand for persons without college include the following:¹¹

- ▶ Sound technicians; electronics repairers; aircraft, auto and truck mechanics (require postsecondary training).

Box 2

Changing Workforce Reflects Five Central Trends

Five trends in recent decades, particularly the ongoing effects of immigration, are central to understanding the changing demographic characteristics of the U.S. workforce:

- ▶ **High Sustained Immigration Flows since 1970.** During the 1980s and 1990s, roughly 24 million immigrants entered the United States, with flows in each decade exceeding any prior decade in U.S. history.
- ▶ **Immigrants Dispersing to New States.** Prior to 1990, six major destination states (CA, NY, TX, FL, IL and NJ) accounted for three-quarters of the nation's immigrant population.^a But during the 1990s, 22 “new growth” states, most of which are located in the Rocky Mountain region, the Midwest and the Southeast, saw their immigrant populations grow three times faster than the nation as a whole.
- ▶ **Growth in the Limited English Proficient (LEP) Population.** Along with immigration, there was both substantial growth and

increased dispersal of the LEP population between 1990 and 2000.^a Nationwide, the LEP population grew by 52% from 14.0 to 21.3 million during the decade. According to the Census, almost half (46%) of all foreign-born workers are LEP.

- ▶ **Rise in Undocumented Immigration.** Between 1990 and 2002 the undocumented population tripled from 3.0 to 9.3 million persons. The share that the undocumented represent of the total immigrant population doubled from 13% to 27%.^b Census data indicate that the flow of those undocumented has continued since the terrorist attacks on September 11, 2001, if at somewhat diminished levels.^a Of the 17.9 million foreign-born workers in the United States, 5.2 million, or 29%, are undocumented.
- ▶ **Rise in Latino Immigration.** In contrast with earlier waves of immigrants, who tended to be from Europe or Canada, by the 1990s, nearly 80% of legal immigrants were from Asia or Latin America. Mexicans are the largest group of immigrants, making up about 30% of all documented and undocumented immigrants.^c

^a Capps, R., Fix, M., and Passel, J. *A profile of the low wage immigrant workforce*. Immigrant families and workers, brief no. 4. Washington, DC: Urban Institute, 2003.

^b Fix, M., and Passel, J. *U.S. immigration, trends and implications for schools*. Washington, DC: Urban Institute, 2003.

^c See the article by Hernandez in this journal issue.

- ▶ First-line managers and supervisors; building and transportation inspectors (require postsecondary training).
- ▶ Plant operators, precision repairers; heating, ventilation, and air conditioning mechanics; police and patrol officers (require long-term on-the-job training, 12 months or more).
- ▶ Equipment installation, operation, and repair; sales representatives (require moderate-term on-the-job training, 1 to 12 months).
- ▶ Mail carriers, sorters and clerks; procurement clerks; sailors and fishers (require short-term on-the-job training, 1 month or less).

Impact of Recessions

In general, recessions affect low-skilled low-wage work-

ers more severely than high-skilled high-wage workers. Women generally have lower job loss rates than men, and while the gender difference has diminished in recent years, it remains most pronounced for workers with the lowest education levels. Differences in job loss between men and women during a recession can be partly attributed to the industries in which they are most likely to work. Goods-producing industries, where men are more highly concentrated, lose more jobs during a recession; service-producing industries, where women—especially those at the low end of the job market—are more concentrated, tend to fare better in recessions than other industries.¹²

Aside from gender differences, studies confirm that younger workers with low wages, low skills, and less education face much higher job loss rates than older, more educated workers. Specifically, workers without a

high school diploma had job loss rates about twice that of workers with a college degree or more in all years between 1981 and 1995.¹³

Trends in the Workforce

One of the most significant demographic occurrences in the late twentieth and early twenty-first century is related to the changing characteristics of the U.S. population and, therefore, the workforce. (See Box 2). The share of minorities in both has gradually increased, with a particularly noticeable increase in Hispanics. Moreover, one of every two new entrants to the labor market in the 1990s was an immigrant.¹⁴ It is estimated that the foreign-born population will reach 40 million by 2010. (See the article by Hernandez in this journal issue.) A second important demographic trend relates to family structure and labor force participation by mothers. The percent of children living in single-parent households and the percent of mothers of school-age children who work have both steadily increased since the 1960s.¹⁵

Growing Immigration and Diversity

The workforce, like the population, is more diverse than in past decades, as more workers and their families are of mixed ethnicities, and more workers have families that include both immigrant and non-immigrant members. A June 2003 U.S. Census Bureau report found that the Hispanic population had reached 38.8 million persons and had grown by 9.8% between 2000 and 2002, compared to a rate of growth for the entire population of 2.5%. This makes Hispanics the largest minority population in the nation, slightly larger than the African American population of 38.3 million persons.¹⁶ Given that the average age of Hispanics in the United States is lower than other population groups, one can expect that their share of the workforce will continue to increase over the next decade. (See Figure 1.) The Census Bureau further finds that about half of the increase in the Hispanic or Latino population is attributable to immigration.

Although immigrants represent roughly 11% of the total U.S. population, they make up a larger share of the U.S. labor force (about 14%), and an even larger share of the low-wage labor market (20%). Immigrants, then, are substantially over-represented among workers who are

paid the least and are most in need of training to improve their skills and earnings. Almost half of all foreign-born workers have limited proficiency with English, and 45% have less than a high school education.¹⁷ Almost one in five immigrant workers has less than a ninth-grade education and immigrants compose three-fourths of all U.S. workers with such low levels of education. Many immigrants enter the United States with sufficient education and skills to obtain relatively high wages, nevertheless, many work in the low-wage labor market. Nearly half (48%) of all immigrant workers earned less than 200% of the minimum wage, compared with 32% of native workers.¹⁸ About two-thirds (62%) of low-wage immigrant workers are limited English proficient (LEP);¹⁹ and another 40% are undocumented.²⁰

Growing Number of Working Mothers and Single-Parent Households

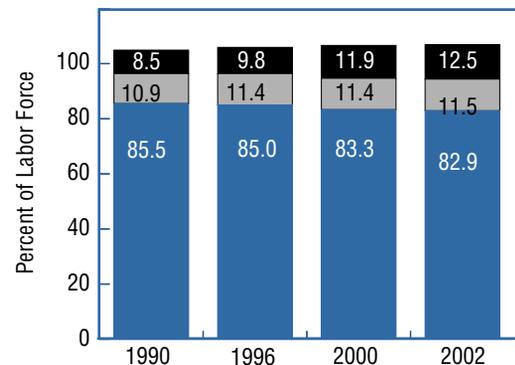
Another important workforce trend in the United States relates to the increase in the percentage of mothers

Figure 1

Distribution of the U.S. Workforce by Race and Hispanic Origin, 1990-2002

KEY:

- Hispanic/Latino
- African American
- White



Source: U.S. Department of Labor, Bureau of Labor Statistics. *Table A-2: Employment status of the civilian noninstitutional population 16 years and over by sex, 1991 to date.* Household data, historical. Accessed online in October 2003 at <ftp://ftp.bls.gov/pub/suppl/empstat.cpseea2.txt>. Note: Percentages do not total to 100% because Hispanic/Latino individuals may report being of any race.

Census Bureau data indicate that nearly one-quarter of all families with children and at least one full-time worker are still poor.

who work. By 2000, 79% of mothers with school-age children worked outside the home, compared to 64% in 1980.²¹ While more women are in the labor force and women's employment opportunities have expanded in the past several decades, their labor market outcomes continue to lag behind men. For example, in 2000, women earned, on average, about 76% of what men earned per week.²²

In 1960, about 20% of all children under age 18 lived with one parent, and by 2002, over 27% of children were in single-parent families.²³ The incidence of single-parent households is high for all racial and ethnic groups, but is particularly high for African Americans. In 2002, about half of all African American children lived in single-parent households, compared to 30% of Hispanic children, and 22% of white children. About 85% of the nearly 20 million children in single parent households in 2002 lived with their mothers, 2% lived with their fathers and the rest lived with another relative or foster parents.

Working Poor Problem Is Getting Worse

The experience under welfare reform in the past five years, based mainly on making welfare temporary and emphasizing work instead, provides an example of the resiliency of workers and the ability of the U.S. economy to absorb new workers. It also provides an example of the problem of poverty among workers. By 2002, there were only about half as many families with children on welfare as there had been in 1996. Over two-thirds of the 1.5 million parents (mainly mothers) who left welfare worked in the following year. However, their earnings are low (averaging between \$6 and \$8 an hour), and about half of them and their families remain poor even though they work. Furthermore, of those who work, only about one-third have health insurance, about the same share that reports having difficulty "making ends meet" and "having enough to eat."²⁴

Though minority men, immigrants, single mothers, and even former welfare recipients worked more in the last years of the 1990s, and poverty rates showed a slight

decline, various groups remained poor. This is in large part due to their limited schooling at a time when the demand for higher education is growing. Research has found that the increased labor force participation by single mothers, including those leaving welfare, did not necessarily mean families with children were better off in terms of income, poverty, or well-being. Poverty rates would likely be even higher if it were not for some public supplement policies such as the earned income tax credit (EITC).²⁵

Poverty among Low-Wage Workers

Census Bureau data indicate that nearly one-quarter of all families with children and at least one full-time worker are still poor. In fact, the Census data show that 2.6 million workers in 2001 were living below the poverty level (for a poverty rate of 2.6%). Another 6.3 million who worked less than full time were also poor (for a poverty rate of 12.4%).²⁶ Further, the poverty rate for African American and Hispanic workers was more than twice that for white non-Hispanic workers. (See Figure 2.)

Those at the low end of the labor market may not receive some common employee benefits. For example, employer-sponsored health insurance covers between 65% and 70% of all persons under the age of 65 (depending on the year), but this still means that over 39 million are without health insurance.²⁷ About half of those without health insurance are workers.²⁸ While recent national legislation has expanded the availability of Medicaid coverage to poor children, in some states budget deficits have led to new restrictions on eligibility, reduced benefits, and increased co-payments for beneficiaries.²⁹

Immigrants face additional barriers to benefits. Many, especially among the approximately 4.5 million legal immigrants who arrived after the enactment of the 1996 welfare reform law, are effectively barred from receiving federal means-tested public benefits until they become citizens.³⁰ In fact, the number of post-enactment legal immigrants is now approaching the number of legal immigrants who arrived before

welfare reform. The programs from which many are barred not only include cash transfer programs, such as Temporary Assistance for Needy Families (TANF) and Supplemental Security Income (SSI), they also extend to benefits that could be considered work supports, such as training (through TANF); the Food Stamp Program; Medicaid; and the State Children's Health Insurance Program (SCHIP).

Following welfare reform, steep declines have been documented in non-citizens' use of TANF and food stamps, even among refugees and citizen children in mixed-status families—populations that were protected by the 1996 curbs.³¹ Particularly steep reductions in immigrants' use of benefits occurred within many of the “new growth” states mentioned earlier (in Box 2) that had the least generous safety nets to begin with.³²

Less steep declines for legal immigrants occurred in Medicaid. In fact, a recent Urban Institute report documents the fact that the rates of insurance among citizen children in mixed status families actually rose between 1999 and 2002—in part the result of expanded outreach to immigrant communities and improved coverage in the SCHIP program.³³ Increases in coverage for citizen children in mixed status families were entirely ascribable to increased public coverage as employer-based coverage fell during the period.

The Feminization of Poverty

The combination of lagging wages for women and single-parent households has meant that many women and children are poor—a phenomenon often referred to as the feminization of poverty. In fact, single-parent families have the highest poverty rate of all family types. Families with children headed by a single woman have poverty rates two and one-half times higher than two-parent families with children: 34% compared to 14%. The poverty rates for families with two or more children are even higher, again, especially for families headed by a woman. About 8% of two-parent households with two or more children were below poverty in 2000, compared to a poverty rate of over 42% for single female-headed households with children.³⁴

Poverty among Minority and Immigrant Children

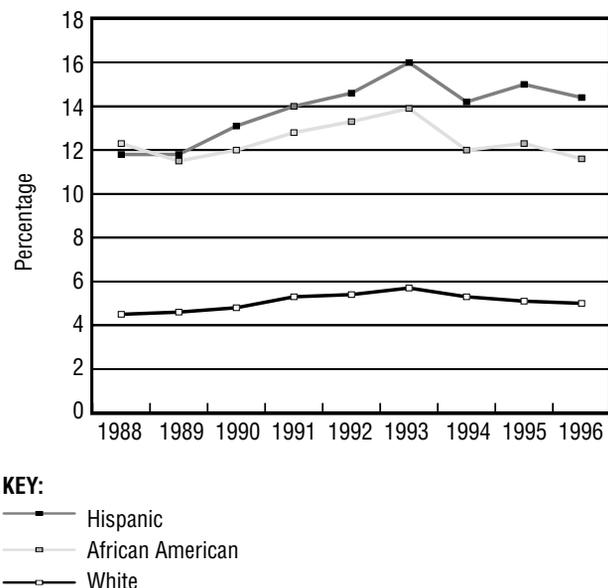
Children under 18 years of age have the highest poverty rates of any age group. According to the latest data from the U.S. Census Bureau, 16.7% of children were

poor in 2002, compared to 10.6% of persons between the ages of 18 and 64. Poverty rates for minority and immigrant children are more than double the rates for white non-Hispanic children.

It is important to note the high poverty rate for immigrant children is a relatively recent phenomenon. In 1970, poverty rates among children in grades K–12 were roughly equivalent for white non-Hispanics (10%) and all children of immigrants (12%), with foreign-born immigrant children having somewhat higher rates (17%). But by 2002, 23% of the children of immigrants—and 29% of children who are immigrants themselves—lived in families with incomes below poverty.³⁵ According to the National Survey of America's Families, in 2002, children of immigrants remained much more likely than children of natives to be uninsured (18.0% versus 7.5%), and to live in a family worried about affording food (39.2% versus 27.0%).³⁶ Rising poverty rates among

Figure 2

Poverty Rate for Persons in the Labor Force for More than 27 Weeks, by Race



KEY:

- Hispanic
- African American
- White

Source: Based on data from the U.S. Department of Labor, Bureau of Labor Statistics, 1988 to 1996.

the children of immigrants over recent decades are associated with increased migration flows from Latin America and Mexico.³⁷

High rates of child poverty are generally attributed to the high incidence of single-parent families and low employment of parents. Research has found that it has become more difficult for families to maintain adequate income with a single worker, and that having two adults raises both the number of hours that can be worked and household incomes.³⁸ Some of the support for recent national policies aimed at encouraging both work and marriage can be traced to this body of economic research. For example, one recent study found that the “poverty rate among families with children could be lowered by 71% if the poor [parents] completed high school, worked full-time, married, and had no more than two children.”³⁹ Marriage rates are higher for persons with relatively more education, and because married couple households increasingly have two wage-earners, their combined income is greater.

Policies promoting increased work and marriage, however, would likely have less effect on immigrant families’ poverty levels, in large part because they tend to have higher employment rates and more intact families than other poor families.⁴⁰ The National Survey of America’s Families reveals that 80% of the children of immigrants live in two-parent families versus 70% of the children of natives.⁴¹ Nevertheless, children in two-parent immigrant families are twice as likely to be low income as children in two-parent native families: 44% versus 22%.

Conclusion and Challenges

Two important conclusions emerge from the combined results of the demographic shifts in the U.S. workforce, the high rates of immigration, and the changes in the underlying structure of the job market.

One important conclusion is that work alone is not sufficient to ensure that families have incomes high enough to keep them out of poverty. Wages paid to workers with limited education have not kept pace with inflation over the past 30 years, which means that the average median income for low-educated workers has actually declined since 1973.

A second important conclusion is that while the incidence of single-parent families and non-employment by parents contributes to high poverty rates for many children, this pattern does not hold for immigrant families who have higher rates of employment and higher incidences of intact two-parent families, yet remain in poverty. Policies for low-income families, such as those in national welfare reforms that emphasize employment and stable marriage as primary routes out of poverty, should, therefore, be sensitive to the new demographic profile of workers which increasingly consists of immigrants. In addition, policies should also address the needs of persons with limited skills and limited English proficiency.

These conclusions suggest a number of implications for policymakers, including more work supplementation strategies, improved access to support, more targeted education and training services, and consideration of proposals that would regularize the status of undocumented workers.

More Work Supplementation Strategies

Work alone is not adequate to move families and children out of poverty. If poverty alleviation is a policy goal, then more work supplementation strategies are needed. The EITC helps many full-time workers’ incomes rise above the poverty level, but millions of workers are still poor. Living wage initiatives, wage supplements, and stronger worker supports, including child care and parental leave, as well as assistance in acquiring additional skills and making career changes, are needed. Social benefits such as health insurance and housing subsidies would also help more working families live above poverty. Low-wage workers, in particular, usually are not in jobs that offer health insurance, annual leave, and other benefits. Public policies can be improved to fill the gap in worker benefits not provided by employers. These types of initiatives are consistent with and reinforce “work first” policies as they are centered on employment, supporting workers’ efforts to retain and upgrade their employability.

Improved Access to Supports

Low-wage immigrant workers face additional barriers as their access to means-tested work supports has been restricted. Proposals have been advanced that would give the states the option to extend Medicaid and

...immigrant families...have higher rates of employment and higher incidences of intact two-parent families, yet remain in poverty.

SCHIP to some legal immigrants who have arrived after 1996. The proposed changes would permit states to share the costs of serving these populations with the federal government, rather than shouldering the full fiscal burden themselves or denying services altogether. Perhaps the most prominent proposal is the Immigrant Child Health and Improvement Act that may be taken up as part of TANF's delayed reauthorization.

Beyond legal non-citizens' restricted eligibility for federal benefits, immigrants—especially those with limited English skills—do not appear to be taking advantage of the income supports provided by the EITC. The 1999 National Survey of Immigrant Families indicates that only 2% of poor immigrant families (that is, those living under 100% of the official federal poverty level) with a full-time worker received the EITC, as compared to 31% of their poor native counterparts.⁴²

More Targeted Education and Training Services

The benefits that accrue as a result of education and skills are clear. The nation's workforce development system is being revamped to make job training and employment services more accessible to all workers. For example, new One-Stop Career Centers feature computer and Web-based services to improve job matching and career development opportunities. Federal funding for the workforce development system, however, has been stagnant for the past decade and can serve only a small portion of workers. Moreover, due to the rising number of immigrants in the labor force and the limited education and language skills that many bring, greater targeting of training services to newcomer populations may make sense. In some instances, reform may require changing the incentives of states and of employment and training providers so they are more willing to address the training needs of immigrant workers who do not speak English and have low levels of education and literacy. In addition, policies should continue to address the need for further education, lifelong learning, Web-based instructional programs, and employer partnerships to help upgrade skills of entry-level workers.

Proposals Concerning Undocumented Workers

Finally, as we have seen, a high and rising share of the low-wage immigrant labor force is undocumented. With an undocumented immigrant population approaching 10 million, proposals have been advanced by both the Congress and the Administration to extend some form of legal status to illegal workers. The proposals advanced to date fall into two broad categories. One proposal advanced by the Bush Administration would create a large guest worker program that would provide undocumented immigrants who are working in the United States with renewable temporary visas. A central premise of the program—similar to the Bracero program introduced during World War II—is that workers would return to their sending countries after a specified term of work, hence no special route to legal status, citizenship, or social integration is provided.

Another set of proposals are, for the most part, employment based, but extend the possibility of an “earned amnesty” to the worker beneficiaries. One prominent proposal with substantial bipartisan support is the “Agjobs” bill, which is restricted to undocumented agricultural workers. The proposed bill requires extensive farm work following the grant of temporary resident status, and maintains the worker in provisional status for at least six years.

None of the current proposals offers illegal immigrants what now appear to be the comparatively generous terms of the 1986 Immigration Reform and Control Act. This act included legalization programs that (1) did not make future work a condition of receipt; (2) placed the beneficiaries on a comparatively rapid track to legal status, citizenship, and integration; and (3) expressly took into account state and local fiscal impacts.

In general, most of the expected job growth over the next ten years is likely to occur in jobs that do not require any more skill than they have for the past ten years, and the wages paid to workers in low-skilled jobs are likely to remain low.⁴³ Without active policies to improve

the skills and education level of workers in the United States, today's low-wage workers are likely to remain in the secondary (that is, low-wage, low-skilled) labor market. If the trend since 1973 is any indication, this could also mean further deterioration of real earnings.

The situation is even more discouraging for immigrant workers who face additional barriers to economic advancement. Many legal immigrants arriving after the enactment of welfare reform (now almost half the legal immigrant population) are barred not just from cash

transfer programs, but from support programs such as food stamps and public health insurance coverage.

In summary, to increase the incomes of workers and their families, policymakers will need to expand the focus on career development, lifelong education and skills training, and support programs for working families. Without such a commitment, the trends in the labor market over the past two decades strongly suggest that working poverty will continue, and children in immigrant families, in particular, are likely to stay poor, even with working parents.

ENDNOTES

1. Opinions expressed in this article are those of the authors and do not represent official positions of the institutions with which they are affiliated. Research assistance was provided by Aubrey Winterbottom, Johns Hopkins University.
2. Lerman, R.I. *Single mothers retain nearly all their employment and wage gains in the current economic slow down*. Single parents' earnings monitor series no. 3. Washington, DC: Urban Institute, January 2003.
3. Blank, R.M., and Schmidt, L. Work, wages, and welfare. In *The new world of welfare*. R. Blank and R. Haskins, eds. Washington, DC: Brookings Institution Press, 2001, pp. 70–102.
4. See note 2, Lerman.
5. U.S. Department of Labor, Bureau of Labor Statistics. Labor force statistics from the Current Population Survey. Series ID LNU0230028. Accessed online December 8, 2003, at <http://stats.bls.gov/cpshome.htm>.
6. Burtless, G. *A future of lousy jobs? The changing structure of U.S. wages*. Washington, DC: Brookings Institution Press, 1990.
7. The influx of immigrant workers may have contributed to the decline in earnings of low-skilled workers. While research has generally found a weak relationship between immigration and the wages and employment of natives, recent studies have found more significant impacts on the wages of high school dropouts. See *The new Americans: Economic, demographic, and fiscal effects of immigration*. J.P. Smith and B. Edmonston, eds. Washington, DC: National Academy Press, 1997; and Borjas, G.A. The labor demand curve is downward sloping: Reexamining the impact of immigration on the labor market. NBER Working Paper 9755. Cambridge, MA: National Bureau of Economic Research, 2003.

8. Fix, M., Zimmermann, W., and Passel, J. *The integration of immigrant families in the United States*. Washington, DC: Urban Institute, 2001.
9. Hipple, S., and Kosanovich, K. Computer and internet use at work in 2001. *Monthly Labor Review* (February 2003) 126(2):26–35.
10. Hecker, D.E. Occupational employment projections to 2010. *Monthly Labor Review* (November 2001) 124(11):57–84. See also Nightingale, D.S., and Lee, E. *Low-wage and low-skill occupations: Identifying the best option for welfare recipients*. Discussion paper. Washington, DC: Urban Institute, 1999.
11. See note 10, Nightingale and Lee.
12. Nightingale, D.S., Vroman, W., Mikelson, K.S., et al. *The employment safety net for families in a declining economy: Policy issues and options*. Washington, DC: Urban Institute, March 2001.
13. Farber, H.S. *The changing face of job loss in the United States, 1981-1995*. Brookings papers on economic activity. Washington, DC: Brookings Institution Press, 1997. See also Smith, D.M., and Woodbury, S.A. Low-wage labor markets: The business cycle and regional differences. In *The low-wage labor market: Challenges and opportunities for self-sufficiency*. Nightingale, D.S., and Kaye, K., eds. Washington, DC: Urban Institute, 1999.
14. Sum, A., Fogg, N., and Harrington, P. *Immigrant workers and the great American job machine: The contributions of new foreign immigration to national and regional labor force growth in the 1990s*. Boston, MA: Northeastern University, Center for Labor Market Studies, August 2002.
15. These statistics, and most of the subsequent statistics on children and maternal employment, are taken from U.S. Department of Commerce, Census Bureau. Table CH-1: Living arrangement of children under 18 years old: 1960 to present. Accessed online in October 2003 at <http://www.census.gov/population/socdemo/hh-fam/tabCH-1.xls>.
16. U.S. Census Bureau. *Hispanic population reaches all-time high of 38.7 million, new Census Bureau estimates show*. Press release CB03-100. Washington, DC: US Department of Commerce, Census Bureau, June 18, 2003.
17. Capps, R., Fix, M., Passel, J.S., et al. *A profile of the low-wage immigrant workforce*. Immigrant families and workers: Facts and perspectives, brief no. 4. Washington, DC: Urban Institute, 2003.
18. See note 17, Capps, et al.
19. Capps, R., Passel, J., and Fix, M. *The new neighbors: A users' guide to data on immigrants in U.S. communities*. Washington DC: Urban Institute, 2003.
20. Two-thirds of undocumented workers earn less than twice the minimum wage, compared to one-third of all U.S. workers. See note 17, Capps, et al.
21. U.S. Bureau of Labor Statistics. *Report on the American workforce*. Washington, DC: USBLS, 2001, Table 6: Labor force participation rates of women by presence and age of children, March 1980-2000.
22. Institute for Women's Policy Research. *The gender wage ratio: Women's and men's earnings*. IWPR publication #C350. Washington, DC: IWPR, October 2001.
23. See note 15, U.S. Department of Commerce.
24. Loprest, P.J. Making the transition from welfare to work: Successes but continuing concerns. In *Welfare reform: The next act*. A. Weil and K. Finegold, eds. Washington, DC: Urban Institute, 2002.
25. The earned income tax credit (EITC) is a refundable credit for low-income persons, primarily workers with children. For a family with two children and income of about \$14,000 the credit can be as high as \$4,000, and above that income, the credit gradually phases out for families with annual incomes of about \$35,000. See Joint Committee on Taxation. *Study of the overall state and federal tax system and recommendations for simplification*. Washington, DC: U.S. Government Printing Office, April 2001.
26. These statistics are taken from U.S. Census Bureau. *Poverty in the United States: 2002*. Document no. P-60-222. Washington, DC: US Census Bureau, September 2003; and U.S. Census Bureau. *Income in the United States: 2002*. Document no. P-60-221. Washington, DC: U.S. Census Bureau, September 2003.
27. Holahan, J., and Wang, M. Changes in health insurance coverage during the economic downturn: 2000-2002. *Health Affairs* (January 2004) 10:1377.
28. U.S. Census Bureau. *Health insurance coverage in the United States: 2002*. Washington, DC: U.S. Census Bureau, September 30, 2003.
29. Smith, V., Ramesh, R., Gifford, K., et al. *States respond to fiscal pressure: A 50-state update of state Medicaid spending growth and cost containment actions*. Washington, DC: Kaiser Commission on Medicaid and the Uninsured, January 2004.
30. Fix, M., and Haskins, R. *Welfare benefits for noncitizens*. Welfare reform and beyond, policy brief no. 15. Washington, DC: Brookings Institution Press, 2002.
31. See note 30, Fix and Haskins, 2002.
32. Zimmermann, W., and Tumlin, K.C. *Patchwork policies: State assistance for immigrants under welfare reform*. Assessing the new federalism, occasional paper no. 24. Washington, DC: Urban Institute, 1999. See Box 2 for a description of “new growth” states.
33. Capps, R., Kenney, G., and Fix, M. *Health insurance coverage of children in mixed status immigrant families*. Assessing the new federalism, snapshot 3. Washington, DC: Urban Institute, 2003.
34. See note 26, U.S. Census Bureau, Poverty in the United States: 2002, September 2003, Table POV04: Families by age of householder, number of children, and family structure.
35. Fix, M., and Passel, J. *U.S. immigration, trends and implications for schools*. Washington, DC: Urban Institute, 2003.
36. Capps, R., Fix, M., and Reardon-Anderson, J. A portrait of children in immigrant working families. Washington, DC: Urban Institute, forthcoming.
37. See note 35, Fix and Passel, 2003.
38. Wertheimer, R. *Poor families in 2001: Parents working less and children continue to lag behind*. Washington, DC: ChildTrends, May 2003.
39. Haskins, R., and Sawhill, I.V. *Work and marriage: The way to end poverty and welfare*. Welfare reform and beyond, policy brief no. 28. Washington DC: Brookings Institution Press, September 2003.
40. Reardon-Anderson, J., Capps, R., and Fix, M. *The health and well-being of children in immigrant families*. Assessing the new federalism, survey brief B-52. Washington, DC: Urban Institute, 2002.
41. See note 40, Reardon-Anderson, et al.
42. See note 36, Capps, et al. Low relative use levels can be partially explained by the presence of undocumented immigrants in some of these low-income families.
43. See note 10, Nightingale and Lee.



Leveling the Playing Field: Supporting Immigrant Children from Birth to Eight

Ruby Takanishi

SUMMARY

Many young children in immigrant families do not have good access to health and education services. To the extent that their life prospects are compromised as a result, these children—and the entire society—suffer. This article discusses the needs of children from birth to age eight, with a particular focus on the education needs of young children in immigrant families. Key observations include the following:

- ▶ Children’s skills in kindergarten and their achievement at the end of third grade are important predictors of their future life prospects.
- ▶ Although well-designed early education and after school programs hold promise to reduce ethnic group-related inequalities in children’s cognitive skills and social competence, children in immigrant families are less likely to participate in these programs than are children in native-born families.

- ▶ Availability and access are important factors: When pre-kindergarten programs are offered in public schools, Hispanic and Asian American children are more likely to participate.
- ▶ Family literacy programs are a promising strategy for improving the language skills of children in immigrant families, as well as their parents.

The author concludes that policies that support the health and early education of all young children should be a national priority, and that universal programs open to all children with a minimum of barriers are most likely to be successful in facilitating the participation of young children of immigrant families.

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Current policies and programs for American children from birth to eight have not kept pace with changing demographic diversity. Too many children—many of whom live in low-income, minority families—do not have good access to health and education services. They are disproportionately from American Indian, Alaskan and Native Hawaiian, and black population groups, and from certain Latino and Asian groups. Moreover, one in five children under age 18 in the United States today is the child of an immigrant, and immigrant children are the fastest growing segment of the nation's population of children. (See the article by Hernandez in this journal issue.) Children of immigrants also are disproportionately represented among the poor, and their poverty rates have increased dramatically over the past quarter century. In 1970, the poverty rate for children of immigrants was about 12%, but by 2002, the rate had nearly doubled to 23%.¹ Today, one in four low-income children is the child of an immigrant.

Newcomer children and families, particularly those whose first language is not English, face considerable barriers to accessing programs and services. This lack of access violates the American value of equality of opportunity. Research provides clear direction for policies and programs that can be helpful in meeting the challenge of providing health and educational services for all children. Yet failure to address preventable problems such as poor health and disparities in early literacy is compromising the life prospects of significant numbers of America's children from an early age. Children are not the only ones who lose. The entire society suffers from the loss of their human capital, creativity, and productivity as family members, workers, and community members.

In addition to requiring new ways to ensure effective delivery of services, the increasing diversity of American children raises yet another challenge: the creation and sustaining of a cohesive, socially integrated society that seeks the common good. The United States is not alone in facing this challenge. Policymakers and advocates can learn from the experiences of other nations as they seek to integrate newcomer children and their families into their societies.² What is unique about the United States in comparison to its peer nations, however, is the absence of a national family and child policy, and

the absence of such a policy makes the task of building social cohesion much more difficult.

In the United States, child and family policies are highly dependent on state legislatures and state implementation of federally-funded programs such as Medicaid.³ The result is that children's access to resources essential to their development and well-being differs across the fifty states. Such disparities make it more difficult for some immigrant children to obtain needed services,⁴ and compromise the nation's sense of social cohesion on children's policy. Such disparities also are inconsistent with the fundamental American value of equal opportunity for all.

This article discusses the needs of children from birth to age eight with a focus on immigrant children. First, the article provides a brief description of the importance of this age span for the life prospects of children. Second, to the extent available, data on the participation of immigrant children in health and education programs are summarized, along with research findings regarding the impact of these programs on child well-being. The article concludes by identifying key recommendations regarding policy development, program practice, and future research needs to help make equal access a reality for children in immigrant families. The overarching goal of American public policy aimed at children and families should be to level the playing field for all children, including the increasing numbers of children in families who are newcomers to the United States. All children deserve equal access to needed services to promote their healthy development.

Birth to Eight as the Foundation for Child Well-Being

Children are born into varying socio-cultural and economic circumstances that affect their opportunities in life, with important consequences for their well-being both as children and as adults. The family's economic resources constitute a basic platform for a child's development, however, other factors such as neighborhood and community resources, parental education and cultural values—and even luck—can also play important roles in determining whether children become productive members of their communities.

The three-legged stool of child well-being by age eight is thus: family economic security, access to health care, and access to sound early education. Unfortunately, immigrant children tend to be disadvantaged in all three of these areas.

Two facts are central to a discussion of healthy child development from birth to eight: (1) skills at entry to kindergarten predict a child's educational achievement in third grade; and (2) achievement at the end of third grade predicts a child's future.

As children enter kindergarten, three individual variables—good health, cognitive and literacy skills, and motivation to learn and engage in classrooms—predict their educational achievement in the third grade.⁵ What children experience in their families, communities, and pre-kindergarten programs during the first five years of life matters.

At the end of third grade, at about age eight, children's educational achievement is an important predictor of their future educational success, and thus their ability to access postsecondary education, a decent paying job, and a good life. Children who do not acquire basic reading and mathematical skills by the third grade are at a serious disadvantage when they enter the last years of elementary school, and will have to struggle to complete middle and high school. Although these disadvantages are not necessarily lasting, efforts to correct them during the middle childhood and adolescent years can be costly and may not be as effective as early childhood interventions.⁶

With these facts in mind, ensuring children's access to health services and to early education programs at a young age is critical to efforts to promote their emergence as productive adults in a global economy. The support of their families—in terms of their economic resources, the neighborhoods in which they live, and their values and encouragement of learning and achievement—are also important. The three-legged stool of child well-being by age eight is thus: family economic security, access to health care, and access to sound early education. Unfortunately, immigrant children tend to be disadvantaged in all three of these areas.

Recent issues of *The Future of Children* describe the difficulties of immigrant families in gaining access to the first two legs of child well-being: economic security and health care. As discussed in the article by Greenberg and colleagues in the issue on children and welfare reform, the receipt of economic supports by children in immigrant families was low even before the 1996 welfare reform legislation, and has fallen even lower since then, even though most of the children themselves are U.S. citizens.⁷ For example, participation in the Food Stamp program by citizen children in families headed by a non-citizen dropped by 75% between 1994 and 1998.⁸

With regard to access to health care, as discussed in the article by Lessard and Ku in the issue on health insurance for children, studies show that immigrant children are less likely to be insured by either public or private employer-based sources.⁹ In 2002, 22% of children in mixed-status families (that is, families with at least one citizen and one non-citizen member) lacked health insurance compared with 12% of children with parents who were both citizens. Between 1999 and 2002, coverage under Medicaid and the State Child Health Insurance Program (SCHIP, aimed at “working poor” families not eligible for Medicaid) increased 12% for children in mixed-status families,¹⁰ but these gains may not be sustained in a time of constrained state budgets, when states are tightening eligibility requirements for child health insurance programs. Several states, including those with large numbers of low-income immigrant children like California, are cutting back dramatically on their child health programs.¹¹

This article focuses on the third leg of child well-being: access to sound early education and care programs and children's educational experiences up to the third grade. It should be noted, however, that basic information about the development of young children in immigrant families and those from ethnic groups in various early education and care programs is limited in several ways.

...younger immigrant children are most likely to be living under conditions of extreme hardship despite high rates of work by their parents.

First, sample descriptions in research reports are often incomplete in terms of the child's generational status and country of origin. Second, the fact that the data on race and ethnicity is self-reported further confounds the limited data that exist. Third, no systematic data collection across the various early education programs is in place at the national or state levels, and the lack of a standard terminology for these programs is serious. And fourth, the research on parent and child socialization and development of immigrant children from birth to eight is sparse compared to the availability of research on older children in immigrant families. (For a more detailed discussion of data limitations, see the appendix at the end of this article.)

These data limitations shape the following presentation of what can be gleaned from the research about the early education experiences of immigrant children. Much of the focus is on Latino children, reflecting the available literature. Less is currently available on Asian American children and those whose parents are recent immigrants from African or Caribbean countries. But even across diverse groups of Latino children, much more research is required to understand their development, and how public policies and programs can better support their development and education for the future.¹²

Early Education and Care of Immigrant Children

The capacity of all children to do well in school is related to several factors, including their health status, experiences in their families and communities prior to and after school entry, early learning experiences in pre-kindergarten programs, kindergarten itself, and the early elementary school years. For disadvantaged children, early learning experiences can be especially important. Evaluations of early education programs for children prior to kindergarten entry indicate that quality programs can have beneficial outcomes for low-income children who are at risk for school failure.¹³ When such programs are extended beyond pre-kindergarten into

kindergarten and the early elementary grades,¹⁴ positive outcomes are further enhanced both during childhood and into young adulthood.

Characteristics of High Quality Programs

Careful research syntheses of the relatively small number of well-designed studies of early education programs indicate that high quality, effective programs are characterized by the following common elements:¹⁵

- ▶ Extended exposure.
- ▶ Alignment of educational services with the developmental characteristics of children.
- ▶ Teachers who are baccalaureate educated and relatively well-compensated.
- ▶ Smaller class sizes.
- ▶ Parental involvement a priority.

For most children in the United States, compulsory education begins in the first grade with variations based on state educational policies and differences in implementation at the school district level. Increasingly, however, private and public pre-kindergarten programs are replacing kindergarten as children's first experience with an educational system. Although a positive step, one year of pre-kindergarten is not sufficient for sustained achievement and positive social outcomes. Programs appear to be most effective when they start sometime during the first five years of life, and provide continuing and well-aligned services into the second or third grade.¹⁶

The Importance of Early Education for Immigrants

Immigrant families have notable strengths in comparison to native families.¹⁷ Estimates from the Urban Institute's 1999 National Survey of America's Families (NSAF) indicate that children of immigrants are significantly more likely to have two parents in the home versus children of natives (80% versus 70%). (For more on this topic, see the article by Hernandez in this journal issue.) Children of immigrants fare as well or better than children of natives on measures of school engagement, including doing homework, caring about school, and

frequency of suspension or expulsion from school. Immigrant parents are no more likely to report being in poor mental health than are native parents.

However, the NSAF also reports that, compared with children in native-born families, children in immigrant families are generally poorer, in worse health, and more likely to experience food insecurity and crowded housing conditions.¹⁸ Younger immigrant children are both more likely to be experiencing these circumstances, and to be negatively affected as a result. Younger children, rather than older children, are most likely to live in families that entered the United States after 1996, when welfare legislation was enacted that barred immigrants from receiving many public benefits. As a result, younger immigrant children are most likely to be living under conditions of extreme hardship despite high rates of work by their parents.

Moreover, research indicates that such conditions can place young children, in particular, at risk, as living with hardship is linked to more illness and lowered cognitive development among young children.¹⁹ For example, findings from the Early Childhood Longitudinal Study of Children (ECLS-K) indicate that Latino children, both immigrant and native-born, enter kindergarten with lower skills than other groups, and that the inequalities in their cognitive ability at this young age can be significant.²⁰ Researchers estimate about half of the achievement gap for Latino children is attributable to socioeconomic differences among families.²¹

Immigrants' Use of Early Education Programs

Use of early education programs can help bridge the achievement gap for immigrant children. For those age five and under, preschool programs can help prepare children for entry into school. For those between the ages of five and eight, after-school programs can support children's learning in culturally supportive ways. Many federal and state programs provide opportunities to serve immigrant children with early education experiences from birth to age eight. (See Table 1.) Although some of these programs are intended primarily as work supports for families, they are viewed here from the perspective of their potential to provide educational and developmental experiences aimed at enhancing learning among young children.²²

Studies show, however, that use of early education and



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after-school programs varies by immigrant group and by generational status, as well as by the national origins and poverty status of families.²³ According to an analysis of national data from the Survey of Income and Program Participation (SIPP) from 1989 to 1998, overall, children in immigrant families were less likely to use center-based care than those in native-born families.²⁴ Moreover, among native-born families, Mexican American children are far less likely to use center-based care compared with Asian American, white, and black children. This is consistent with other research that indicates that children from Latino families do not participate in preschool programs in proportion to their representation in the child population.²⁵ For example, according to another recent study, only 20% of Latino children younger than five years old are enrolled in early education programs, compared with 44% of blacks and 42% of whites. Also, it is generally agreed that the participation of immigrant children in the Head Start program is lower than their percentage in the eligible population. Although 36% of Latino children live in official poverty, only 26% attend Head Start programs.²⁶

The reasons for differences in participation by racial/ethnic and immigrant status in center-based child care programs are not well understood.²⁷ Whether the differences reflect parental and cultural values or preferences or, alternatively, the lack of affordable and

Table 1

Federal Programs Offering Early Education Experiences

Program Title	Program Description
Title 1	<p>A federal program under the Department of Education that provides financial assistance to public schools with high numbers or percentages of poor children to help ensure that all children meet challenging state academic content and student academic achievement standards. Title 1 funds may be used for children from preschool age to high school.^a About 12% of the students served are in preschool and kindergarten programs.</p> <p><i>(For more information, see http://www.ed.gov/programs/titleparta/index.html.)</i></p>
Head Start and Early Head Start	<p>Comprehensive child development programs under the Department of Health and Human Services that serve children from birth to age 5, pregnant women, and their families. They are child-focused programs that must adhere to program performance standards with the overall goal of increasing the school readiness of young children in low-income families. The Head Start program has enrolled over 21 million children since it began in 1965.</p> <p><i>(For more information, see http://www2.acf.dhhs.gov/programs/hsb/about/index.htm.)</i></p>
Child Care and Development Block Grant (CCDBG)	<p>Funds from CCDBG, together with child care subsidy funding under the Social Security Act, make up the primary federal program specifically devoted to child care services and quality. The program is administered by the Department of Health and Human Services under the name, Child Care and Development Fund (CCDF). It enables low-income parents and parents receiving Temporary Assistance for Needy Families to work or to participate in the training programs they need in order to work. Funds may also be used to serve children in protective services. In addition, a portion of CCDF funds must be used to enhance child care quality and availability.</p> <p><i>(For more information, see http://www.acf.hhs.gov/programs/ccb/geninfo/ccdf02_03desc.htm.)</i></p>
Early Education Special Education	<p>Under the Individuals with Disabilities Education Act, the Department of Education administers two state grant programs: (1) a program for infants and toddlers with disabilities (Part C) that helps states develop and provide comprehensive early intervention services for children, birth through age two, with disabilities; and (2) a preschool grants program (Part B, Section 619) that helps states provide free appropriate public education for children, ages three through five, with disabilities. Funding is also available for selected projects and institutes (Part D) to further assist in developing and implementing more and better services for young children with disabilities and their families.</p> <p><i>(For more information, see http://www.nectac.org/ecprojects/ecproj.asp.)</i></p>
Even Start	<p>A federal program under the Department of Education designed to improve the academic achievement of young, low-income children and their parents, especially in the area of reading. Even Start supports family literacy services for parents with low literacy skills or who have limited English proficiency, and for their children, primarily from birth through age seven. The program has three related goals: (1) help parents improve their literacy or basic educational skills; (2) help parents become full partners in educating their children; and (3) assist children in reaching their full potential as learners.</p> <p><i>(For more information, see http://www.ed.gov/programs/evenstartformula/index.html.)</i></p>

^a Pre-kindergarten programs in public school

accessible programs, or both, remain to be addressed. Understanding low participation rates is crucial, however, because of evidence that their participation in a sound pre-kindergarten program can be highly ben-

eficial to their cognitive and language development, especially for Latino children.²⁸ Disparities in skills that are present as children enter kindergarten, when compounded by attendance at low-resource schools,

can contribute to underachievement in elementary school and beyond.²⁹

Child Care Preferences

The body of descriptive data point to variations in child care usage patterns, needs, and preferences, but there is limited evidence to clarify the relative contributions of culture, income, family structure, and generational status, as well as public policies that increase affordability, accessibility, and attractiveness of options in these reported differences. Researchers advise us to be cautious in attributing existing usage patterns to ethnic group “preferences.”³⁰ In recent years, the expanded availability of center-based programs due to public policies and eligibility requirements has increased the use of centers among African American and Latina women.

Researchers involved in the National Institute of Child Health and Human Development (NICHD) Early Child Care Research Network published a critique of existing research and proposed an alternative conceptual framework for understanding child care arrangements among families of color in the United States.³¹ Their focus was on the ecological and cultural contexts that influence early child care use among families of color, specifically African American and Latino families. The authors argued that historical and contextual factors, as well as family socialization patterns, have influenced the use of extended family and friendship networks for child care as opposed to formal child care centers.

Given the promise of well-designed pre-kindergarten programs to reduce ethnic group-related inequalities in children’s cognitive skills and social competence as they begin kindergarten, a key issue is how early education programs fit with parental beliefs and values regarding early socialization,³² and how early childhood programs and parental values can be mutually adapted to support the development of young children. Research has shown that parental expectations for young children’s development vary across cultural and economic groups. How these values play out as they interface with early education programs is—and should be—the subject of further inquiry, with a focus on gaining a better understanding of how immigrant parents from different national and ethnic origins view early care and education programs, and their beliefs and values regarding the benefits of such programs for their children’s learning and development.

Income and Affordability

In general, children from near-poor and working-poor families are the least likely to attend preschool programs.³³ This fact results from income requirements for participation in public programs for young children, which are targeted to serving only the very poor. Federal programs such as Head Start and state pre-kindergarten programs have income eligibility requirements that restrict participation to those with very low incomes (at or below the federal poverty line). In most cases, only a proportion of even the very poor eligible children are served because of inadequate funding. For example, at the beginning of 2004, approximately 50% of Head Start-eligible children participated in the programs, which were initiated in the summer of 1965. Families with slightly higher incomes—the near-poor and working-poor—are generally excluded.

This is also true for subsidized child care programs. More affluent parents pay for preschool services. Near-poor and working-poor families are not eligible for public subsidies and are not able to spend the necessarily large proportions of their family incomes for the programs, which is estimated to be about one-fifth of the budgets of families who work but are in poverty.³⁴ Moreover, according to the U.S. Department of Health and Human Services, only about 15% of those eligible for child care subsidies under the Child Care and Development Block Grant (CCDBG) receive these subsidies to assist in the care of their children while mothers are working in the paid labor force.³⁵

Neighborhood Access

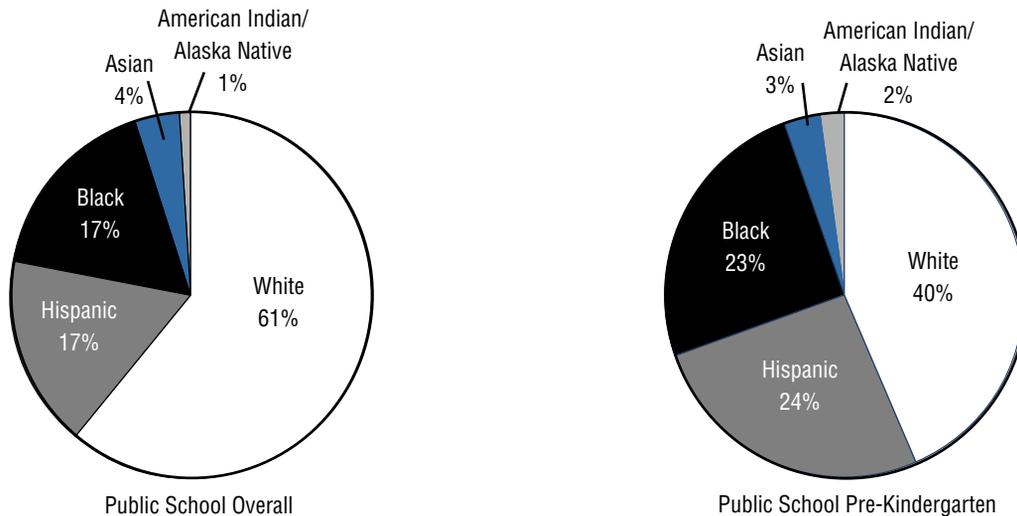
The most accessible early education and after school programs are those located in the neighborhood public elementary school and surrounding community. The growing number of pre-kindergarten programs in public schools, as well as kindergarten itself, offer opportunities for children of immigrants to improve their cognitive and literacy skills before starting school, and community after-school programs offer opportunities for children of immigrants to have their experiences in school augmented and reinforced in culturally friendly ways.

Pre-Kindergarten Programs in Public Schools

Until recently, there was little information on pre-kindergarten programs in public elementary schools, but as their numbers have increased in over 40 states, the

Figure 1

Participation in Pre-Kindergarten in Public Schools



Source: Smith, T., Kleiner, A., Parsad, B., and Farris, E. *Prekindergarten in U.S. public schools: 2000-2001*. Washington, DC: National Center for Education Statistics, March 2003.

National Center for Education Statistics conducted a survey of pre-kindergarten programs during the school year 2000-2001.³⁶ According to this survey, the participation of Hispanic and Asian American children was at least in proportion to their representation in the school-age child population. (See Figure 1.)

Differences were found related to the urban versus rural location of the schools,³⁷ and in different regions of the country,³⁸ but in all cases, Hispanics were slightly overrepresented. Both Hispanics and blacks were overrepresented in schools with the highest levels of poverty.³⁹ Moreover, across all races/ethnicities, children with limited English proficiency (LEP) were overrepresented: 15% of the pre-kindergarten children were receiving LEP services compared with 9% of all public school students.

Although no information on the immigrant or generational status of the children was provided, given rough estimates of the percentage of Hispanic children who are immigrants, it is likely that Hispanic children from immigrant families are attending pre-kindergarten pro-

grams, at least in public schools, in increasing numbers. These survey data challenge existing studies and surveys that indicate that Latino children, in particular, do not participate in early childhood programs of all kinds in relation to their representation in the child population. Instead, the high levels of participation found in this study suggest that, with the possible exception of special education pre-kindergarten programs (see Box 1), heretofore reported differentials for Latinos in pre-kindergarten and child care programs may be due to large differences in participation in private programs and/or to the availability of these private programs in neighborhoods in which Latino children reside.

What is not clear from this first national survey of pre-kindergarten programs in public schools are the factors that contribute to Hispanic children's attendance in pre-kindergarten classes. This may be partially explained by a greater number of pre-kindergarten-aged Hispanic children than in the K-12 school-age population. Another factor may be that public school pre-kindergarten programs target low-income children at risk for educational failure, and as they do not have

immigrant status as an eligibility factor, in contrast to public health insurance programs, they tend to enroll children who generally mirror the population served by the school.

Kindergarten in Public Schools

Many assume that universal public education begins with kindergarten (the K-12 educational system). How-

ever, only 15 states require kindergarten attendance.⁴⁰ Furthermore, only about 55% of American children attend full-day kindergarten, despite research evidence to its value—particularly for improving the educational performance of low-income children.⁴¹ Thus, there are initiatives in selected states (such as Arizona, Indiana, Maryland, and New Mexico) and localities (such as the Los Angeles Unified School District) to institute full-day kindergarten as part of a package of education reforms. Many of these areas have large numbers of immigrant children, which is one of the factors cited in these initiatives.

Neighborhood After-School Programs

Overall, the data suggest that compared with children in native-born families, children in immigrant families are less likely to participate in after-school activities, and their parents are less likely to volunteer in the community.⁴² However, these participation rates are likely to vary in different communities, and are influenced by the availability and accessibility of such programs in communities in which immigrant children reside, the work hours of parents, the need for older children to assume sibling care and work responsibilities, and other family and community factors.

Where community programs are available, research indicates that they can be critical contexts for providing out-of-school educational opportunities for culturally diverse children. For example, a study of children and adolescents in three immigrant communities in Los Angeles (Chinatown, Koreatown, and Pico-Union) found that the availability and accessibility of community-based programs, including after-school tutoring and other educationally-focused programs provided by public and by private organizations, can contribute to differences in educational performance of children in different community niches within the same urban area. These contexts can reinforce parental values for education and counter influences inimical to educational achievement among young children in immigrant families, including poor educational services in the schools.⁴³

Family Literacy Programs: A Promising Approach

The federal No Child Left Behind (NCLB) education reform legislation requires states to report test outcomes by the LEP status of the students. The implementation

Box 1

Underrepresentation of Minority Preschoolers in Special Education

Of children enrolled in pre-kindergarten programs in public schools, approximately half of them are either in:

- ▶ special early education classes, or
- ▶ comprehensive special early education classes that serve both children eligible for special early education services under the Individuals with Disabilities Education Act (IDEA) and children without disabilities who reside in the neighborhood served by the school.^a

It should be noted, however, that Asian/Pacific Islander and, especially, Hispanic children are underrepresented among the preschoolers served under IDEA,^b and that the majority of children in both these groups are children who are themselves first-generation immigrants or children of immigrant parents.

Both research and policy action regarding the special early education needs of immigrant children require attention with sensitivity to culturally appropriate assessment and to language differences in the immigrant child population. At the same time, this situation merits further inquiry, given the connection of childhood disabilities with poor health care and with poverty and the legislated provisions mandating the rights of young children with disabilities to an appropriate education.

^a Smith, T., Kleiner, A., Parsad, B., and Farris, E. *Prekindergarten in U.S. public schools: 2000–2001*. Washington, DC: National Center for Education Statistics, March 2003.

^b In 1999–2000, Hispanic children made up a smaller percentage of children receiving special education services than they did of the general population. The racial/ethnic distribution of children served from birth to age two has not changed significantly since data was first collected in 1998. See the 23rd Annual Report to Congress on the Implementation of the IDEA, available online at <http://www.ed.gov/about/reports/annual/osep/2001/index.html>.

Box 2

The AVANCE Program

Based in Texas, the AVANCE program is devoted to building stronger families and communities by improving the self-esteem, confidence, and competence of parents and their children. The nine-month program is primarily an intervention model for low-income Mexican American or Latino families, though offered to persons from all cultures. Parents are provided information about child development by learning effective and nurturing parenting skills, and by creating handmade age-appropriate educational toys. They also gain knowledge about many social services available to them and their family so they can play a strong, positive role in their children's long-term development. Simultaneously, their children participate in a stimulating bilingual early childhood development program designed to prepare and transition the children into school, with a focus on enhanced English literacy skills.

(For more information, see <http://www.avance.org/main.html>.)

of this provision is just beginning, and will likely gain more attention in the future as more states and localities attempt to meet the requirements of the NCLB law.

Most LEP students in the nation's elementary schools are second-generation children of immigrant parents whose families are linguistically isolated.⁴⁴ Thus, assisting immigrant parents to learn English as part of an early education/family literacy program is an important way to improve the language skills of such children. Two programs that have taken the approach of working with both parents and children are Even Start (see Table 1), and a Texas-based program, AVANCE (See Box 2.) The two-generational strategy is well-aligned with the strong family values of immigrant groups, and also engages parents who are highly motivated to learn English. Not only does this strategy help children to learn English, it helps parents gain the language skills important for their economic mobility and for better communication with schools and other agencies that they are in contact with regarding the well-being of their children.⁴⁵ Adult immigrants report that learning English is their highest priority in adapting to their new country and in improving their job prospects.⁴⁶

To date, the evaluations of these two-generational family literacy programs for immigrant, English language learner parents and children have found mixed results, but these differences may be linked to variations in the fidelity of implementation of the program in different sites. As pressure mounts under NCLB to improve students' language skills, family literacy programs remain a promising approach worth exploring.

Key Policy Recommendations

Policies, informed by research, that support the health and early education of all young children should be a national priority. Because young children's prospects are affected by the economic resources of their families,⁴⁷ recommendations for work supports and income supplements are an essential adult-focused complement to these child investments.⁴⁸ A cross-cutting theme for several of the recommendations described below is the pursuit of a universal approach across a broad range of programs and services. The recommendations also include increasing support for a limited number of programs targeted to improving services for immigrant children and their families, and addressing key research needs. (See the appendix for further discussion of serious data limitations in the study of young immigrant children and how these limitations can be addressed.)

Pursue a Universal Approach

Those who favor a targeted approach to addressing the needs of immigrant children and their families, based on family income or means-testing, argue that limited public resources should be focused on those most in need and unable to pay for services. However, the struggles over the expansion of Head Start and child care subsidies suggest that there are limits to providing these programs and services even to all who are eligible. It is unlikely that these programs will be expanded in the near future—to the contrary, current federal budget proposals call for their containment.

In contrast, a universal approach is more likely to result in broad political and social acceptance for public support of children's services, and more likely to contribute to social and economic integration rather than fostering existing ethnic and linguistic isolation in education and related programs. As the nation celebrates the fiftieth anniversary of *Brown v. Board of Education*, it should

Programs that serve all children help to ensure equal opportunity and access across different racial/ethnic and socioeconomic groups.

be remembered that the U.S. Supreme Court ruled in 1954 that separate is not equal. (See the article by Edelman and Jones in this journal issue.) Programs that serve all children help to ensure equal opportunity and access across different racial/ethnic and socioeconomic groups.

Universally available programs may have an additional set of benefits for young children of immigrants. Researchers have noted that among children age five and younger living in immigrant families, a large share are born in the United States, and therefore, are citizens living in mixed-status families.⁴⁹ These children are entitled to the same public benefits and services as are children of native-born parents. However, barriers such as language access and fear of public authorities may prevent families from seeking such benefits, especially for programs that have income eligibility requirements and require extensive documentation. Programs that allow all children to participate with a minimum of such barriers may facilitate the inclusion of young children of immigrants into essential health and early education programs, and thus contribute to their school readiness and educational achievement. A broad range of universal policies could help address children's needs at different ages, as discussed below.

▮ **Institute paid family leave.** Starting with the nation's youngest children, instituting universal paid family leave, especially during the first year of life, is long overdue. The high costs and relative lack of available sound infant care in the United States, combined with approximately 65% of mothers with infants in the workforce, require policies to adapt to changed social conditions. The United States is one of a very few countries in the world with unpaid family leave policies. As immigrant and lower-income families are less likely than upper-income families to have employers who provide sick, vacation, and family leaves,⁵⁰ they are more likely to have limited time to spend with their young children, especially when working long hours. Recent legislation in California, which

is based on employee contributions, is a promising approach for other states to consider in addressing this problem.

- ▮ **Provide early education for all children.** All young children from ages three to four should have access to sound voluntary pre-kindergarten programs taught by well-qualified, certified teachers. States may consider beginning such programs by age two for children at-risk for educational underachievement, and as a means of integrating immigrant families and their children into their new country.⁵¹ Evaluations of well-designed and well-implemented programs for this age group, especially programs that continue into kindergarten and the early elementary school grades, provide support for wider implementation.⁵²
- ▮ **Require full-day kindergarten.** At age five, all children should be required to attend full school-day kindergarten. Only 15 states now require such attendance. Current state policies should be changed to reflect substantial knowledge of the capacities of young children to learn, the changed demands of early elementary education and high stakes testing, and research that provides evidence that full-day kindergarten programs are more beneficial to children's learning than half-day programs. Children at-risk for educational underachievement should begin kindergarten in the summer before the school year to better prepare them for kindergarten, and should participate in a booster summer program following kindergarten to better prepare them for first grade.⁵³
- ▮ **Offer dual-language programs for all children.** The competitive demands of a global economy place bi- and multi-lingual individuals at a competitive advantage in "the race" for economic security. Although English is increasingly the language of international commerce, American children whose first language is English can benefit from dual-language programs. Such programs can foster bilingualism among more children, attract and retain middle- and upper-income

...the most serious current challenge is the preparation of teachers...to educate newcomer children more effectively.

families to public schools, and contribute to better social integration in communities, while at the same time enhancing the language skills of immigrant children.⁵⁴

- ▮ **Strengthen neighborhood support for out-of-school time.** What children learn in schools is important, but must be augmented by the resources of neighborhood and community organizations that provide educational opportunities when children are out of school, and when parents are not available because of their job responsibilities. Public and privately funded programs which provide a wide range of out-of-school activities can extend the offerings or compensate for deficiencies in what schools are able to offer in academic and enrichment activities. When available, private resources clearly can be used to add to the out-of-school resources for children in the community. But it is not only about strengthening neighborhood resources, it is about equalizing access. Programs should be alert to inequalities among ethnic groups and ensure that they serve a cross-section of the immigrant children and youth in their communities.
- ▮ **Provide universal access to health care services.** All children need access to prenatal and preventive health care, including dental care, from birth. Such access should not be based on the immigrant status of their parents. Universal health insurance, starting first with children and adolescents, should be a priority at the national and state levels. Even if there were no supportive research, access to health care should be a basic human right. However, children's health status has been found to be related to educational achievement in the early elementary school years. Thus, the fact that immigrant children do not have regular access to health services can adversely affect their educational performance.

Support Key Programs for Immigrant Families

With a universal package of programs in place, immigrant families require additional support because of their

recent arrival to the United States. Unlike nations such as Canada, France, Israel, Sweden, and Denmark, the United States does not yet have social integration policies for immigrants. Although it welcomes immigrants, the United States does not have programs in place that can, as a matter of public policy, provide a helping hand to newcomers.

A number of important policies and programs, in addition to the families themselves, contribute to shape the well-being and prospects of children. Looking to one magic solution is foolhardy. Rather, trying to increase the number and level of positive influences known to affect children's learning and development is likely to have at least a modest influence in addressing the troubling achievement gap between children from immigrant, racial/ethnic, and low-income backgrounds, and children who are native-born, white, and more financially secure. Recommendations regarding key programs likely to support immigrant families and their young children are discussed below.

- ▮ **Establish two-generational early education and family literacy programs.** For children whose first language is not English, pre-kindergarten programs that prepare children for English language instruction in the elementary school grades are essential to promote school readiness and to prepare them for high levels of proficiency in reading and mathematics. Two-generational family literacy programs should be designed to engage parents by offering English language instruction and workforce skills for adults, as well as a quality pre-kindergarten program for their children. After the pre-kindergarten years, schools must make a commitment to align their kindergarten and elementary grade programs to provide intensive, high quality instruction to support students in mastering the skills to be fully fluent in speaking, reading, and writing English.⁵⁵
- ▮ **Improve teacher preparation to work with diverse newcomer children.** Research and evaluation related to the educational achievement of young immigrant

children is currently limited. However, based on what existing research has found regarding factors to reduce the achievement gap between students, several school-based variables should be addressed: a strong curriculum informed by research; incentives for well-qualified and experienced teachers (versus those who are just entering teaching) to teach culturally diverse students; smaller class sizes; and school safety. Of these, the most serious current challenge is the preparation of teachers—from those teaching early education through high school—to educate newcomer children more effectively. Surveys of teachers at the pre-kindergarten and K–12 education levels indicate that teachers do not feel that they are adequately trained to work with children and families from diverse cultural and linguistic backgrounds.⁵⁶

- ▶ **Encourage parental engagement in schools.** It is beyond the scope of this article to address the cultural resources that immigrant families in their diversity provide, but there is a rich literature for educators on responding to the cultural beliefs, practices, and linguistic differences in serving immigrant children.⁵⁷ As discussed further in the articles by García Coll and Szalacha and by Fuligni and Hardway in this journal issue, efforts to engage parents in supporting the education of their children are critical, but face many barriers. For example, school cultures can work against broad scale parent engagement. Also, teacher education programs typically do not prepare teachers to reach out to and engage parents as partners in the education of their children. The long and nontraditional work schedules of many immigrant parents, and language barriers between parents and educators, can add to the difficulties. Teacher preparation programs and school leadership programs that provide skills to engage parents in the education of their children from an early age must be higher priorities than they have been heretofore. Community-based efforts that involve parents in their children's schools and education can help.⁵⁸
- ▶ **Improve outreach and services to preschoolers with disabilities in immigrant families.** Currently, little is known about services to immigrant children at all levels of education, but the underrepresentation of minority children—especially Hispanics—in special education pre-kindergarten programs in public

schools is troubling. (See Box 1.) This imbalance suggests that outreach efforts to immigrant and racial/ethnic minority families may be warranted, and that greater awareness of these programs is likely to result in increased services to immigrant and minority children who have the right to services under the Individual with Disabilities Education Act.

Address Key Research Needs

The well-being of immigrant children through the age of eight is an understudied area in the developmental sciences. Data sources related to young immigrant children and children from diverse racial/ethnic backgrounds must be improved so that there is a better understanding of their experiences and well-being than exists now. Researchers at the Urban Institute are creating a national demographic profile of young newcomer children from birth through age five based on Census 2000, several years of the Current Population Survey, and the 1999 and the 2002 NSAF surveys.⁵⁹ They also have developed a valuable guidebook for local communities that seek information on immigrants. The guidebook includes a useful discussion on addressing policy questions with existing national data sources.⁶⁰

In addition, with the increased participation in universal pre-kindergarten programs in states with large numbers of immigrants (such as Georgia, New Jersey, and Oklahoma), studies on the effectiveness of these programs offer the potential to learn more about their impact on immigrant children. For example, a recent evaluation of the universal preschool program in Tulsa, Oklahoma, found strong, positive benefits in language and cognitive development for Hispanic children,⁶¹ children who are primarily second-generation, low-income Mexican immigrants from Chiapas.⁶² Research and evaluation of preschool programs in other states with sizeable numbers of newcomer children, such as North Carolina, are likely to further increase existing knowledge about the value of these programs for young immigrant children.

These are encouraging first steps, but more must be done to ensure that research on the development of young children, especially those from birth to age eight, catches up with rapid changes in the demography of the child population and includes the growing number of children in immigrant families. In California, for

example, one out of every two children below the age of five lives in a family with at least one immigrant parent.⁶³ Three areas of research requiring improvement are highlighted below.

▶ **Develop more relevant conceptual frameworks.**

As mentioned previously, conceptual frameworks for research on children of color, including immigrant children, have not sufficiently taken into account the historical and social context of children's development. Relevant variables include economic and political conditions leading to parental migration, the purposes of migration, experiences of discrimination in the country of origin and in the United States, as well as social position variables (such as ethnicity, social class, and gender), and their meanings before and after immigration. In terms of the policy implications of this research, much more attention must be paid to the policies, and changes in policies, that are part of the historical and social context of children's development.

▶ **Improve sample descriptions.** Basic descriptions of sample characteristics, particularly in what are presented as nationally representative samples, must be improved, along with a commitment to greater transparency about the limitations of a sample. Especially for children in immigrant families, systematic collection of generational status must occur going forward. Without this information, it will be difficult to determine what importance such status has on the development of children. It will also be important for researchers to better describe immigrant children in their samples, including countries of origin, rural or urban origins, educational levels of parents and of children in the country of origin, and the receiving communities in which families settle.⁶⁴

▶ **Address concerns regarding assessments.** Another area of importance is the assessment of young children, especially if they do not speak English. For example, in the ECLS-K study, not all Spanish-speaking children in the sample were tested. Children from other language backgrounds were unevenly tested. The language of assessment is not the only issue; the cultural familiarity and appropriateness of the content of the assessment are also critical. For example, children may not be familiar with experiences such

as snow, or with objects such as basic household items commonly used in the United States that are used as part of testing content. These are not new issues, but with the increases in the sheer numbers of linguistic and culturally diverse young children, they are becoming increasingly difficult to avoid. Assessment of children who are English-language learners must be improved, consistent with high professional test standards.

Conclusion: Seeking Common Ground

In less than three decades—by about 2030—the United States will be a nation with a large, mainly white elderly population, supported by a smaller, more ethnically diverse workforce, about half of which will be comprised of Asians, blacks, and Latinos. Observers since the 1980s have expressed justifiable concern about the social cohesion of a society with such an age and ethnic structure,⁶⁵ and the implications it poses for a social insurance system that was largely constructed during the 1930s.⁶⁶

Immigrant families now comprise one-third to one-half of low-income families who do not earn adequate incomes that enable them to raise their children well. The major restructuring of welfare in the United States that occurred in 1996 specifically excluded immigrants from social insurance programs that can assist them to achieve a decent standard of living for their children. In the future, fundamental—as well as incremental—changes in social insurance systems must take into account the large numbers of both legal and undocumented immigrants who pay taxes for social insurance programs (such as Social Security) and provide basic services to our communities, yet often are barred from receiving benefits themselves.

In the interest of justice, as well as for social and economic reasons, public investments in all children—including immigrant children—make a great deal of sense. The entire society gains when all children enter kindergarten ready to learn, and all children acquire basic reading and math skills by the end of third grade. Taking a universal approach, aimed at the equitable distribution of public benefits across the family income spectrum, is a good place to start. Additional investments in children from lower-income and linguistically-isolated families

may also be needed to help level the playing field.

Whether the leadership and the political dynamics of the United States can effect these necessary investments in children remains to be seen. It is irrefutable that without such investments, the viability of the United States as a strong, socially integrated nation is at stake.⁶⁷ Nations throughout the world should strive for level playing fields for all their families and children. The United States, as the economic and democratic leader in the

world, has special responsibilities in this regard. Without that goal at the center of our public policies, the United States, as well as countries throughout the world, risk intensified social conflict, if not tragic consequences.

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ENDNOTES

1. Fix, M., and Passel, J. *U.S. immigration, trends and implications for schools*. Washington, DC: Urban Institute, 2003. (For further discussion of this topic, see the article by Nightingale and Fix in this journal issue.)
2. Neuman, M.J., and Peer, S. *Equal from the start: Promoting educational opportunity for all preschool children—Learning from the French experience*. New York, NY: French-American Foundation, 2002.
3. Meyers, M.K., Gornick, J.C., and Peck, L.R. *Federalist anti-poverty policy: Family support packages across the U.S.* New York, NY: Columbia University, 2000.
4. The National Survey of America's Families has documented important variations by states in the hardships experienced by immigrant children. See Capps, R. *Hardship among children of immigrants: Findings from the 1999 National Survey of America's Families*. Assessing the new federalism policy brief B-29. Washington, DC: Urban Institute, 2001.
5. West, J., Denton, K., and Germino-Hausken, E. *America's kindergarteners*. NCES 2000-070. Washington, DC: US Department of Education, National Center for Education Statistics, 2002.
6. Heckman, J. Policies to foster human capital. *Research in Economics* (2000) 54:3–56.
7. Greenberg, M., Levin-Epstein, J., Huston, R., et al. The 1996 welfare law: Key elements and reauthorization issues affecting children. *The Future of Children: Children and Welfare Reform* (Winter/Spring 2002) 12(1): 48–50.
8. Fix, M., and Passel, J. *Trends in non-citizens' and citizens' use of public benefits following welfare reform: 1994–1997*. Washington, DC: Urban Institute, March 1999.
9. 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):101–116.
10. Capps, R., Kenney, G., and Fix, M. Health insurance coverage of children in mixed-status immigrant families. *Snapshots of America's children, No. 12*. Washington, DC: Urban Institute, 2003.
11. See Smith, V., Ramesh, R., Gifford, K., et al. *States respond to fiscal pressure: A 50-state update of state Medicaid spending growth and cost containment actions*. Washington, DC: Kaiser Commission on

- Medicaid and the Uninsured, January 2004. (For more on this topic, see the article by Nightingale and Fix in this journal issue.)
12. Zambrana, R.E., and Capello, D. Promoting Latino child and family welfare: Strategies for strengthening the child welfare system. *Children and Youth Services Review* (2003) 10:755–780. Beginning in the summer of 2004, the National Task Force on the Early Childhood Education of Hispanics, headed by Eugene García, dean of the School of Education at Arizona State University, will be conducting primary and secondary research as well as research syntheses to inform early education programs aimed at Hispanic/Latino children in the United States.
 13. Bowman, B., Donovan, M.S., and Burns, M.S., eds. *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press, 2000.
 14. Reynolds, A.J. The added value of continuing early intervention into the primary grades. In *Early childhood programs for a new century*. A.J. Reynolds, M.C. Wang, and H.J. Walberg, eds. Washington, DC: CWLA Press, 2003, pp. 163–196.
 15. McCall, R.B., Larsen, L., and Ingram, A. The science and policies of early childhood education and family services. In *Early childhood programs for a new century*. A.J. Reynolds, M.C. Wang, and H.J. Walberg, eds. Washington, DC: CWLA Press, 2003, pp. 255–298; and Whitebook, M. *Bachelor's degrees are best: Higher qualifications for pre-kindergarten teachers lead to better learning environments for children*. Washington, DC: Trust for Early Education, 2003.
 16. See note 14, Reynolds. As Reynolds argues, such continuation programs support not only the child's transition from preschool to kindergarten and elementary education, but can prevent the “fade-out” effects of preschool programs on later academic achievement. Reynolds reviews four of the key extended intervention programs, including Head Start/Follow Through, Chicago Child-Parent Center and Expansion Program, North Carolina Abecedarian Project, and the Head Start/Public School Transition Demonstration Project. Results from studies of these programs indicate that they can promote children's school achievement beyond levels achieved by pre-kindergarten intervention itself.
 17. Reardon-Anderson, J., Capps, R., and Fix, M. *The health and well-being of children in immigrant families*. Washington, DC: Urban Institute, 2002.
 18. Although the hardship rates are higher for immigrant children than for native-born children on the national level, there is considerable variation across the states linked to state policies, particularly access to health insurance. See note 10, Capps, et al.
 19. Evans, G.W. The environment of childhood poverty. *American Psychologist* (2004) 59(2):77–92.
 20. Lee, V., and Burkham, D. The Early Childhood Longitudinal Study (ECLS-K), which began in the fall of 1998, and has followed a nationally representative sample of about 22,000 children since that time, will continue to be an important resource on the characteristics and skills of children as they enter kindergarten, and the factors that contribute to the educational performance during the kindergarten year and beyond. Unfortunately, ECLS-K does not provide useful information on the immigrant status of the four groups of children on which findings are reported: white, black, Latino, and Asian. All of these groups include immigrants—for example, Russians in the white group, and Africans in the black group.
 21. Results must be interpreted with caution, however, because not all Latino children in the sample participated in the full battery of tests and were screened based on their tested English language proficiency.
 22. Also, it should be noted that some programs intended primarily as educational experiences for young children fall short of providing adequate work supports—for example, whereas half-day pre-kindergarten or full-day kindergarten programs provide partial support for working parents, wrap-around child care remains a necessity for working families.
 23. Studies on the participation of immigrant children in early education programs suffer in two aspects, however. First, they lack information on children's immigrant status; and second, they lack a consistent terminology for what constitutes an early childhood education program. Thus, reports of preschool participation tend to combine child care, Head Start, and pre-kindergarten programs. (See the appendix on limitations of existing data sources at the end of this article.)
 24. Brandon, P. The child care arrangements of preschool-age children in immigrant families in the United States. *International Migration Review* (2004) 42(1):65–87.
 25. Zambrana, R. Promoting Latino child and family welfare: Strategies for strengthening the child welfare system. *Children and Youth Services Review* (2003) 25(10):755–780.
 26. Zambrana, R.E., and Zoppi, I.M. Latino students: Translating cultural wealth into social capital to improve academic success. *Journal of Ethnic and Cultural Diversity in Social Work* (2002) 11:33–53. See also Flores, G., Fuentes-Afflick, E., Barbot, O., et al. The health of Latino children. Urgent priorities, unanswered questions, and a research agenda. *Journal of the American Medical Association* (2002) 288(1): 82–89.
 27. Huston, A.C., Chang, Y.E., and Gennetian, L. Family and individual predictors of child care use by low-income families with young children. *Early Childhood Research Quarterly* (2002) 17:441–469.
 28. Gormley, W.T., and Phillips, D. *The effects of universal pre-K in Oklahoma: Research highlights and policy implications*. CROCUS working paper no. 2. Washington, DC: Georgetown Public Policy Institute, October 2003.
 29. Lee, V.L., and Burkam, D.T. *Inequality at the starting gate. Social background differences in achievement as children begin school*. Washington, DC: Economic Policy Institute, 2002.
 30. See note 27, Huston, et al.
 31. Johnson, D.J., Jaeger, E., Randolph, S.J., Cauce, A.M., Ward, J., and The NICHD Early Child Care Research Network. Studying the effects of early child care experiences on the development of children of color in the U.S.: Towards a more inclusive research agenda. *Child Development* (2003) 74 (5):1227–1244.
 32. Okagaki, L., and Diamond, K.E. Responding to cultural and linguistic differences in the beliefs and practices of families with young children. In *A world of difference. Readings on teaching young children in a diverse society*. C. Copple, ed. Washington, DC: National Association for the Education of Young Children, 2003, pp. 9–15.
 33. Foundation for Child Development. *Our basic dream. Keeping faith with America's working families and their children*. New York, NY: FCD, 2000, p. 47.
 34. Bernstein, J., Brocht, C., and Space-Aguilar, M. *How much is enough? Basic family budgets for working families*. Washington, DC: Economic Policy Institute, 2000.
 35. Schumacher, R., Irish, K., and Lombardi, J. *Meeting great expectations: Integrating early education program standards in child care*. Foundation for Child Development working paper series. Washington, DC: Center for Law and Social Policy, 2003.

36. Smith, T., Kleiner, A., Parsad, B., et al. *Prekindergarten in U.S. public schools: 2000–2001*. Washington, DC: National Center for Education Statistics, March 2003.
37. In urban schools, 35% of the pre-kindergarten children were Hispanic. In rural/small town schools, 10% were Hispanic.
38. For example, 47% of public school pre-kindergarten children were Hispanic in schools in the West, compared with 9% at schools in the Southeast; whereas among all public school students, 33% in the West are Hispanic, compared with 7% of the students in the Southeast.
39. In the highest poverty schools, 39% of the pre-kindergarten children were Hispanic, and 36% were black.
40. The Education Commission of the States (ECS) is completing a national study of access to and financing of full-school-day kindergarten. ECS is also conducting case studies of seven states in various stages of implementing full-school-day kindergarten.
41. See note 5, West, et al.
42. See note 17, Reardon-Anderson, et al.
43. Zhou, M. Urban education: Challenges in educating culturally diverse children. *Teachers College Record* (2003) 105:208–255.
44. The Urban Institute is beginning a study of the impact of the federal No Child Left Behind law on immigrant and English language learners from kindergarten to grade 12, and Michael Fix and his colleagues at the Urban Institute are completing a national demographic study of immigrant children under the age of six. Capps, R., Fix, M., Passel, J.S., et al. The health and well-being of young children of immigrants. Unpublished report prepared for the Foundation for Child Development. Washington, DC: Urban Institute, April 5, 2004.
45. In addition, enhancing the English language competency of immigrant parents enables them to be better informed and skilled at dealing with health and educational systems, contributing to lessening reliance on their young children for such institutional negotiations. Although there may be benefits to young children serving as translators for their parents, such arrangements also tend to disrupt normal parent and child relationships and authority, and may be burdensome to the young child.
46. Farkas, S., Duffett, A., and Johnson, J. *Now that I'm here: What America's immigrants have to say about life in the U.S. today*. New York, NY: Public Agenda, 2003. Available online at <http://www.publicagenda.org>.
47. Duncan, G.J., and Brooks-Gunn, J., and Klebanov, P. Economic deprivation and early childhood development. *Child Development* (1994) 65:296–318.
48. See the article by Nightingale and Fix in this journal issue.
49. See note 44, Fix, et al.
50. For a synthesis of the research related to work and family policies, see: Smolensky, E. and Gootman, J.A., eds. *Working families and growing kids. Caring for children and adolescents*. Washington, DC: National Academy Press, 2003.
51. France is a prime example of serving immigrant children starting at age two on the principle of “giving more to those who have less,” and following this year with a universal pre-kindergarten system serving all children from three to five years of age. See note 2, Neuman and Peer.
52. See note 14, Reynolds.
53. Although there is no strong evidence to support summer programs before or after the kindergarten year, what is referred to as the “summer loss” phenomenon for low-income children should be attended to in future research and program design, especially during the early elementary school years.
54. Valdes, G. Dual-language immersion programs: A cautionary note concerning the education of language-minority students. *Harvard Educational Review* (1997) 67(3):391–431. Valdes expresses concern about the benefits of dual language programs for English-language learners. The specific social context of the United States will mediate the process and effects of dual language programs, but it is important to note that in countries where national policies support bi- or multi-lingualism, individuals with such language skills develop into workers with whom American monolingual children must compete in the global workplace.
55. American Educational Research Association. English language-learners: Boosting academic achievement. *Research Points* (2004) 2(1):1–4.
56. Bowman, B., Donovan, M.S., and Burns, M.S. *Eager to learn: Educating our preschoolers*. Washington, DC: National Academy Press, 2001. Also, relevant work currently is being conducted by Walter Gilliam at Yale (who is doing a national survey of pre-kindergarten teachers) and by Sharon Ryan at Rutgers.
57. See Copple, C., ed. *A world of difference. Readings on teaching young children in a diverse society*. Washington, DC: National Association for the Education of Young Children, 2003.
58. For further discussion of this topic, see the article by García Coll and Szalacha in this journal issue.
59. See note 44, Capps, et al.
60. Capps, R., Passel, J., Perez-Lopez, D., et al. *The new neighbors: A users' guide to data on immigrants in U.S. communities*. Washington, DC: Urban Institute, 2003.
61. See note 28, Gormley and Phillips. Similar positive benefits were found for low-income black children, but not of the same magnitude as for the Hispanic children.
62. Personal communication (through e-mail) with W. Gormley, author of the study cited in note 28.
63. Reed, D., and Bailey, A. *California's young children: Demographic, social and economic conditions*. San Francisco, CA: Public Policy Institute of California, November 2002.
64. With respect to communities of settlement, Fix and his colleagues at the Urban Institute have pointed to the important shifts from traditional gateway states and cities like New York to new destination cities and states that do not have the experience of infrastructure (bilingual education, language services) to serve immigrant families, and that may shape their children's experiences with health and early education programs. See Fix, M., and Passel, J.S. U. S. immigration: Trends and implications for schools. Presentation to the National Association for Bilingual Education, NCLB Implementation Institute. New Orleans, LA. January 28, 2003. (For more on this topic, see the article by Hernandez in this journal issue.)
65. Hayes-Bautista, D.E., Schink, W., and Chapa, J. *The burden of support: The young Latino population in an aging American society*. Stanford, CA: Stanford University Press, 1988.
66. Buto, K., Patterson, M.P., Spriggs, W.E., et al. eds. *Strengthening community: Social insurance in a diverse America*. Washington, DC: National Academy of Social Insurance, 2003.
67. See, for example, the provocative arguments made in Chua, A. *World on fire: How exporting free market democracy breeds ethnic hatred and global instability*. New York, NY: Anchor Books, 2004.

APPENDIX

Limitations of Existing Data Sources

Basic data about young children in immigrant families and in families of various racial/ethnic groups are currently limited in several important ways. As discussed further below, the lack of information about the developmental contexts of these young children, and about their program participation, limits the ability of policymakers to design effective programs to meet their needs.

(1) Lack of information on generational status and country of origin.

In research reports, sample descriptions are often incomplete in terms of the child's generational status and countries of origin. For example, samples described as "Hispanic" may not include information on whether the child is a first- or second-generation immigrant. National statistical data are typically reported for whites (which may include immigrants from the former Soviet Union and Yugoslavian republics), blacks (which may include immigrants from countries in Africa and the Caribbean and West Indies), Hispanics/Latinos (which include immigrants from over 30 countries of origin), Asians (without any specification of country of origin), and sometimes for American Indians, Alaskan Natives, and Native Hawaiians.

The rationale for these standard racial/ethnic categories is that sample size will be compromised if specific groups within the commonly used categories are further identified, and that the costs of increasing statistical reliability associated with small sample size may be prohibitive. However, though immigrant families do face common barriers, they are not homogeneous within the convenient categories used in national statistics, and the variability among groups may be important for understanding research findings and developing effective policies and programs.

Needed measures of immigrant and of generational status are not yet standard practice in many recent national surveys of children. It is now difficult to determine whether children are immigrants themselves (foreign-born), second-generation children of immigrant parents, or from Asian and Latino families who have resided in the United States for several generations. About 75% of children in immigrant families are born in the United States and are American citizens.^a Moreover, little data currently exist on whether immigrant children in surveys and research studies are undocumented, and what influences that status may have on their development. Of children born outside the United States, 40% are undocumented and hence not an insignificant group. Census 2000 has made some inroads, however. At least with respect to documented children, data from Census 2000 will augment

understanding of immigrant and generational status of children. (See the article by Hernandez in this journal issue.)

- (2) **Insufficient attention paid to the concept of ethnicity.** As currently used in surveys and research, ethnicity refers to a group of people either along racial lines, as in the case of whites and blacks—or based on geographical origins, as in the case of Asians and Latinos. Researchers have paid insufficient attention to the concept of ethnicity, how it is defined, by whom, how it changes over time and in different social and political contexts, and how it may interact with economic status, language, religion, and other cultural characteristics.^b

It is not known whether a child's ethnicity, as reported by the child's parent, contributes to measured outcomes in young immigrant children. Opportunities provided for self-identification regarding ethnicity in Census 2000 point to the potential importance of how individuals categorize themselves and their children. About 48% of Hispanics report themselves as white. Seven million individuals assigned themselves to the "other" racial/ethnic category in the 2000 Census, partially reflecting their bi- or multi-ethnic heritage. Ethnic identity may be an important factor during adolescence and adulthood, but it is curiously understudied during the first decade of life. Subjective perceptions, both in terms of the person viewed and the viewer, are likely to be important. To the extent that adult perceptions and interactions are shaped by children's physical appearances (skin color, attribution of race/ethnicity), such influences may affect children's educational achievement and other outcomes for better or for worse.

These variations may or may not prove to be important, but researchers should be mindful of their potential influences on their findings. The existence of inconsistent results based on labeled racial/ethnic groups suggests that these variations may be factors in understanding differences and similarities among groups labeled as Asian or Latino. (For further discussion of this topic, see the article by García Coll and Szalacha in this journal issue.)

- (3) **Lack of centralized data on program participation among young children.** Data on program participation from birth to eight are scattered, reflecting the fragmented structure of the programs. The only universal institutional experience for young children is their elementary school years. What happens prior to entry into compulsory education, and what happens before and after school

during the elementary school years, is the responsibility of programs under varying auspices, both public and private, and there is no centralized data collection system for these programs.

Among the several larger federal public programs (such as Head Start, Title I, and the Child Care and Development Block Grant)—which co-exist with many smaller federal and state programs—none share a common data collection system. Moreover, there is a related lack of common terminology regarding these programs. For example, the National Center on Education Statistics reports on rates of preschool participation of American children based on participation in child care, preschool, Head Start, nursery school, and early learning, as well as pre-kindergarten programs. Although quality standards vary widely across this broad array, due to the absence of uniform data and indiscriminate use of terms, it is difficult to determine

how the actual experiences of children in these programs might differ, and which programs might be best and why.

- (4) **Limited research on the ecology of development for young children.** Basic research on growing up in immigrant families during the first decade of life, particularly for Latinos and Asians who constitute the largest proportion of newcomer families, is sparse compared with that of older children of immigrants. Also, as noted earlier, it is not merely more research that is needed, but research that is connected to the social and policy contexts in which immigrant children are growing up.^c For example, the integrative model for the study of developmental competencies in children of color, developed by García Coll and her colleagues, is a valuable heuristic guide for future research.^d This model should be augmented by attention to relevant public policies.

^a See the article by Hernandez in this journal issue.

^b A brief, but provocative discussion of ethnicity can be found in Chau, A. *World on fire: How exporting free market democracy breeds ethnic hatred and global instability*. New York, NY: Anchor Books, 2004, pp. 14–15. (The work of Mary Waters is a notable exception to what is described.)

^c Huston, A.C., Chang, Y.E., and Gennetian, L. Family and individual predictors of child care use by low-income families in different policy contexts. *Early Childhood Research Quarterly* (2002) 17:441–469; and Johnson, D.F., Jarerger, E., Randolph, S.J., Cauce, A.M., Ward, J. and the NICHD Early Child Care Research Network. Studying the effects of early child care experiences on the development of children of color in the U.S.: Towards a more inclusive research agenda. *Child Development* (2003) 74(5):1227–1244.

^d García Coll, C., Crnic, K., Lamberty, G., et al. An integrative model for study of developmental competencies in minority children. *Child Development* (1996) 67:1891–1914.



The Multiple Contexts of Middle Childhood

Cynthia García Coll and Laura A. Szalacha

SUMMARY

During middle childhood, children begin to navigate their own ways through societal structures, forming ideas about their individual talents and aspirations for the future. The ability to forge a positive pathway can have major implications for their success as adults. The pathways to success, however, may differ for children of diverse cultural, racial, ethnic, and national backgrounds. This article provides a conceptual model of child development that incorporates the contextual, racial, and cultural factors that can play critical roles for children who are not part of mainstream society. Key observations emerging from this model include the following:

- ▶ It is the interplay of the three major derivatives of social stratification—social position, racism, and segregation—that creates the unique conditions and pathways for children of color and of immigrant families.
- ▶ A segregated school or neighborhood environment that is inhibiting due to limited resources may, at the same time, be promoting if it is supportive of the child’s emotional

and academic adjustment, helping the child to manage societal demands imposed by discrimination.

- ▶ The behavioral, cognitive, linguistic, and motivational deficits of minority and immigrant children are more appropriately recognized as manifestations of adaptive cultures, as families develop goals, values, attitudes, and behaviors that set them apart from the dominant culture.

Society should strive to promote positive pathways through middle childhood for all children, regardless of their background, by ensuring access to critical resources now and in the future. The authors conclude by suggesting various strategies for working with children of color and children of immigrant families to accomplish this goal.

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Middle childhood, from 6 to 12 years of age, is a crucial stage in development when children begin to have sustained encounters with different institutions and contexts outside of their families and to navigate their own way through societal structures. It is during this period that children develop a sense of competence, forming ideas about their abilities, the domains of accomplishment they value, and the likelihood that they will do well in these domains.¹ In particular, a child's academic self-perceptions emerge and consolidate in middle childhood,² contributing to academic attainment in middle school and beyond. Thus, during middle childhood the development of positive attitudes toward school, academic achievement, and aspirations for the future can have major implications for children's success as adults.

In light of the changing demographics of the childhood population in the United States, it is critical to understand how successful developmental pathways may differ for children of diverse cultural, racial, ethnic, and national backgrounds. During middle childhood, children of color and of immigrant backgrounds may, for the first time, directly experience exclusion, devaluation, invisibility, discrimination, and racism and these may become important potential sources of influence on their interactions and reactions to "mainstream" society.³ Thus, while similar developmental competencies are required of all children, those from non-mainstream backgrounds, or "outsiders," may follow different developmental pathways.⁴ Experiences within the family, institutions, and communities create particular realities for such children that need to be better understood in order to provide appropriate supports to ensure their success.⁵

This article explores when and under which circumstances children are likely to form healthy ethnic/racial identities in spite of negative messages from society,⁶ and why some succeed academically while others, in the same schools and from the same backgrounds, do not. Available research documents that children of color generally are overrepresented in high-risk categories, and that economic disadvantage plays a major role in these outcomes.⁷ At the same time, research also shows that, while children of immigrants generally share a relatively low status in the social stratification system in this country, they are physically healthier, work harder

in school, and have more positive social attitudes than their non-immigrant peers.⁸

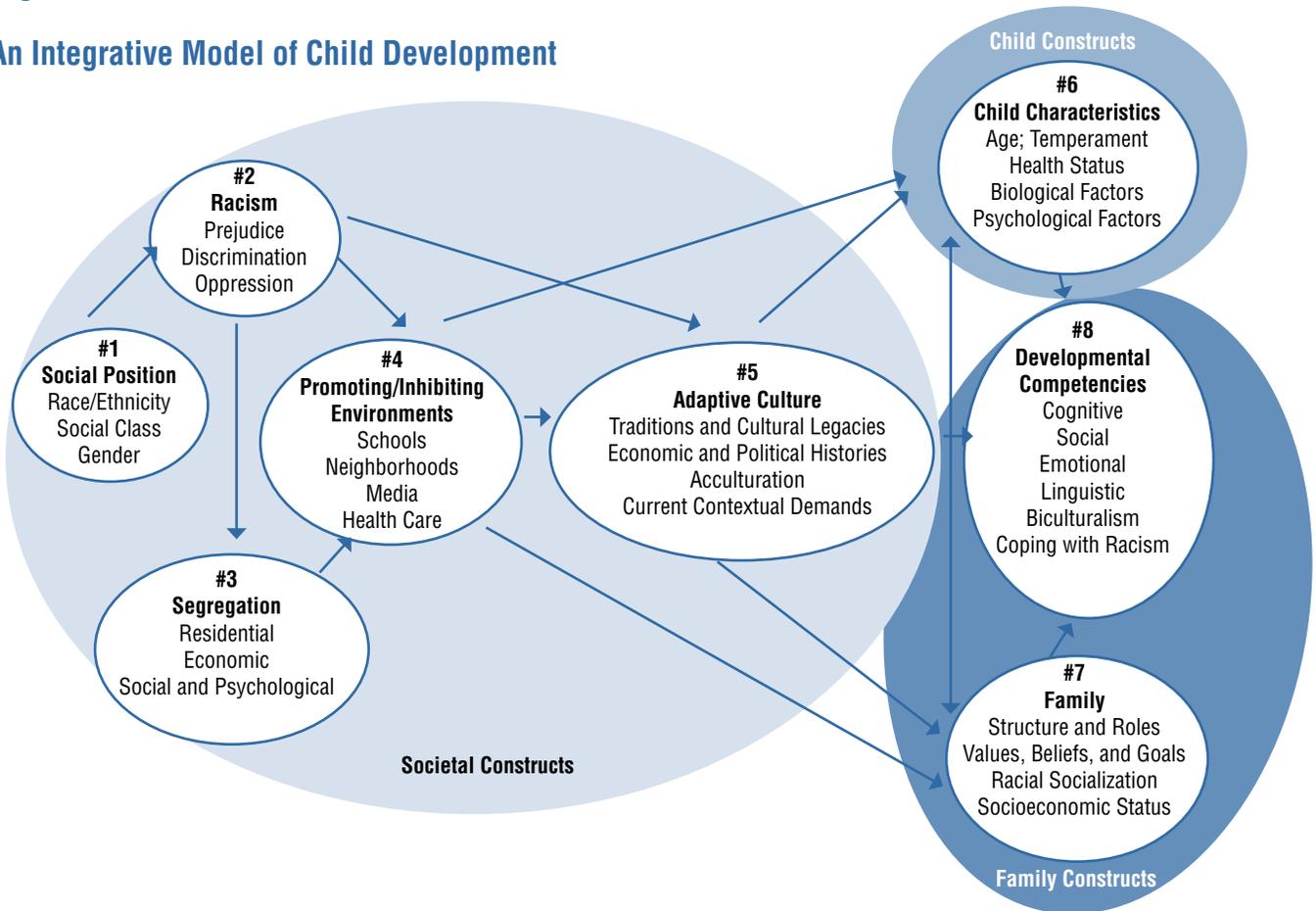
To understand the differences in outcomes among children of color and children of immigrants, new ways of thinking are required. Very few studies have examined the role that contextual, racial, and cultural factors play in children's development during middle childhood,⁹ largely because traditional models of child development do not include such factors. Yet for children of color and of immigrant backgrounds, such factors can be extremely important. Therefore, this article begins with a description of a conceptual model for incorporating these factors into the study of developmental competencies for children of color and children of immigrant backgrounds. Particular attention is paid to the aspects of the model that are most relevant to children in the growing minority groups of the United States (Latinos, Asians, and recent immigrants), especially those between the ages of 6 and 12. The risks and benefits of growing up in diverse contexts are then discussed, based on the limited research available. The article concludes by examining some of the implications of the theoretical framework for social policies and programs, and for future research.

The Conceptual Framework

The model presented here expands on an "ecological" and "interactionist" approach to child development, which maintains that children's development is influenced not only by family systems, but also by other institutions with which the child and family interact.¹⁰ The model is unique in that it draws from both mainstream developmental frameworks, as well as models specific to children of color, to explain how ecological factors such as social position, culture, and the media, affect developmental contexts.¹¹ Eight major constructs are hypothesized to influence developmental processes for children of color and children of immigrant families who share outsider status. (See Figure 1.) A fundamental assumption of the model is that cognitive, emotional, and behavioral development is profoundly affected by the child's social position within a socially-stratified society replete with racism and discrimination, and by the promoting or inhibiting nature of the child's school and neighborhood.

Figure 1

An Integrative Model of Child Development



Social Stratification

Although the role of social position is crucial, its influence on developmental outcomes and children's immediate environments is not direct. It is the interplay of the three major derivatives of social stratification—social position, racism, and segregation—that create the unique conditions confronted by outsider children, and it is these “non-shared” experiences with mainstream populations that define the unique pathways of development for children of color and children of immigrants.

Racism, in particular, is a pervasive and systemic reality in modern American society, inextricably linked to processes of social, political, and economic domination and marginalization.¹² Including racism and its derivatives

of prejudice, discrimination, and oppression at the core of conceptualizing normal (or “normative”) development for outsider children enables the illumination of particular causal mechanisms in development that have been ignored by other models. Most broadly defined, racism is “any distinction, exclusion, restriction, or preference based on race, color, descent, or national or ethnic origin which has the purpose or effect of nullifying or impairing the recognition, enjoyment, or exercise, on equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural, or any other field of public life.”¹³

Several studies have documented the presence and consequences of institutional racism.¹⁴ During middle childhood, children likely begin to perceive the presence

[One] study found that some African American and Latino children refused to learn in school because they believed that doing so meant that they were accepting a cultural system that categorized them as inferior.

of racism in their environments. For example, in a study of Puerto Rican children, by the age of 9 or 10, some children started identifying racism as a possible explanation for negative interpersonal interactions between teachers and students, and between peers.¹⁵ Moreover, the study found that the children who reported having been discriminated against had significantly higher teacher interaction stress and greater depression, and their parents reported greater difficulties in the children's behavioral adjustment.

As a social phenomenon, racism is multifaceted and its manifestations are constantly changing. It can vary in its expression from institutionalized racism to symbolic racism. Historically, institutionalized racism was maintained by legal barriers that barred children of color from access to certain institutions. Now, society overall increasingly supports the principle of ethnic or racial equality, but often a set of moral abstractions and attitudinal predispositions are still maintained concerning how children of color ought to behave and what they deserve. Thus, symbolic racism persists—that is, the unspoken, covert, differential treatment of members of minority groups by members of the mainstream culture.¹⁶ Such symbolic racism is likely to take the form of providing fewer resources to institutions serving children of color and children of immigrants, and subjecting them to patronizing attitudes. These subtle manifestations of racism can permeate the daily interactions between these outsider children and those of the dominant culture.

Promoting and Inhibiting Environments

Irrespective of cultures, ethnic groups and socioeconomic backgrounds, children are exposed to similar kinds of settings during middle childhood. Schools, neighborhoods, popular media, and other institutions directly influence the nature of specific individual family processes, and interact with the children's biological, constitutional and psychological characteristics to either promote or inhibit their development.¹⁷ The structure, function, and relative importance of these institutions

for the development of competencies vary according to the extent to which they are beset by poverty and segregation, and the institutional values and goals.¹⁸ Inhibiting contexts can result from inadequate resources, which, in turn, create conditions that undermine the development of children's competencies. In addition, a child's development can be negatively affected by a conflict between institutional ideologies and cultural or familial values.¹⁹ Promoting environments, on the other hand, can result both from an adequate number and quality of resources, and from the compatibility between the values, goals, and expectations of the children and their families with those held in the particular environments.

School

School is perhaps the most critical arena in which development during middle childhood occurs and where children's futures are molded. As all children enter school, they experience both increased individual freedom and heightened demands that they are in control of their own behavior.²⁰ The school contexts themselves can be understood as a series of nested environments: 1) the individual classrooms (including child, teacher and peer characteristics, classroom structure, curriculum and instructional strategies); within 2) the individual schools (including school resources and personnel); within 3) the school district or system (including organizational and instructional philosophies, policies and procedures).²¹ Each of these nested environments can be inhibiting, promoting, or both. For example, schools can be experienced as inhibiting environments to the extent that have inadequate resources, such as substandard teachers and learning materials, while—perhaps simultaneously—they can be experienced as promoting environments to the extent they adequately respond to children's social, emotional and educational needs.

Segregation immediately influences the inhibiting and promoting environments that children of color and immigrants experience. Schools serving primarily



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children of color, for example, are likely to have fewer resources, lower teacher expectations and patronizing attitudes, biased curricula and textbooks,²² and a lack of bilingual classrooms and programs. Researchers with the Harvard Civil Rights project have documented a growing trend toward re-segregation, and the emergence of a substantial group of American schools composed entirely of children of color which they label “apartheid schools.”²³ More often than not, these schools are mired in enormous poverty, limited resources, and have a high concentration of social and health problems of many types.

Beyond the presence of lack of resources, another crucial influence on the development of middle-school-age children is the web of relationships with peers and teachers known as “school connectedness.”²⁴ Feeling connected with teachers and peers, and believing that others care about their welfare and “like them,” has been found to be positively related to both academic motivation and achievement, especially among this

age group.²⁵ For example, in a study that captured the views of 233 children ages 6 to 11 years from 15 different shopping malls across the country, researchers found that the children yearned for relationships with engaged adults.²⁶

A segregated school environment that is inhibiting due to limited resources may, at the same time, be promoting if it is supportive of the child’s emotional and academic adjustment, helping the child to manage societal demands imposed by discrimination. In such a segregated but supportive, or “consonant” environment, outsider children are not only protected from the prejudice of the dominant culture, but are in a congenial context surrounded by others like themselves. Where there is compatibility between the school and family cultural background, studies show positive effects on student achievement and school satisfaction. For example, in a review of the socio-cultural compatibility of classrooms with children’s natal cultural patterns, greater compatibility was associated with greater learning.²⁷

In contrast, an integrated school environment, while perhaps offering greater resources, may at the same time expose children to greater discrimination and unfamiliar contexts with others who are different from them. One study found that children in such dissonant classrooms often experienced a lower sense of self-esteem.²⁸ Another study found that some African American and Latino children refused to learn in school because they believed that doing so meant that they were accepting a cultural system that categorized them as inferior.²⁹ To overcome the dissonance and develop culturally compatible classrooms, research shows that it is important to have varied activity settings, along with a respectful and accommodating sensitivity to students’ varied knowledge, experience, values, and tastes.³⁰

For children of immigrants, schools are usually the first major institution encountered outside their homes. As such, schools serve as quintessential agencies of acculturation, with profound consequences for the future status of these children.³¹ Schools shape not only what these children learn, but also their motivations and aspirations to learn. Research assessing school engagement among children from immigrant backgrounds upon entry to school, and again during adolescence, has found that these children enter the educational

system with very positive attitudes toward school and education.³² By adolescence, however, the initial positive attitudes toward school can change into disillusionment and negative attitudes toward teachers and scholastic achievement.³³ Some groups and individuals remain optimistic and trust the academic system, while others do not.

Very little systematic research has been conducted examining how the different school variables are related to the development of social and academic competencies of children of color and children of immigrants, and how identity issues and schooling issues interact over time. Students' identity may be independent of school at some point and then may become intertwined with school as time goes by. Understanding the circumstances during middle childhood that support or undermine the initial affirmative attitudes toward school might point to ways to keep outsider children on positive academic pathways.

Neighborhood

A second vital context of children's development during middle childhood is the neighborhood in which they grow up. This is where they learn to interact with peers, develop skills, and cultivate a sense of belonging. Well-appointed neighborhoods with large tax bases provide opportunities for enrichment in libraries and after-school programs. Children living in these neighborhoods who participate in such extracurricular activities are less likely to engage in antisocial behavior.³⁴ In contrast, low-income neighborhoods tend to offer fewer enrichment activities for youth. Moreover, because such neighborhoods are often physically dangerous, parents may isolate their children—keeping them safe in their homes, but at the same time, lessening their peer interactions.³⁵ Even when the children in such neighborhoods participate in structured extracurricular activities, research shows the results to be more mixed.³⁶

The extent of residential segregation in the United States highlights the need to look closer at neighborhood characteristics when explaining developmental outcomes in children of color and children from immigrant backgrounds. A good deal of research documents the relationship between negative outcomes, such as problem behaviors, and poverty-stricken, disadvantaged neighborhoods.³⁷ From a resources perspective, the ten-

dency would be to label such neighborhoods as solely inhibiting environments. However, these environments can actually be promoting as well as inhibiting. From a social support perspective, segregated neighborhoods can sometimes support children's developing social, academic and psychological competencies by buffering them from the negative influences of mainstream society.³⁸

For example, recent research in Chicago neighborhoods found that when home and neighborhood cultures are physically or linguistically isolated from the larger society, greater social cohesion may result, which is associated with lower levels of neighborhood violence.³⁹ In contrast, when children of color and of immigrant backgrounds grow up in integrated middle-class neighborhoods, they might enjoy sufficient resources and economic stability, but the community may not buffer the effects of prejudice, racism, and discrimination to which "outsider" children may be exposed, both from within and outside of the community.⁴⁰

Moreover, children develop subsistence tasks and acquire instrumental competencies—that is, the skills and abilities required for adult economic, political, and social roles—according to their surroundings.⁴¹ Children of color who grow up in a poor, all Dominican neighborhood, for example, may not have access to adequate resources such as adequate schools, health care, and after-school programs, but the community can still provide support in developing the instrumental competencies necessary to survive outside of that community. Through interaction with kin and others who serve as brokers within the larger society, children can learn both traditional patterns of behavior as well as the mechanisms to interact successfully with more mainstream institutions.

Popular Media

On a daily basis, children absorb and interact with messages from a wide range of popular media, including television, movies, music lyrics and videos, magazines, video games and the Internet. Through the presence and absence of particular information, media can communicate powerful messages about race, class, and gender identity. Educational, entertainment, and commercial messages shape young viewers' perceptions of the world and contribute to their preparation for

...segregated neighborhoods can sometimes support children’s developing social, academic and psychological competencies by buffering them from the negative influences of mainstream society.

academic, social, and civic life. One recent study found children in middle childhood, ages 8 to 13, to be the most avid media consumers, with more average media exposure than any other age group between 0–18.⁴²

According to one synthesis of the research, the lower the family’s socioeconomic status (SES), the more television generally is watched by the children.⁴³ Children of color and children of immigrants also tend to watch more television: Within the same SES groups, studies suggest that African American and Hispanic children watch more television compared with white non-Hispanic children, and that foreign-born children watch more television than native children. This may be because these families have access to fewer alternatives to home entertainment, but it may also be because they use television differently. For example, one study found that Latino parents sometimes used shows such as *Sesame Street* to improve their children’s language skills.

On the one hand, media in general, and television in particular, have the ability to enhance cognitive skills, increase knowledge, model social conduct, and promote physical well-being. For example, research examining various educational and “edutainment” software applications reveals that the nature of computing experiences can have an impact on children’s learning and sense of self-worth, and that computers can give children opportunities to develop mastery over technology and be more self-directed.⁴⁴ In the school environment, shared computers often have been found to facilitate social interaction and cooperation, friendship formation, and constructive group play.^{45,46}

On the other hand, media can have negative effects as well. While there is much still to be learned about the relationship between media and child development, a meta-analysis of more than 3,000 studies of television’s powerful influence on children concluded that even simply the availability of television was associated with delayed development in a child’s verbal skills and in the amount of effort applied to academic tasks.⁴⁷ Further-

more, the content of what children watch on television makes a difference. Researchers report that while watching some types of programming can improve cognitive skills and academic performance, watching cartoons and action-oriented programming can lead to more impulsive and less analytic thinking.⁴⁸

Many media images and messages have been linked to negative effects for children related to violence, risky health behaviors, and stereotyping. To the extent that the content represents the dominant cultures’ images and values, media is likely to work to strengthen the effects of racism and segregation. Studies examining how the portrayal of minorities on television may affect how others view them are scarce. But in terms of how images of minorities affect minority children themselves, some evidence suggests that seeing members of their group portrayed on television is important to children, and can contribute to their self-esteem even when the portrayal is not all positive.⁴⁹ Good or bad, the effects of media are likely to be more pronounced during middle childhood, when children are increasingly their own agents and consumers of media outlets at the same time that they are forging their perceptions of their own competencies.

Adaptive Culture: The Risks and Benefits of Growing Up in Diverse Contexts

Diversity is espoused as an American value, as expressed, for example in the recent Supreme Court decision favoring affirmative action programs by colleges.⁵⁰ For children of color and children of immigrant families, however, the experiences of growing up in a cultural context different from the dominant culture can constitute a source of both developmental risks and benefits. To overcome the developmental risks, society would need to ensure that all children have equal access to critical resources that promote their development.

This has not been the case in the United States. Instead of targeting efforts at increasing resources and eradicating racism, society has tended to attribute the develop-

mental risks of children of color and children of immigrant families to behavioral, cognitive, linguistic, and motivational deficits. Such perceived deficits are more appropriately recognized as manifestations of adaptive culture: Families and children of color develop goals, values, attitudes, and behaviors that set them apart from the dominant culture because of social stratification deriving from prejudice, discrimination, racism, or segregation, and the differential access to critical resources.⁵¹ Although adaptive culture may lead to lower scores on standard measures of achievement and well-being for outsider children, it can also be growth-promoting for them, especially through middle childhood.

Diversity Conceptualized as Risk

Cultural differences have become a source of vulnerability in the United States for various reasons, the most significant of which is that historically they have been conceptualized as such.⁵² Most social research and policy in this country is based on a set of assumptions that attribute negative developmental outcomes among outsider children to either genetic or cultural factors. While cultural differences can pose developmental risks, such as when there is a cultural mismatch between service providers and clients, policies based on the assumption that cultural differences cause negative outcomes generally fail to recognize the real underlying problems.

Most developmental research, clinical interventions, and social policies have regarded the child-rearing values, attitudes, practices, and norms of the dominant culture (that is, white, Anglo-Saxon, middle-class) to be optimal for child development.⁵³ But using these behaviors as the only normative, universal standard does a disservice both to scientific inquiry and to the interests of children in many ways, for when minority groups are compared to majority groups, they are most typically found wanting.⁵⁴ For example, most research on African American and Latino school-aged children focuses on aggression, delinquency, attention deficits, and hyperactivity.⁵⁵ This is most commonly referred to as a “lens of deficit.” The classification of cultural differences as “deviance” has not only dominated the majority of child development literature,⁵⁶ but also has resulted in the exclusion of studying normative behavior in children of color and of immigrant backgrounds.

Governmental policies and clinical strategies have advanced the idea of cultural differences in child rearing

and developmental outcomes as deficits, which need to be remedied through re-socialization and compensatory programs.⁵⁷ These policies and programs typically fail to bring about systemic change in the life conditions and outcomes for these families because they fail to address the underlying causes of lack of resources and racism.

Racism, discrimination, and diminished life opportunities related to segregation constitute the critical, underlying source of risk for children of color and for children of immigrant families.⁵⁸ Experiences of exclusion at various societal levels constitute, at a minimum, insults to children’s healthy social and cognitive development.⁵⁹ Segregation, in its many forms—including residential, economic, linguistic, social, and psychological—not only places the child at risk, but also contributes to significant mistrust among populations of diverse cultural backgrounds.⁶⁰

Researchers have found that if interventions targeted to children and families from diverse backgrounds are to be truly successful, they must incorporate culturally relevant resources and promote the development of alternative competencies.⁶¹ Differing cultural values and goals, as well as diverse communication and interaction styles all influence the ways in which both development and interventions are understood by parents and professionals alike. When parents’ conceptions of development conflict with those of the intervention system, the cultural mismatch can constitute an additional source of risk, rendering any services less effective.

To address this risk, more culturally relevant interventions need to be adopted. Service providers should work together with clients to mutually identify a problem, examine beliefs about the causes of the problem, and determine the appropriate course of action.⁶² Ensuring that the interventions are compatible with parental goals and values, and working with parents to increase their understanding of the intervention approaches of the dominant culture, can transform these differences into assets on behalf of the children.

For example, a Latino parent/community program to assist Mexican American families in addressing school-related issues implemented a parent support group that was effective in two ways.⁶³ First, the parents learned how to convey their concerns regarding bilingual programs and other curricula to the school officials. Second,

Box 1

Mexican-American Parent/Community Organizing

The Comité de Padres Latinos (COPLA) is a parent/community organization in Carpinteria, California, that was established by Spanish-speaking immigrant families to unite and support families in addressing school-related issues, and to break the cycle of isolation that Mexican families had experienced.

Mexican workers were valued in the community, but that did not grant their families equal status in the work force, housing, social activities, or the schools. Before the 1970s, institutionalized segregation was active in the schools and students faced constant ridicule because they were Mexican. In the early 1970s, Carpinteria used the federal government funding made available to create a bilingual program for limited English-speaking students. When the federal funding ended, however, so did the bilingual program, and by the mid-1980s, Spanish-speaking students were no longer making the academic gains that had been achieved when the bilingual program was in place. Few resources existed to help Spanish-speaking parents to make the connection with the school, and as children moved up the academic ladder and learned more English, parents were distanced from them and the schooling process.

In the mid-1990s, COPLA was created to help Latino families improve their communication with the schools and with their children in the home. It helped Spanish-speaking families learn how to enhance their children's schooling opportunities in two ways:

- 1) It required the schools to improve their programs for Spanish speakers; and
- 2) It enabled families to learn from each other how to build learning environments in their homes that would correspond to the school's expectations.

Through COPLA, Mexican American parents were able to establish a cooperative dialogue with the schools to encourage them to provide effective bilingual programs for their children. The organization was successful because it allowed families greater opportunity to participate without rejecting their Spanish language or their cultural values, such as respect for elders and concern for collectivity. After more than 10 years, COPLA is still in operation today.

Source: Delgado-Gaitan, C. Socializing young children in Mexican-American families: An intergenerational perspective. In *Cross-cultural roots of minority child development*. P.M. Greenfield and R.R. Cocking, eds. Hillsdale, NJ: Lawrence Erlbaum Associates, 1994, pp. 55–86.

the experience helped them learn how to socialize their children to meet the expectations of the school. (See Box 1.) The parents who participated in the program were more likely to speak with their children in ways that encouraged specific verbal and critical thinking skills, which benefited the children academically.

Diversity Conceptualized as an Asset or Protective Factor

Although rarely considered as such, cultural diversity can be conceptualized as a developmental resource—that is, the children's home cultures and exposure to an adaptive culture at the community level can be growth-promoting. Little research has been conducted to learn about family strengths, coping and survival strategies, and successful adaptations among children of color and children of immigrants. Yet parents of all cultural

backgrounds generally act in what they perceive to be the best interests of their children, and most children develop appropriate competencies in most cultural settings.⁶⁴ Even if children of color and of immigrant backgrounds are overrepresented in high-risk groups, the majority of these children are not members of such groups, and some even excel.

High family cohesion, strong sense of family obligation,⁶⁵ strong ethnic pride, and high value of education are some of the characteristics that have been observed in outsider families that can be positive influences on children's development through middle childhood. For example, a recent study examined the development of academic attitudes and pathways during middle childhood from three immigrant communities. The study found that, as in other research with children of im-

migrants, the children generally demonstrated positive academic pathways; only 28% of the children were doing poorly.⁶⁶ Moreover, an increase in positive attitudes toward school was observed over time across all three immigrant groups.⁶⁷ The only significant differences between immigrant groups were found among Cambodian boys, who were more likely than Portuguese or Dominican boys to be doing well academically. Perhaps differences in the process of immigration might explain this outcome. Even within recent waves of immigration, the circumstances of departure and arrival, as well as the actual immigration processes themselves, vary from one ethnic/racial group to another, and from one family

to another.⁶⁸ Thus, one plausible explanation in this case may be due to a greater sense of family obligation among Cambodian boys, whose families were refugees and survivors of a devastating war. (See Box 2.)

For many ethnic minority and children from immigrant families in the United States, being a member of more than one cultural group is the norm. Although the experience of navigating two cultural and potentially two linguistic systems was once conceptualized as an obstacle to a child's healthy development, the potential benefits of a dual culture upbringing are becoming apparent. Studies are beginning to show that balanced

Box 2

Contrasting Environments of Three Immigrant Groups

Descriptions of three immigrant communities included in a study of middle childhood conducted from 1998 to 2000 in the northeast United States illustrate the variation in experiences and environments across different immigrant groups. The groups differ in their ascribed ethnicity (as Latino, white, and Asian), home culture and language, phenotypical features, timing and process of immigration, and compatibility with their receiving communities.

The Dominican Community

The Dominican community in the study has grown steadily since the 1960s, with newcomers arriving regularly, joining longer-established Latino communities both locally and nationally. The parents and their children maintain much of their "Spanish" cultural values and identity. They return frequently to the Dominican Republic for visits, and are annexed to an established, large Latino enclave. There are Spanish-language churches, businesses, sports leagues, newspapers, television and radio stations, and community organizations serving Latinos. Latinos represent about 44% of the elementary school students in the local school districts, with Dominicans accounting for the largest share.

The Portuguese Community

The Portuguese immigrants and their children in the study represent the tail-end of a long migrant stream beginning more than a century ago. Over time, the local community has become fairly integrated with English speakers and non-Portuguese residents, but Portuguese institutions such as churches and halls still serve as focal points in the community. Compared with the other immigrant groups in the study, Portuguese parents are more likely to be comfortable with their English skills, employed in skilled and professional positions, and to own their own homes. Portuguese Americans are the dominant and almost exclusive ethnic group in the local school system.

The Cambodian Community

Unlike the Dominicans and Portuguese, who arrived as voluntary labor migrants, the Cambodians arrived as refugees from camps in Thailand, after having survived the Khmer Rouge genocide. Most arrived during a short period from 1980 to 1986. The local community was a significant resettlement site because of the religious and charitable organizations that sponsored refugees, and because it was deemed a federal resettlement site. The Cambodian families tended to be poorer, and to have significantly more people living in their households, compared with the other immigrant groups. About 10% of the local elementary school population is Asian, with Cambodians accounting for more than half (or just over 5% overall).

Source: García Coll, C., Szalacha, L. middle childhood. In *Developmental pathways through middle childhood: Rethinking contexts and diversity resources*. C.R. Cooper, C.T. García Coll, T. Bartko, H. Davis, and C. Chatman, eds. Mahwah, NJ: Lawrence Erlbaum Associates, forthcoming.

Box 3

Navigating Multiple Worlds

In studies of bilingual students, ages 11-17, in California, researchers found that young people know how to navigate between the overlapping contexts of their lives which they referred to as separate worlds.

Students readily shared—both in words and in pictures—the wide array of worlds in their lives, including their families, their countries of origin, friends' homes, churches, mosques, academic outreach programs, shopping malls, video arcades, school clubs, and sports. They described how some worlds fit together, while others were in conflict or far apart. Different “scripts” related to navigating across these worlds, as students progressed through the academic pipeline from high school to college. Resources were reflected in the brokering conducted by teachers, parents, and program staff when they spoke up for the students and provided emotional support. Students experienced challenges in “gatekeeping” when parents kept them home

from school to protect them from dangers, or when counselors tried to track them into remedial classes.

In addition, bilingual students were confronted with the challenge of learning adaptability and of working both with and against academic gatekeepers. Some students moved smoothly from world to world, and some found it “manageable” or “difficult.” But others found the borders “impenetrable.” They found moving between worlds so difficult that they had become alienated from school, family, or peers.

For bilingual students, the ability to negotiate between worlds affects their chances of effectively using educational institutions and supports to further their education and work experiences, and to enhance their lives as adults. Students stated that outreach programs cultivated a feeling of family while imparting skills, information, high expectations, and a sense of moral purpose to “do something good for your people.”

Sources: Cooper, C. R., Cooper, Jr., math pathways to college. *Applied Developmental Science* (2002) 6(2): 73–87; and Phelan, P., Davidson, A. L., and Yu, H. C. Students' multiple worlds: Navigating the borders of family, peer, and school cultures. In *Cultural diversity: Implications for education*. P. Phelan and A. L. Davidson, eds. New York: Teachers College Press, 1991, pp. 52–88.

bilingualism may promote cognitive growth by contributing to a meta-linguistic awareness and language proficiency in children.⁶⁹ Also, bilingual children may have greater adaptability and coping skills, and be more able to relate to and empathize with a variety of individuals from different backgrounds.⁷⁰ For example, one study documented the resilience shown by bilingual children as they learned to successfully navigate the multiple worlds they encountered at home, school, and beyond.⁷¹ (See Box 3.)

Implications for Social Policy and Future Research

The changing demographics of the U.S. population demands a fundamental shift in the conceptualization of the role of race, ethnicity, and culture in permeating

the development of competencies of children during middle childhood. Deficit models of development that attribute failure to succeed to cultural factors do not address the underlying causes of the problem and should be abandoned. Immigrant and other ethnic populations of color lie on a continuum of multiple racialized and ethnic realities in the United States.⁷² Studying this continuum can provide insight on how children and families negotiate the experiences of exclusion, segregation, discrimination and racism, and in turn, how these interactions influence the diverse pathways of children's development through middle childhood. To provide a new base on which to build social policies and implement effective prevention and intervention programs, the unique sources of risk and protective factors for these children must be acknowledged and incorporated into strategies to bring them more resources and supports.

As with all children, during middle childhood, children of color and children of immigrant backgrounds start negotiating psychological, social, and academic pathways through mainstream institutions on a daily basis. Whether these pathways are positive or negative can have long-term consequences for their life trajectories. Society should strive to promote positive pathways through middle childhood for all children, regardless of background, by ensuring access to critical resources now and in the future.

Various strategies that recognize both the strengths and challenges of growing up as children of color or as children of immigrant families in the United States might include the following:

- ▶ Policies and programs that move from “one-size-fits-all” to more contextualized approaches that allow families to make more choices about their participation in various aspects of the programs to better fit their needs.⁷³
- ▶ Flexibility in funding that could be used to target specific community needs, such as the needs of non-English speaking populations.
- ▶ Multilevel interventions that involve family, neighborhoods, schools, and other institutions working together, instead of single level interventions focused on each environment in isolation.
- ▶ Multipronged interventions that include a variety of approaches, such as parenting, formal education, and/or resource and economic supports.
- ▶ Parenting programs that reflect an understanding of parenting practices in families of color and immigrant families as adaptations, in part, to the adversity created by racism and segregation.
- ▶ Schools and neighborhood facilities that promote children’s developmental competencies during and after school hours, and during school vacations.
- ▶ Culturally specific programs that bridge the cultural gaps between schools and homes to provide more effective educational experiences.
- ▶ More accurate measures of culture, race, and ethnicity, including more precise research of within-group varia-

tion, to increase understanding of the development of children of color and children of immigrant families, and of normative processes in general.⁷⁴

Significant improvement in developmental outcomes for children of color and children of immigrant backgrounds through middle childhood can only be expected if the family and child’s position in the stratification system is altered. Thus, if limited resources are available, investments in parental formal education might be a better use of funds than investments in parenting classes. Not only is a parent’s level of education associated with changes in caretaking practices,⁷⁵ more importantly, it is associated with changes in social position and status, which can improve access to critical resources such as better schools, neighborhoods, and preventive medical care.

Ultimately, however, elimination of differences in developmental outcomes associated with differences in social status can only result from a firm commitment to the eradication of racism and its concomitant consequences of prejudice, discrimination, oppression, and segregation. Although family-level and community-specific interventions are a first step, the ultimate goal must be to eradicate differential access to critical resources as a function of residence. Because the history and prevalence of segregation in the United States is pervasive, a more systemic approach may be required: to infuse impoverished areas with enough resources to guarantee that all children, irrespective of their backgrounds, will have access to those resources most critical to their development. During middle childhood, the most critical resources are schools and neighborhood facilities. Schools that serve primarily children of color and children of immigrant families need to be as good as those that serve predominantly white middle-class populations. Similarly, equity in neighborhood facilities must be achieved.

In summary, to foster simultaneous educational and economic development of immigrant families and their children, society must advance beyond the remediation/compensation paradigm of social policies and practices. Interventions with individual children and families, rather than the systems that provide critical resources, are likely to bring only limited impact.⁷⁶ Instead, framing parents’ behavior as a mediating mecha-

nism through which ecological forces operate allows social programs and policies to shift dramatically. The focus could turn to promoting access to opportunity structures so that children of color and of immigrant families would be better able to achieve success,⁷⁷ and programs would be better able to maintain the gains achieved by their services, whether centered on the children or parents. Also, more multilevel approaches

that measure assets, strengths, and successes within carefully defined populations of children of color and children of immigrant families might help to identify alternative successful pathways as well as outcomes. Above all, rather than continue to create programs and services to cope with poverty, society must redefine its aspirations for these families to move out of poverty altogether.

ENDNOTES

1. According to Eccles, there are three key forces that combine to influence children's self-confidence and engagement in tasks and activities in middle childhood: "(1) cognitive changes that heighten children's ability to reflect on their own successes and failures; (2) a broadening of children's worlds to encompass peers, adults, and activities outside the family; and (3) exposure to social comparison and competition in school classrooms and peer groups." See Eccles, J.S. The development of children ages 6 to 14. *The Future of Children: When School Is Out* (Fall 1999) 9(2):30–44.
2. Entwistle, D.R., Alexander, K.L., Pallas, A.M., and Cadigan, D. The emergent academic self-image of first graders: Its response to social structures. *Child Development* (1987) 58:1190–1206; and Skaalvic, E.M., and Hagvet, K.A. Academic achievement and self-concept: An analysis of causal predominance in a developmental perspective. *Journal of Personality and Social Psychology* (1990) 58(2):292–307.
3. Alexander, K.L., Entwistle, D.R., and Horsey, C.S. From first grade forward: Early foundations of high school dropout. *Sociology of Education* (1997) 70(2):87–107; and Dauber, S.L., Alexander, K.L., and Entwistle, D.R. Tracking and transitions through the middle grades: Channeling educational trajectories. *Sociology of Education* (1996) 69(4):290–307.
4. Not all "children of color" are first, second, or even third-generation children of immigrants and, in spite of the proportions of varying ethnic, racial, and cultural groups immigrating to the United States, not all immigrants are "persons of color." Nevertheless, both groups share "outsider status," as exemplified by their skin color, phenotype, or native language, and constitute fundamentally different populations than children in middle-class white communities.
5. Suárez-Orozco, C., and Suárez-Orozco, M.M. *Transformations: Migration, family life, and achievement motivation among Latino adolescents*. Stanford, CA: Stanford University Press, 1995; and Suárez-Orozco, C., and Suárez-Orozco, M.M. *Children of immigration*. Cambridge, MA: Harvard University Press, 2001.
6. Spencer, M.B., and Markstrom-Adams, C. Identity processes among racial and ethnic minority children in America. *Child Development* (1990) 61(2):290–310.
7. Zhou, M. Growing up American: The challenge confronting immigrant children and children of immigrants. *Annual Review of Sociology* (1997) 23:63–95; Wilson, W.J. *The truly disadvantaged: The inner city, the underclass, and public policy*. Chicago: University of Chicago Press, 1987; and Hernandez, D.J. *America's children: Resources from family, government, and the economy*. New York: Russell Sage Foundation, 1993.
8. Fuligni, A.J. The academic achievement of adolescents from immigrant families: The roles of family background, attitudes, and behavior. *Child Development* (1997) 68:261–273; Kao, G., and Tienda, M. Optimism and achievement: The educational performance of immigrant youth. *Social Science Quarterly* (1995) 76(1):1–19; Hernandez, D., and Charney, E., eds. *From generation to generation: The health and well-being of children in immigrant families*. Washington, DC: National Academy Press, 1995; and Rumbaut, R.G. The new Californians: Comparative research findings on the educational process of immigrant children. In *California's immigrant children: Theory, research, and the implications for educational policy*. R.G. Rumbaut, and W.A. Cornelius, eds. San Diego: Center for U.S.-Mexican Studies, University of California, 1995, pp. 17–70.
9. García Coll, C., and Magnuson, K. The psychological experience of immigration: A developmental perspective. In *Immigration and the family: Research and policy on U.S. immigrants*. A. Booth, A. Couter, and N. Landale, eds. Mahwah, NJ: Lawrence Erlbaum Associates, 1998, pp. 91–131; and Fuligni, A.J. Adolescents from immigrant families. In *Studying minority adolescents: Conceptual, methodological, and theoretical issues*. V.C. McLoyd and L. Steinberg, eds. Mahwah, NJ: Lawrence Erlbaum Associates, 1998, pp. 127–143.
10. See Bronfenbrenner, U. *The ecology of human development: Experiments by nature and design*. Cambridge, MA: Harvard University Press, 1979; Bronfenbrenner, U. Ecology of the family as a context for human development: Research perspectives. *Developmental Psychology* (1986) 22:723–742; and Goodnow, J. Diversity, contexts, pathways: Understanding each and making connections. In *Hills of gold: Rethinking diversity and contexts as resources for children's developmental pathways*. C.R. Cooper, C. García Coll, T. Bartko, et al., eds. Mahwah, NJ: Lawrence Erlbaum Associates, forthcoming. Bronfenbrenner's ecological model emphasized the importance of the interconnection between nested contexts, of how circumstances in one context (such as the immigrant family) can moderate the impact of another context (such as the neighborhood school) on developmental processes. The emphasis moves away from static unidirectional influences to person-process-context interactions over time.
11. This integrative model of development for minority children posits that children's psychosocial characteristics can only be fully understood when viewed as agents within the contexts of historically based social stratification systems and the surrounding micro and macro elements interacting throughout their development. See García Coll, C.T., Lambert, G., Jenkins, R., et al. An integrative model for the study of developmental competencies in minority children. *Child Development* (1996) 67:1891–1914.
12. Thompson, J.B. *Studies in the theory of ideology*. Cambridge, MA: Polity Press, 1984.
13. Office of the United Nations High Commissioner for Human Rights. *International convention on the elimination of all forms of racial discrimination*. Geneva, Switzerland: United Nations, Committee on the Elimination of Racial Discrimination, 1997. Accessed online on May 17, 2004, at <http://chora.virtualave.net/convention-racial-discrimination.htm>.
14. Essed, P. *Understanding everyday racism*. Newbury Park, CA: Sage Publications, 1991.
15. For example, the children say things such as, "The children make fun of me for being Puerto Rican." Szalacha, L.A., Erkut, S., García Coll, C., et al. Discrimination and Puerto Rican children and adolescents' mental health. *Cultural Diversity and Ethnic Minority Psychology* (2003) 9(2):141–155; and Szalacha, L.A., Erkut, S., García Coll, C., et al. Perceived discrimination and resilience. In *Resilience and vulnerability: Adaptation in the context of childhood adversities*. S. Luthar, ed. New York: Cambridge University Press, 2003, pp. 414–435.
16. McConahay, J.B. Modern racism and modern discrimination: The effects of race, racial attitudes and context on simulated hiring deci-

- sions. *Personality and Social Psychology Bulletin* (1983) 9:551–558; and Pettigrew, T.F. The nature of modern racism in the United States. *Revue Internationale De Psychologie Sociale* (1989) 2:291–303.
17. See note 10, Bronfenbrenner, 1979; and Bronfenbrenner, 1986.
 18. Sameroff, A.J., and Fiese, B.H. Transactional regulation and early intervention. In *Handbook of early childhood intervention*. S.J. Meisels and J.P. Shonkoff, eds. New York: Cambridge University Press, 1990, pp. 119–149.
 19. Harry, B. Restructuring the participation of African American parents in special education. *Exceptional Children* (1992) 59:123–131; and García Coll, C.T., and Magnuson, K. Cultural differences as sources of developmental vulnerabilities and resources: A view from developmental research. In *Handbook of early childhood intervention*. S.J. Meisels and J.P. Shonkoff, eds. Cambridge, MA: Cambridge University Press, 2000, pp. 94–111.
 20. See note 5, Suárez-Orozco and Suárez-Orozco, 2001; and note 6, Spencer and Markstrom-Adams.
 21. Wasik, B.H. The context of the classroom and children's knowing. Paper presented at the School Readiness: Scientific Perspectives Conference. Columbia, MD. January 24–26, 1992.
 22. Ogbu, J. Minority coping responses and school experience. *Journal of Psychobiology* (1991) 18(4):433–456.
 23. Frankenberg, E., Lee, C., and Orfield, G. *A multiracial society with segregated schools: Are we losing the dream?* Cambridge, MA: The Civil Rights Project, Harvard University, 2003.
 24. Blum, R.W., McNeely, C.A., and Rinehart, P.M. *Improving the odds: The untapped power of schools to improve the health of teens*. Minneapolis, MN: University of Minnesota, Center for Adolescent Health, 2002; McNeely, C., Nonnemaker, J., and Blum, R. Promoting school connectedness: Evidence from the National Longitudinal Study of Adolescent Health. *Journal of School Health* (2002) 72:138–146; and Roeser, R., Eccles, J., and Strobel, K. Linking the study of schooling and mental health: Selected issues and empirical illustrations at the level of the individual. *Educational Psychologist* (1998) 33:153–176.
 25. Connell, J.P., and Wellborn, J.G. Competence, autonomy, and relatedness: A motivational analysis of self-system processes. *Minnesota Symposium on Child Psychology* (1991) 23:43–77; and Eccles, J., and Midgley, C. Stage/environment fit: Developmentally appropriate classrooms for young adolescents. *Research on Motivation and Education* (1989) 3:139–186.
 26. Goodman, R.F. A view from the middle: Life through the eyes of middle childhood. Sesame Workshop, 2001. Available online at www.AboutOurKids.org.
 27. Tharp, R.G. Psycho cultural variables and constants: Effects on teaching and learning in schools. *American Psychologist* (1989) 44:349–359.
 28. Rosenberg, M. *Conceiving the self*. New York: Basic Books, 1979.
 29. Kohl, H. *I won't learn from you! The role of assent in learning*. Minneapolis: Milkweed Editions, 1991.
 30. See note 27, Tharp.
 31. Rumbaut, R.G. Children of immigrants and their achievement: Relating family and school to engagement, aspirations, and achievement. *CEIC Review* (1991) 10(4):9–11, 13.
 32. Portes, A., and Zhou, M. The second generation: Segmented assimilation and its variants. *Annals of the American Academy of Political and Social Science* (1993) 530:74–96. See also note 5, Suárez-Orozco and Suárez-Orozco, 1995 and 2001.
 33. Ogbu, J., and Simmons, H. Voluntary and involuntary minorities: A cultural-ecological theory of school performance with some implications for education. *Anthropology and Education Quarterly* (1998) 29:155–188. Phrases like “oppositional” or “adversarial identities” are used by Ogbu and Simmons to describe the adaptations of some children of color toward school and education.
 34. Mahoney, J.L., and Stattin, H. Leisure activities and adolescent antisocial behavior: The role of structure and social context. *Journal of Adolescence* (2000) 23:113–127.
 35. Jarrett, R.L. Resilience among low-income African-American youth: An ethnographic perspective. *Ethos* (1997) 25:1–12.
 36. Though research shows positive changes in adjustment related to participation in structured leisure activities for middle-class youth, such participation has also been found to be negatively associated with GPA for low-income youth. For example, in one study, African American children received lower academic grades during fifth grade when they spent more cumulative after-school time playing coached sports and less time socializing (but they were also rated as being better adjusted emotionally). See McHale, S.M., Crouter, A.C., and Tucker, C.J. Free-time activities in middle childhood: Links with adjustment in early adolescence. *Child Development* (2001) 72:1764–1778; and Posner, J., and Vandell, D. After-school activities and the development of low-income urban children: A longitudinal study. *Developmental Psychology* (1999) 35(3):868–879.
 37. Jarrett, R.L. Successful parenting in high-risk neighborhoods. *The Future of Children: When School Is Out* (Fall 1999) 9(2):45–50; Pettit, G.S., Dodge, K.A., and Meece, D.W. The impact of after-school peer contact on early adolescent externalizing problems is moderated by parental monitoring, perceived neighborhood safety, and prior adjustment. *Child Development* (1999) 70(3):768–778; Posner, J.K., and Vandell, D.L. Low-income children's after-school care: Are there beneficial effects of after-school programs? *Child Development* (1994) 65:440–456; and Vandell, D.L., and Shumow, L. After-school child care programs. *The Future of Children: When School Is Out* (Fall 1999) 9(2):64–80.
 38. Rodriguez, C. A cost benefit analysis of subjective factors affecting assimilation: Puerto Ricans. *Ethnicity* (1975) 2:66–80; and Tatum, B.D. *Assimilation blues: Black families in a white community*. Westport, CT: Greenwood Press, 1987.
 39. The researchers measured neighborhood collective efficacy (that is, social cohesion among neighbors combined with a willingness to intervene on behalf of the common good and not strict measures of socioeconomic status) and found it to be positively associated with between-neighborhood reliability ($p < .001$) and negatively correlated with levels of violence ($p < .001$). Collective efficacy significantly ($p < .001$) and positively related to friendship and kinship ties ($r = .49$), organizational participation ($r = .45$), and neighborhood services ($r = .21$), whereas residential stability was negatively

- associated with levels of violence ($t = 6.95$). See Sampson, R.J., Raudenbush, S.W., and Earls, F. Neighborhoods and violent crime: A multilevel study of collective efficacy. *Science* (1997) 277:918–924.
40. See note 38, Rodriguez; and note 38, Tatum.
 41. Ogbu, J.U. Origins of human competence: A cultural-ecological perspective. *Child Development* (1981) 52:413–429.
 42. Roberts, D.F., Foehr, U.G., Rideout, V.J., and Brodie, M. *Kids & media @ the new millennium: A comprehensive national analysis of children's media use*. Menlo Park, CA: The Henry J. Kaiser Family Foundation, November 1999, p. 20.
 43. Huston, A.C., and Wright, J.D., Mass media and children's development. In *Handbook of child psychology: Child psychology in practice*. Vol. 4, 5th ed. W. Damon, I.D. Sigel, and K.A. Renninger, eds. New York: John Wiley and Sons, 1998, pp. 999–1058. See especially, pp. 1003–1004.
 44. Papert, S. *Mindstorms: Children, computers, and powerful ideas*. New York: Basic Books, 1980.
 45. Orleans, M., and Laney, M.C. Children's computer use in the home: Isolation or sociation. *Social Science Computer Review* (2000) 18:56–72.
 46. Chen, M. A macro focus on microcomputers: Eight utilization and effects issues. In *Children and microcomputers: Research on the newest medium*. M. Chen and W. Paisley, eds. Beverly Hills, CA: Sage Publications, 1985, pp. 37–58.
 47. Murray, J.P. *Television and youth: 25 years of research and controversy*. Boys Town, NE: The Boys Town Center for the Study of Youth Development, 1980, pp. 11–24.
 48. Wartella, E.A., and Jennings, N. Children and computers: New technology—Old concerns. *The Future of Children: Children and Computer Technology* (Fall/Winter 2000) 10(2):31–43.
 49. See note 43, Huston and Wright, p. 1037.
 50. Grutter v. Bollinger, 123 S. Ct. 2325 (2003).
 51. See note 11, García Coll, et al.
 52. See note 19, García Coll and Magnuson.
 53. García Coll, C.T., and Meyer, E. The socio-cultural context of infant development. In *Handbook of infant mental health*. C.H. Zeanah, ed. New York: Guilford Press, 1993, pp. 56–69.
 54. Bronfenbrenner, U. Summary. In *Beginnings: The social and affective development of black children*. M.B. Spencer, G.K. Brookins, and W.R. Allens, eds. Hillsdale, NJ: Lawrence Erlbaum Associates, 1985, pp. 67–73.
 55. Barbarin, O.A. Coping and resilience: Exploring the inner lives of African American children. *Journal of Black Psychology* (1993) 19:423–446.
 56. Thomas, D.D. Cultural diversity: Understanding the variability within. Paper presented at the Eighth National Conference of Parent Care. New Orleans, LA. May 1992.
 57. See note 54, Bronfenbrenner. See also note 19, García Coll and Magnuson; and note 9, García Coll and Magnuson.
 58. McAdoo, H.P. Upward mobility and parenting in middle-income black families. *Journal of Black Psychology* (1981) 8:122.
 59. Brookins, G.K. Culture, ethnicity, and bicultural competence: Implications for children with chronic illness and disability. *Pediatrics* (May 1993) 91:1056–1062.
 60. Cooper, C.R., Jackson, J.F., Azmitia, M., and Lopez, E.M. Multiple selves, multiple worlds: Three useful strategies for research with ethnic minority youth on identity, relationships, and opportunity structures. In *Studying minority adolescents: Conceptual, methodological, and theoretical issues*. V.C. McLoyd, and L. Steinberg, eds. Mahwah, NJ: Lawrence Erlbaum Associates, 1998, pp. 111–125.
 61. See note 11, García Coll, et al.
 62. Groce, N.E., and Zola, I.K. Multiculturalism, chronic illness, and disability. *Pediatrics* (May 1993) 91:1048–1055.
 63. Delgado-Gaitan, C. Socializing young children in Mexican-American families: An intergenerational perspective. In *Cross-cultural roots of minority child development*. P.M. Greenfield, and R.R. Cocking, eds. Hillsdale, NJ: Lawrence Erlbaum Associates, 1994, pp. 55–86.
 64. See note 19, García Coll and Magnuson.
 65. For further discussion of the strong sense of family obligation among some minority and immigrant groups, see the article by Fuligni and Hardway in this journal issue.
 66. García Coll, C., Szalacha, L., and Palacios, N. Children of Dominican, Portuguese, and Cambodian immigrant families: Academic attitudes and pathways during middle childhood. In *Developmental pathways through middle childhood: Rethinking contexts and diversity as resources*. C.R. Cooper, C.T. García Coll, T. Bartko, et al., eds. Mahwah, NJ: Lawrence Erlbaum Associates, forthcoming. The study was a two-cohort, short-term longitudinal study of over 300 families with children in either the first or fourth grade at the time of recruitment.
 67. This is the opposite of what has been previously encountered in other samples of minority children. See Blumenfeld, P.C., Secada, W., and Modell, J. School engagement of inner city students during middle childhood. In *Developmental pathways through middle childhood: Rethinking contexts and diversity as resources*. C.R. Cooper, C.T. García Coll, T. Bartko, et al., eds. Mahwah, NJ: Lawrence Erlbaum Associates, forthcoming.
 68. Rumbaut, R.G. Ties that bind: Immigration and immigrant families in the United States. In *Immigration and the family*. A. Booth, A.C. Crouter, and N. Landale, eds. Mahwah, NJ: Lawrence Erlbaum Associates, 1997, pp. 3–46.
 69. Diaz, R., and Klinger, C. Towards an explanatory model of the interaction between bilingualism and cognitive development. In *Language processing in bilingual children*. E. Bialystok, ed. Cambridge, MA: Cambridge University Press, 1991.
 70. Ramirez, M. *Psychology of the Americas: Mestizo perspectives on personality and mental health*. New York, NY: Pergamon Press, 1983.
 71. See note 60, Cooper, et al.; and Cooper, C.R., Jackson, J.F., Azmitia, M., et al. Bridging students' multiple worlds: African American and Latino youth in academic outreach programs. In *Changing schools for changing students: An anthology of research on language minorities*. R.F. Macias, and R.G. Garcia Ramos, eds. Santa Barbara: University of California Linguistic Minority Research Institute, 1995, pp. 245–267.
 72. Waters, M.C. Ethnic and racial identities of second-generation black immigrants in New York City. *International Migration Review* (1994) 28(4):795–820; and Waters, M.C. Black identities: West Indian dreams and American realities. Cambridge, MA: Harvard University Press, 1999.
 73. For example, programs such as the New Hope intervention provide families with a series of options from which they can choose what best fits their daily routines and needs. Researchers have found that families differ widely in which aspects of the program they choose to participate in. See Huston, A., Miller, C., Richburg-Hayes, L., et al. *Five-year results of a program to reduce poverty and reform welfare*. New York: Manpower Demonstration Research Corporation, 2003; and Huston, A., Duncan, G., Granger, R., et al. Work-based anti-poverty programs for parents can enhance the school performance and social behavior of children. *Child Development* (2001) 72(1):318–336.
 74. For example, the documentation of the development of multiple, overlapping (and sometimes even contradictory) ethnic identities during middle childhood can contribute to the understanding of social identities in general, and augment developmental theories regarding identity, which presently begin with adolescence. See Ruble, D.N.,

- Alvarez, J., Bachman, M., et al. The development of a sense of “we”: The emergence and implications of children’s collective identity. In *The development of the social self*. M. Bennett and F. Sani, eds. New York, NY: Psychology Press, 2004.
75. In Latino populations, higher levels of maternal education and socioeconomic status are related to parenting practices and conceptualizations that are closer to Anglo standards than to traditional Latino practices. See Gutierrez, J., and Sameroff, A. Determinants of complexity in Mexican-American mothers’ conceptions of child development. *Child Development* (1990) 61:384–394; and Laosa, L.M. Maternal teaching strategies in Chicano and Anglo-American families: The influence of culture and education on maternal behavior. *Child Development* (1984) 51:759–765.
76. Furstenberg, F., Cook, T., Eccles, J., et al. *Managing to make it: Urban families and adolescent success*. Chicago: University of Chicago Press, 2000; Jarrett, R.L., Roy, K.M., and Burton, L. Fathers in the “hood”: Insights from qualitative research on low-income, African American men. In *Handbook on fatherhood: Interdisciplinary perspectives*. C.T. LeMonda, and N. Cabrera, eds. Mahwah, NJ: Lawrence Erlbaum Associates, 2002, pp. 211–248; Burton, L.M., and Jarrett, R.L. In the mix, yet on the margins: The place of families in urban neighborhood and child development research. *Journal of Marriage and the Family* (2000) 62:444–465; and Jarrett, R.L. Neighborhood effects models: A view from the neighborhood. *Research in Community Sociology* (2000) 10:305–323.
77. Opportunity structures refer to the distribution of opportunities to achieve goals in a social system. Thus, there are economic opportunity structures (such as access to employment, sufficient wages, and publicly funded workforce systems); educational opportunity structures (such as access to good schools and scholarship programs); and political opportunity structures (such as the formation of social and political alliances and representative elections).



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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As 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.¹ 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.²

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.³ 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.⁴

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.⁵ 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

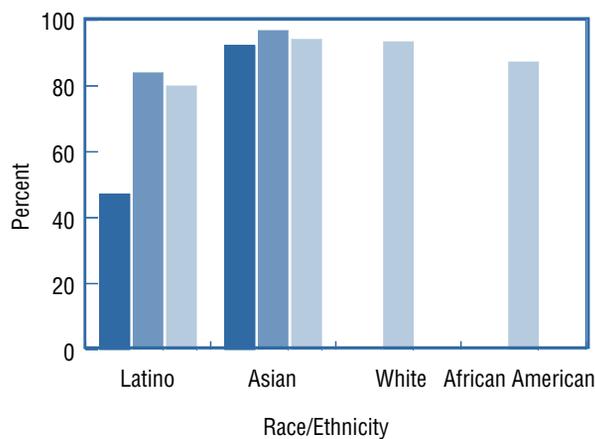
Although receiving a high school degree is certainly better than dropping out, the prospects for high school graduates in the contemporary United States are few and it has become increasingly important for youth to pursue education beyond the high school years. Group differences in college enrollment 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

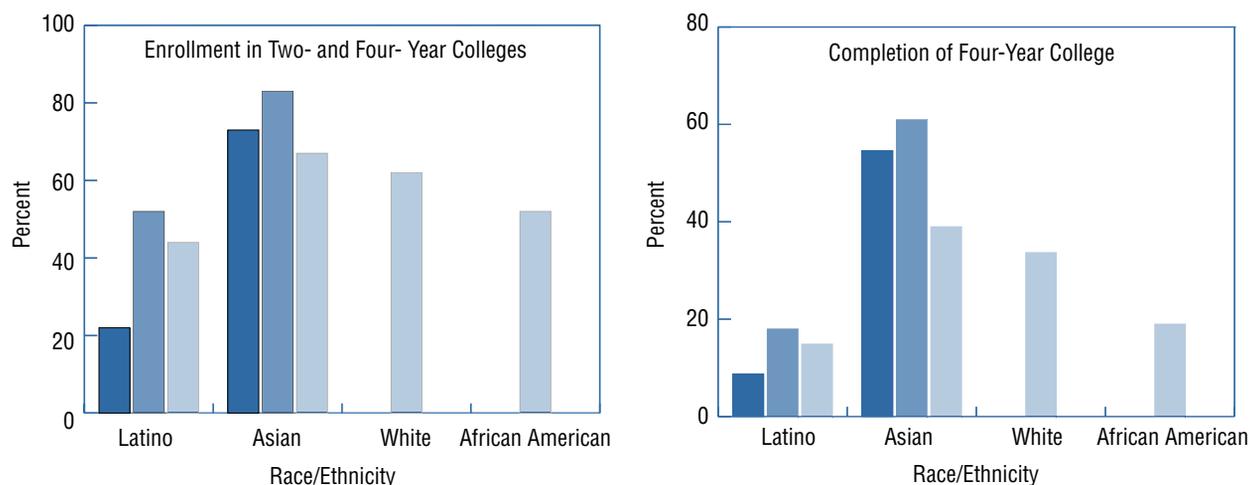
Group variations in the completion of a four-year college degree reflect the differences in enrollment, also shown in Figure 2. The ethnic variation among immigrants themselves is dramatically demonstrated in the fact that foreign-born Latino individuals between the ages of 25 and 44 years have the lowest 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.⁶ 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.⁷

Physical and Mental Health

The development of good physical and mental health is critical for the long-term adjustment and productivity of youth.⁸ 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.

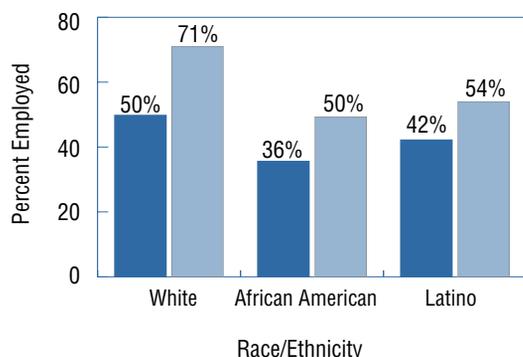
Physical Health

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



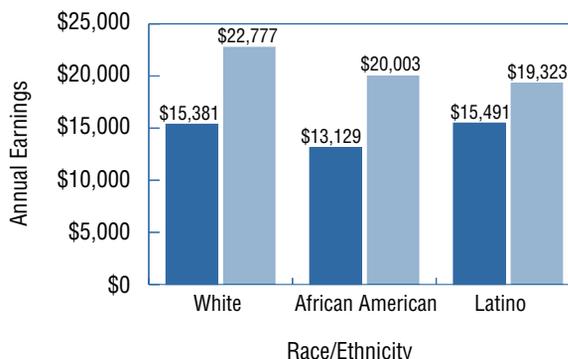
Notes: Figure represents the percentages of individuals aged 16 to 24 years who were employed. Data for high school dropouts are for those who dropped out of school during the 2001-2002 academic year and did not re-enroll during that year. Data for high school graduates are for those who graduated in 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.⁹ (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.¹⁰ Similarly, a recent review of the literature concerning the relative rates of depression among adolescents of various ethnicities reported that the results are inconclusive.¹¹ 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 ^a	9%	5%	17%	31%	8%
Second generation ^b	11	8	27	34	17
Third generation ^c , Latino	13	16	31	45	25
Third generation ^c , non-Latino other	14	15	32	39	24
Third generation ^c , non-Latino African American	12	14	30	55	9
Third generation ^c , non-Latino white	8	12	23	37	25

^aFirst generation refers to youth who were born outside the United States.

^bSecond generation refers to youth who were born in the United States, but at least one parent was foreign-born.

^cThird 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.¹² 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.¹³

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.¹⁴

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 American¹⁵ and American Indian), and white adolescents.¹⁶ (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.¹⁷

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.¹⁸ 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.¹⁹ 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.²⁰

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.²¹ (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.²²

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.²³

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.²⁴ 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),²⁵ and severe overcrowding is more likely to be found at schools with high concentrations of minority students.²⁶ 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.²⁷

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.²⁸ 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.²⁹ 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).³⁰

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.³¹

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.³² 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.³³ 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.³⁴ 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.³⁵

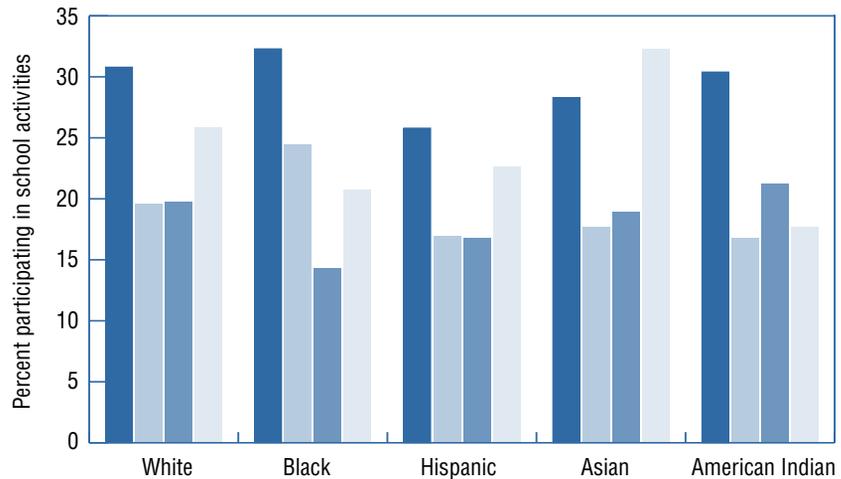
Substantial research on out-of-school activities only recently has begun to emerge, and the little attention focused on variability in the participation of youth in these programs has addressed only ethnic and not generational diversity. Nevertheless, numerous studies have suggested that Latino and African 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%).³⁶ (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.³⁷ 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.³⁸ (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.³⁹ 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.⁴⁰ 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.⁴¹ 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.⁴² 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.⁴³ 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.⁴⁴ 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.⁴⁵

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.⁴⁶

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.⁴⁷ In fact, the majority of these adolescents are uninsured. (See Figure 6.)

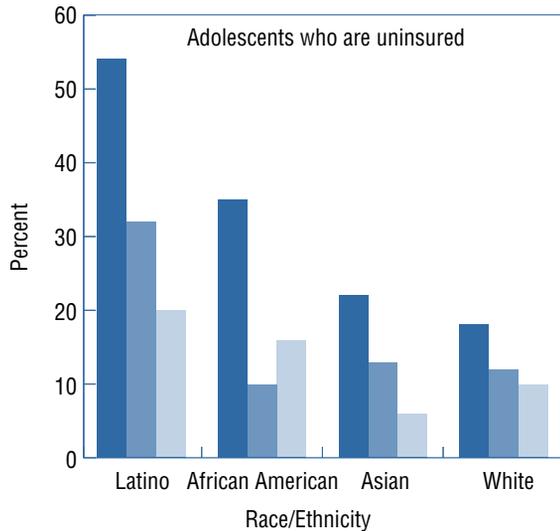
According to analyses of the 1995 National Health Interview Survey, uninsured adolescents were almost four times more likely than insured adolescents to have at least one unmet need across five types of medical care, including dental care, prescriptions, and mental health care. Of those who were insured, 6% were reported to have gone without needed care, compared with 23% of uninsured adolescents.⁴⁸ 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

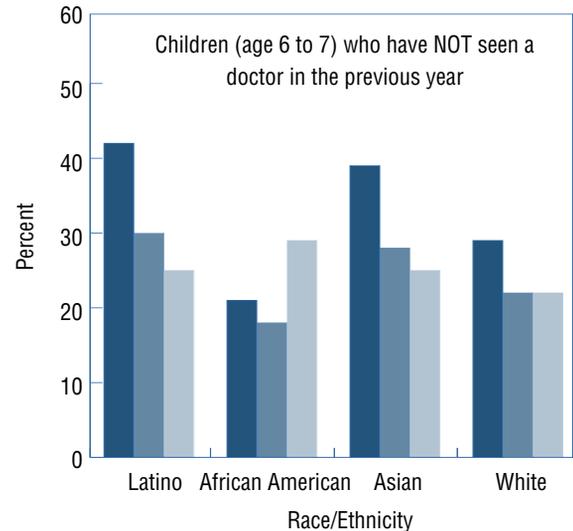
KEY:

- 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.⁴⁹

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).⁵⁰ (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.⁵¹ (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.⁵²

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.⁵³ 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.⁵⁴ 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.⁵⁵ 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.

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.⁵⁶

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.⁵⁷

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.⁵⁸

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.⁵⁹

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.^a 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.

^aKirby, 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.

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.⁶⁰ 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.⁶¹

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.⁶² 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.⁶³

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.^a 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.^b

^a American Youth Policy Forum. *Raising minority achievement*. Washington, DC: AYPF, 2001.

^b 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.

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.^a

^a 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.⁶⁴ 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.⁶⁵ 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.⁶⁶ 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.⁶⁷ 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.⁶⁸

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.⁶⁹ 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.

ENDNOTES

1. Rumbaut, R.G. Severed or sustained attachments? Language, identity, and imagined communities in the post-immigrant generation. In *Transnationalism and the second generation*. N.P. Levitt, and M.C. Waters, eds. New York: Russell Sage Foundation, in press.
2. See, for example, the perspective about Asians by Yang in this journal issue.
3. Halperin, S., ed. *The forgotten half revisited: American youth and young families, 1988-2008*. Washington, DC: American Youth Policy Forum, Inc., 1998.
4. Statistics regarding variations within these larger ethnic categories are not presented here, but diversity does exist such that adolescents from Southeast Asian, Mexican, and Puerto Rican backgrounds have more difficulty completing high school and receiving advanced education as compared to other Asian American and Latino youth. See Portes, A., and Rumbaut, R.G. *Immigrant America: A portrait*. 2nd ed. Berkeley, CA: University of California Press, 1996. See also Yang's perspective about Asians in this journal issue.
5. McMillen, M. *Dropout rates in the United States: 1995*. NCES 97-473. Washington, DC: US Department of Education, National Center for Education Statistics, 1997.
6. See note 3, Halperin.
7. Fry, R., and Lowell, B.L. *Work or study: Different fortunes of U.S. Latino generations*. Washington, DC: Pew Hispanic Center, 2002.
8. Blum, R.W., Beuhring, T., and Rinehart, P.M. *Protecting teens: Beyond race, income and family structure*. Minneapolis: Center for Adolescent Health, University of Minnesota, 2000.
9. Harris, K.M. The health status and risk behaviors of adolescents in immigrant families. In *Children of immigrants*. D.J. Hernandez, ed. Washington DC: National Academy Press, 1999, pp. 286-347.
10. See note 9, Harris.
11. Roberts, R.E. Depression and suicidal behaviors among adolescents: The role of ethnicity. In *Handbook of multicultural mental health*. I. Cuellar and F.A. Paniagua, eds. San Diego, CA: Academic Press, Inc, 2000, pp. 359-388.
12. Grunbaum, J.A., Kann, L., Kinchen, S.A., et al. *Youth risk behavior surveillance: United States, 2001*. MMWR surveillance summaries, 51(SS04) Atlanta, GA: Department of Health and Human Services, Centers for Disease Control and Prevention, June 28, 2002.
13. Grunbaum, J.A., Lowry, R., Kann, L. and Pateman, B. Prevalence of health risk behaviors among Asian American/Pacific Islander high school students. *Journal of Adolescent Health* (2000) 27:322-330.
14. The Alan Guttmacher Institute. *Teen sex and pregnancy, 1999*. Accessed online at www.agi-usa.org on October 2, 2003; and Kandel, D.B., Davies, M., Karus, D., and Yamaguchi, K. The consequences in young adulthood of adolescent drug involvement: An overview. *Archives of General Psychiatry* (1986) 43:746-754.
15. Analysis of the four-year combined YRBS datasets also reveal that Asian American and Pacific Islander students are significantly less likely to have had sexual intercourse than other groups. See note 13, Grunbaum, et al.
16. See note 9, Harris.
17. ChildTrends Databank. *Birth rates (births per 1000) for males and females ages 10-19, selected years 1960-2002*. Washington, DC: ChildTrends, Inc., 2003. Available online at www.childtrends.databank.org/tables/13_Table_1.htm.
18. See note 9, Harris.
19. Bartlett, L. Immigrant mothers from central and South American countries give birth to healthier babies than expected, UCLA study finds. *UCLA News*. October 2, 2003. Available online at <http://newsroom.ucla.edu/page.asp?id=4580>.
20. See note 9, Harris.
21. See note 9, Harris.
22. See note 13, Grunbaum, et al.
23. See note 9, Harris.
24. National Center for Education Statistics. *Condition of education: 2003*. Washington, DC: U.S. Department of Education, NCES, 2003, Indicator 29.
25. See note 24, NCES, Indicator 30.
26. National Center for Education Statistics. *Condition of education: 2001*. Washington, DC: U.S. Department of Education, NCES, 2001, Indicator 45.
27. Kaufman, P., Chen, X., Choy, S.P., et al. *Indicators of school crime and safety: 1998*. NCES 98-251/NCJ-172215. Washington, DC: U.S. Departments of Education and Justice, 1998.
28. National Center for Education Statistics. *Digest of education statistics: 2002*. NCES Number 2003-060. Washington, DC: U.S. Department of Education, NCES, 2003.
29. Dornbusch, S.M., Glasgow, K.L., and Lin, I.C. The social structure of schooling. *Annual Review of Psychology* (1996) 47:401-429; and Oakes, J., Selvin, M.J., Karoly, L., and Guiton, G. *Educational matchmaking: Toward a better understanding of curriculum and tracking decisions*. Santa Monica, CA: RAND Corporation, 1991.
30. See note 29, Dornbusch, et al.; and Oakes, et al.
31. McDonnell, L.M., and Hill, P.T. *Newcomers in American schools: Meeting the educational needs of immigrant youth*. Santa Monica, CA: RAND Corporation, 1993.
32. Berkner, L., Chavez, L., and Carroll, C.D. *Access to postsecondary education for the 1992 high school graduates*. NCES 98-105. Washington, DC: U.S. Department of Education, NCES, 1989.
33. University of California Office of the President. *Undergraduate persistence and graduate at the University of California, Part III: A review of the literature*. Oakland, CA: University of California, 1994.
34. Task Force on Youth Development and Community Programs and Carnegie Council on Adolescent Development. *A matter of time: Risk and opportunity in the nonschool hours*. New York, NY: Carnegie Corporation, 1992; Eccles, J., and Gootman, J.A. *Community programs to promote youth development*. Washington, DC: National Academy Press, 2002; and Roth, J.L., and Brooks-Gunn, J. Youth development programs: Risk, prevention and policy. *Journal of Adolescent Health* (2003) 32:170-182.

35. For meta-analyses and reviews of the youth development literature, see Catalano, R.F., Berglund, J.A., Ryan, J.A., et al. *Positive youth development in the United States: Research findings on evaluations of positive youth development programs*. Seattle, WA: Social Development Research Group, University of Washington School of Social Work, 1999; Roth, J., Brooks-Gunn, J., Murray, L., and Foster, W. Promoting healthy adolescents: Synthesis of youth development program evaluations. *Journal of Research on Adolescence* (1998) 8:423–459, and note 34, Eccles and Gootman, 2002; and Roth and Brooks-Gunn. See also previous journal issue *The Future of Children: When School Is Out* (Fall 1999) 9(2).
36. National Center for Education Statistics. *A profile of the American eighth grader: NELS:88 student descriptive summary*. NCES 90458. Washington, DC: U.S. Department of Education, 1998. Available online at <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=90458>.
37. Schreiber, J.B., and Chambers, E.A. After-school pursuits, ethnicity, and achievement, for 8th- and 10th-grade students. *Journal of Educational Research* (2002) 96:90–100. For their analysis, Schreiber and Chambers divided activities into “in-school academic organized” (such as student government, band, academic clubs), “in-school nonacademic organized” (such as hobby clubs, basketball), and “out-of-school nonacademic organized” (such as community service, religious activities, music lessons).
38. See note 28, NCES.
39. Pedersen, S., and Seidman, E. Contexts and correlates of out-of-school activity participation among low-income urban adolescents. In *Organized activities as contexts of development*. J.L. Mahoney, R. Larson, and J. Eccles, eds. Mahwah, NJ: Lawrence Erlbaum Associates, in press.
40. Joyce, M., and Neumark, D. *An introduction to school-to-work programs in the NLSY97: How prevalent are they, and which youth do they serve?* Cambridge, NBER working paper no. w7733. MA: National Bureau of Economic Research, 2000. Available online at www.nber.org/papers/w7733.
41. Klein, J.D., Wilson, K.M., McNulty, M., et al. Access to medical care for adolescents: Results from the 1997 commonwealth fund survey of the health of adolescent girls. *Journal of Adolescent Health* (1999) 25:120–130.
42. White (17%), African American (23%), Latino (21%), and “other” (21%). See Ford, C.A., Bearman, P.S. and Moody, J. Foregone health care among adolescents. *Journal of the American Medical Association* (1999) 282:2227–2234.
43. Lieu, T.A., Newacheck, P.W., and McManus, M.A. Race, ethnicity, and access to ambulatory care among U.S. adolescents. *American Journal of Public Health* (1993) 83:960–965.
44. Percent reporting a doctor’s office, private clinic or HMO as their regular source of care: White (81%); African American (59%); Latino (58%). See note 43, Lieu, et al.
45. Percent reporting a neighborhood or hospital clinic as their regular source of care: White (4%); African American (21%); Latino (15%). Percent reporting no usual source of routine care: White (11%); African American (13%); Latino (22%). See note 43, Lieu, et al.
46. Ku, L., and Matani, S. Left out: Immigrants’ access to health care and insurance. *Health Affairs* (2001) 20:247–256; and 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.
47. 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.
48. Newacheck, P.W., Brindis, C.D., Cart, C.U., et al. Adolescent health insurance coverage: Recent changes and access to care. *Pediatrics* (1999) 104:195–202.
49. See note 41, Klein, et al.
50. See note 43, Lieu, et al.
51. See note 47, Brown, et al.
52. Hoff, T., Greene, L., and Davis, J. *National survey of adolescents and young adults: Sexual health knowledge, attitudes and experiences*. Menlo Park, CA: Henry J. Kaiser Family Foundation, 2003.
53. Pirkis, J.E., Irwin, C.E., Brindis, C.D., et al. Receipt of psychological or emotional counseling by suicidal adolescents. *Pediatrics* (2003) 111:388–393.
54. See note 4, Portes and Rumbaut.
55. Lee, V.E., Bryk, A.S., and Smith, J.B. The organization of effective high schools. In *Review of research in education*. L. Darling-Hammond, ed. Washington, DC: American Educational Research Association, 1993, pp. 171–267.
56. Fulgini, A.J., and Witkow, M. The postsecondary educational progress of youth from immigrant families. *Journal of Research on Adolescence* (June 2004) 14(2):159–183; and Tseng, V. Family interdependence and academic adjustment in college: youth from immigrant and U.S.-born families. *Child Development* (May 2004) 75(3):966–983.
57. Fulgini, A.J., and Yoshikawa, H. Socioeconomic resources, parenting, and child development among immigrant families. In *Socioeconomic status, parenting, and child development*. M. Bornstein and R. Bradley, eds. Mahwah, NJ: Lawrence Erlbaum Associates, 2003, pp. 107–124.
58. Leventhal, T., and Brooks-Gunn, J. The neighborhoods they live in: The effects of neighborhood residence on child and adolescent outcomes. *Psychological Bulletin* (2000) 126:309–337.
59. See previous journal issue *The Future of Children: Health Insurance for Children* (Spring 2003) 13(1).
60. Cooper, C.R., Azmitia, M., Garcia, E.E., et al. Aspirations of low-income Mexican American and European American parents for their children and adolescents. In *Community-based programs for socialization and learning: New directions in child development*. F. Villarruel and R.M. Lerner, eds. San Francisco: Jossey-Bass, 1994, pp. 65–81; and Tornatzky, L.G., Cutler, R., and Lee, J. *College knowledge: What Latino parents need to know and why they don’t know it*. Claremont, CA: Tomás Rivera Policy Institute, 2002.
61. Fix, M., and Passel, J.S. *Trends in noncitizens’ and citizens’ use of public benefits following welfare reform: 1994-1997*. Washington, DC: Urban Institute, 1999.
62. See note 4, Portes and Rumbaut.
63. Bradby, D. *Language characteristics and academic achievement: A look at Asian and Hispanic eighth graders in NELS:88*. Statistical analysis report. NCES 92479. Washington, DC: US Department of Education, National Center for Education Statistics, 1992. See also note 5, McMillen.

64. August, D., and Hakuta, K. *Improving schooling for language-minority children: A research agenda*. Washington, DC: National Academy Press, 1997.
65. Fuligni, A.J. Family obligation and the academic motivation of adolescents from Asian, Latin American, and European backgrounds. In *Family obligation and assistance during adolescence: Contextual variations and developmental implications*. New directions in child and adolescent development monograph. A. Fuligni, ed. San Francisco, CA: Jossey-Bass, Inc., 2001, pp. 61–76.
66. Fuligni, A.J. The academic achievement of adolescents from immigrant families: The roles of family background, attitudes, and behavior. *Child Development* (1997) 68:261–273.
67. See Cooper, C.R. Bridging multiple worlds: Immigrant youth identity and pathways to college. *International Society for the Study of Behavioural Development* (2003) 2(44):1–3; and see note 65, Fuligni.
68. See note 56, Tseng.
69. Alvidrez, J. Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. *Community Mental Health Journal* (1999) 35:515–530.



Growing Up American

EDITOR'S INTRODUCTION

Children of immigrant families must confront the challenges of first understanding, and then negotiating, their place in American society. As generations of immigrants before, they often must deal with racial and economic prejudice as they struggle to create a new identity for themselves—rooted in their ancestry, but at the same time, seeking all the opportunity and promise this country has to offer. The articles in this section explore what it means to “grow up American” today from three different perspectives: a Latino perspective, a Southeast Asian perspective, and an economically-disadvantaged perspective.

In the first article, Pérez discusses the importance of education, health, and economic status in efforts to promote the future productivity and well-being of the growing numbers of Latino children in this country. She notes that the nation’s economic and social prosperity will depend on how well Latino children are prepared to lead the country forward.

In the second article, Yang points out that while as a group, Asian Americans are doing

quite well, children whose ancestors are from Southeast Asia (Cambodia, Laos, and Vietnam) continue to struggle with limited English skills, discrimination, miscommunication, and feelings of alienation. She urges policymakers to recognize that these children need attention and support to overcome their barriers to success.

In the third article, Edelman and Jones describe the growing gap between children who are rich and poor, and between children who are black, white, and Latino. They call on society to work collaboratively and strategically to ensure that all children, regardless of their race or ethnicity, have a safe passage to adulthood.

The Latino and Southeast Asian American children of immigrant families are a growing proportion of America’s undereducated and poor. As they are also a growing proportion of America’s workers and taxpayers of tomorrow, helping them to do well in school and achieve economic success should be a top national priority.

Shaping New Possibilities for Latino Children and the Nation's Future

Sonia M. Pérez

One of the most profound demographic shifts in the United States during the past two decades has been the dramatic increase in the Hispanic population,¹ driven both by high birth rates relative to other racial and ethnic groups, and by immigration. (See the article by Hernandez in this journal issue.) The Hispanic population grew by 58% from 1990 to 2000, and in 2003 became the largest “minority” community in the country with a total of 38.8 million people. Today, about one in eight Americans is of Hispanic origin. Although 70% of Latinos live in five states (California, Texas, New York, Florida, and Illinois), over the past decade the population has grown significantly in other parts of the country, including both the South and the nation's heartland.

Two characteristics of the Latino population are especially noteworthy. First, Latinos are a young population. More than one-third are under 18 years of age and almost half are under age 25.² Both the size of the Latino population and its youthfulness mean that the well-being of the Hispanic community—and especially of Latino children—matters to the future economic and social status of the United States as a whole.

Second, although more than half of Latinos—and 85% of Hispanic children—were born in the United States,³ recent data from the Urban Institute show that one in ten Latino children lives in a “mixed-status” household in which both immigrant and native-born Latinos reside.⁴ Thus, policies and programs that focus on immigrants are likely to have consequences for

Hispanic children, whether or not they themselves are immigrants.

Many Latinos—as is true of almost all Americans—have immigrant origins. Yet, as was the case with previous waves of immigrants to this country, the children of Latino immigrants were born in the United States, and their outcomes will profoundly affect America's future. To this end, the following discussion highlights three areas that are key to promoting the future productivity and well-being of this growing segment of America's children: education, health, and economic status.

Education

Latinos now represent the second-largest segment of the school-aged population in the United States (after non-Hispanic whites). Latino parents recognize that education is critical to their children's opportunities in life,⁵ yet the portrait of Hispanic education today is decidedly mixed. Compared with other racial/ethnic groups, Latino children are less likely to be enrolled in preschool or to complete high school. Also, many Latino children are not proficient with the English language.

Despite the nation's recent emphasis on the importance of early childhood education to later academic success, three- and four-year-old Latino children are the least likely of all children to be enrolled in such programs (36%, compared to 64% of black, and 46% of white children in 2000).⁶ Similarly, Latino children are the least likely to participate in Head Start.⁷ At the other end of the educational pipeline, data show that only about 60% of Latino students are completing high

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school, compared with almost 90% of both white and black students.⁸

Another educational issue of concern is the fact that the nation's schools now serve more than five million students who are English language learners (referred to as "limited English proficient," or LEP, in federal law and regulations),⁹ and nearly 80% of these English language learners speak Spanish as their first language.¹⁰ Yet there is a dearth of information on the most effective practices to serve these students. In particular, very few large-scale assessments are being developed that are appropriate for English language learners, which is worrisome since the No Child Left Behind Act (NCLB) requires schools to improve instruction and outcomes for these children as measured primarily through test scores.¹¹ More appropriate assessments are especially needed in states where an increasing number of English language learners is a new phenomenon. In the past, such students tended to be concentrated in traditionally Hispanic states, such as California and New York. Increasingly, however, English language learners now are present in many states in the Midwest and Southeast regions of the country. As the NCLB requires all states to help all limited English proficient students meet the same academic benchmarks as their English-proficient peers, those states with new and growing Hispanic populations must learn quickly how to serve the increasing numbers of English language learners in their schools.

Health

Young Latinos—who by 2020 are projected to account for one in every five children in the United States—face a number of significant health challenges, including disproportionately high rates of diabetes,¹² asthma,¹³ HIV/AIDS,¹⁴ and the highest teen birth rate in the nation.¹⁵ Many of these concerns could be prevented or more effectively managed given access to quality health care. Unfortunately, myriad barriers—especially the lack of health insurance—often stand between Latinos and their ability to access such care.

For more than a decade, Latino children have been, by far, the group of American children most likely to be uninsured.¹⁶ In 2001, 24% of Latino children lacked health insurance of any kind, compared to 14% of black and 7% of white children,¹⁷ in part because, compared

to their peers, they are less likely to receive health coverage through their parents' jobs. In 2001, 41% of Latino children were covered by employment-based insurance, compared to 74% of non-Hispanic white children, and 51% of non-Hispanic black children.¹⁸ Moreover, the major reason for high uninsurance among Latinos is not unemployment, but employment in jobs with low wages and no benefits, in industries such as construction, agriculture, and service. In fact, almost nine in ten uninsured Latinos (87%) are from working families.¹⁹

Lack of medical coverage among Latinos also is due in part to current laws that ban immigrants from federally-funded public health programs if they arrived in this country after August 22, 1996. Even when children are citizens themselves, those in immigrant families are much more likely to be uninsured than those in native-born families.²⁰ Other barriers to the health system include high costs of health care, a lack of linguistically and culturally competent providers, and inadequate outreach efforts to enroll eligible Latinos in public health programs.

Economic Status

Poverty can result in serious consequences. Research has shown that child poverty is associated with poor health, school failure, drug use, and teenage pregnancy, among other social risks. Yet poverty among Latino children has been a serious problem for several decades. In 2002, 29.3% of all poor families nationwide were Latino.²¹ The poverty rate for Latino children reached a high of 40.3% in 1996. Although there has been a notable decline since then, Census data show that in 2002, 28% of Latino children still were poor—almost three times the poverty rate of non-Hispanic white children (9.5%). Compared with other racial/ethnic groups, Latino families are less financially secure across a number of indicators, including unemployment rates, homeownership, and net worth. (See Box 1.)

Latino child poverty is especially troubling because a significant share of poor Latino children live in two-parent families with at least one working parent.²² As a result, current efforts to reduce poverty through marriage promotion and increased employment are not likely to be as successful with Latino families as they might be with other racial/ethnic groups.

Box 1

Indicators of Latino Family Economic Status and Security

- ▶ **Unemployment and income.** During the fourth quarter of 2002, 7.8% of Latino workers were unemployed, compared to the national unemployment rate of 5.9% during that same period. In 2001, the median income of Hispanic households was \$19,651, well below the national average of \$27,652.
- ▶ **Homeownership.** Census data show that 48.1% of Hispanics are homeowners—a proportion significantly lower than the nation's overall rate of 68.1%, as well as that of non-Hispanic whites at 74.6%.
- ▶ **Financial assets.** Only about 33% of Latinos have basic checking accounts. Moreover, in 1998, the median net worth of white families was \$81,700—a staggering 27 times that of Hispanic families, which was a mere \$3,000.

Source: National Council of La Raza. *NCLR agenda for Hispanic families: A public policy briefing book*. Washington, DC: NCLR, 2002. Available online at <http://www.nclr.policy.net/proactive/newsroom/release.vtml?id=23182>.

The Future

Ensuring the well-being of Latino children should be a national priority. In about ten years, 35% of Hispanics who are children today will be workers and taxpayers. Their educational preparation, their labor, and their productivity will be called upon to keep the economy vibrant and sound. Indeed, the stability and growth of the future economy greatly depend on maximizing the educational and employment outcomes of Latino children.

The economic case is compelling. If Latinos had higher education levels, the positive results would be measurable for all Americans. A study by the RAND Corporation shows that Hispanics who now have a high school education would earn between \$400,000 and \$500,000 more over their lifetime if they had a bachelor's degree; and increasing the college completion rate of today's Hispanic 18-year-olds by as little as three percentage points would increase social insurance payments by \$600 million.²³ Similarly, a recent analysis finds that raising

the educational attainment of Latinos in the California labor force would result in an increase of \$79 million in state income tax revenue.²⁴ The potential gains in societal equity, community strength, and social cohesion are equally powerful.

To shape a healthy future for Latino children, the following principles should guide efforts to respond to the disparities that have surfaced from the nation's demographic shifts:

1. Focus on facts, not on ideology. Proposals that restrict immigrants' access to supports and services have not helped to increase the overall economic security of Hispanic working families. Similarly, the “abstinence only” approaches to teen sex education ignore the research on how to teach Latino youth important messages about taking responsibility for their behaviors and preventing disproportionately high rates of deadly diseases like AIDS. The socioeconomic and health disparities between Latinos and others will not address themselves over time unless concrete steps are taken to design programs and policies relevant to the challenges faced by Latino families.

2. Go to the source. Communities “own” problems, but they also “own” solutions. Reversing the pressing and potentially explosive trends for Latinos is not solely a government responsibility. Latino families and adults must play an active role in calling attention to—and taking the lead on—addressing these issues, especially educational preparation. Latino national and community-based organizations, as well as research institutions, bear a special responsibility for providing leadership and expanding efforts to document challenges and advocate responses. At the same time, policymakers and other stakeholders must ensure that there are resources and a receptive environment to facilitate the development of community responses.

3. Build upon successes. One of the frustrations for practitioners is the repeated attempts to reinvent the wheel rather than looking to the many examples of effective programs across the country. For example, many schools facing a host of socioeconomic barriers have been demonstrated to be effective for Latino students.²⁵ There are also increasing numbers of Latinos with college degrees and a growing Latino middle class. As communities become larger and more diverse,

stakeholders should seek to learn from, invest in, and expand such successes.

4. Focus on long-lasting change. Public policy can often be shortsighted, responding to an issue of the day without regard for long-term implications. As early as 1991, the Census Bureau projected significant Hispanic population growth, yet in the past year, national media reports have reacted to data on population increases with surprise, and some local communities are scrambling to diversify teaching and police forces and other social institutions. The nation must be wiser about planning for demographic changes that will affect the future and about investing resources in areas where they will have the greatest impact. Creating and supporting local leadership in Latino and other communities, and looking to models with records of proven success, are crucial in this regard.

5. Remove structural roadblocks. Good ideas in public policy often are limited in their execution. In 1997, Congress passed the State Children’s Health Insurance Program (SCHIP), which allocated a total of \$48 billion over ten years to expand health insurance coverage for children in poor or near-poor families. Following enactment of SCHIP, the number of uninsured children declined, including the number of uninsured Hispanic children. Nevertheless, the rate of uninsurance among Latino children remains disproportionately high. In 2000, 35% of all uninsured children were Hispanic, even though Hispanic children accounted for only 16.5% of all children.²⁶ Many Latino families do not realize that

their children may be eligible for this government-sponsored program. Further efforts are needed to increase awareness, to expand roles for community-based organizations involved in reducing uninsurance and increasing access, and to improve state agencies’ credibility, access, and long-term commitment to minority communities. Similarly, NCLB contains several important provisions (such as parent involvement strategies) that could help to improve Latino education, but further efforts—and funding—are needed for their implementation.

Four years into the 21st century, demographic changes and increasing racial/ethnic diversity show that society cannot afford to talk about Latinos on the one hand, and the rest of Americans on the other. The nation’s economic and social prosperity will depend on how well Latino children are prepared to lead the country forward. Fortunately, the issues facing Hispanic children are not intractable, and improvements in their educational, health, and economic well-being are easily within the nation’s grasp. All Americans stand to gain from shaping new possibilities for Latino children, as their future is the nation’s future.

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ENDNOTES

1. The terms “Latino” and “Hispanic” are used interchangeably by the U.S. Census Bureau to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, and Spanish descent; they may be of any race.
2. U.S. Census Bureau, Census 2000, Summary File 1 (SF1)—100 Percent Data, Table P12. Sex by age (Hispanic or Latino).
3. Data from the 2000 Census show that 59.8% of Latinos were born in the United States. With the addition of naturalized citizens, about 70% of Latinos are citizens. This does not include the 3.8 million residents of Puerto Rico who are U.S. citizens by birth.
4. Urban Institute. *Children of immigrants fact sheet*. Washington, DC: UI, 2001.
5. Polling data show that nearly nine in ten (87%) Latinos consider education a critical component to expanding life opportunities

- for Hispanic children. *2002 AOL Time Warner Foundation/People En Español Joint Hispanic Opinion Tracker Study*. Available online at http://www.hispanicprwire.com/print_AOL_Tracker_ENG.htm. Also, in a May 2002 poll (“National Hispanic Electorate”) by Bendixen and Associates for the New Democrat Network, almost half of Latinos rated education as their first or second choice as the most important public policy issue for the community.
6. National Household Education Surveys Program. *Parent interviews*. Washington, DC: National Center for Education Statistics, 2001.
 7. For further discussion of this topic, see the article by Takanishi in this journal issue.
 8. For further discussion of this topic, see the article by Fuligni and Hardway in this journal issue.
 9. National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs. *The growing number of limited English proficient students: 1991/92-2001/02*. Washington, DC: NCELALIEP, October 2002.
 10. National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs. *Language backgrounds of limited English proficient (LEP) students in the U.S. and outlying areas: 2000-2001*. Washington, DC: NCELALIEP, May 2002.
 11. The Center on Education Policy. *From capital to the classroom: Year 2 of the No Child Left Behind Act*. Washington, DC: CEP, January 2004.
 12. According to the National Council of La Raza, Institute for Hispanic Health, one in ten adult Latinos has diabetes; of particular concern is the increase in the number of young people who are being diagnosed with type 2 diabetes. Research shows that Puerto Ricans and Mexican Americans are two to four times more susceptible to developing diabetes than the general population. More information available online at <http://www.nldi.org/opt03-01E.asp?Id=E>.
 13. Overall, Hispanic children in the United States have a rate of asthma (10.3%) comparable to or lower than that of other peer groups (11.4% and 17.7% for white and black children, respectively). See National Center for Health Statistics. Summary health statistics for U.S. children: National health interview survey. *Vital and Health Statistics* (March 2004) 10(221):7–8. However, data by ethnic subgroup show that as many as 20.1% of mainland Puerto Rican children have had asthma at some point in their lives, compared to 6.4% of non-Hispanic white and 9.1% of non-Hispanic black children. Evidence also suggests that all Latino children, but especially Puerto Rican children, experience high levels of asthma morbidity. In other words, when they do have asthma, the symptoms these children experience are more likely to be severe and to cause functional impairment, such as missed school days.
 14. According to the Kaiser Family Foundation, although Latinos composed 15% of the U.S. teenage population in 2001, they accounted for 21% of new AIDS cases reported among adolescents that year. See The Henry J. Kaiser Family Foundation. *HIV/AIDS policy fact sheet: Latinos and HIV/AIDS*. Menlo Park, CA: KFF, July 2003. Available online at 3029-03.cfm.
 15. In 2001, Hispanic females had the highest teenage birth rate in the nation (88 per 1,000 women), compared to 76 per 1,000 for black teenagers, and 31 per 1,000 for non-Hispanic white teens. See Hamilton, B.E., Sutton, P.D., and Ventura, S.J. *Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States*. National vital statistics report, vol. 15, no. 12. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention, August 4, 2003, pp. 15–16. Moreover, while the teen birth rates for other major ethnic groups have dropped by 30% or more over the last decade, the rate for Hispanic teens has dropped by only 13%, with most of that change occurring prior to 1998 and almost no further decrease since that time.
 16. Pérez, S.M. *U.S. Latino children: A status report*. Washington, DC: National Council of La Raza, 2000.
 17. U.S. Census Bureau. March 2001 Current Population Survey, Table HI01. Health insurance coverage: Status and type of coverage by selected characteristics: 2001. Washington, DC: U.S. Census Bureau, as revised September 23, 2002. Available online at http://ferret.bls.census.gov/macro/032002/health/h01_000.htm.
 18. See note 17, Census Bureau, 2002.
 19. For further discussion of this topic, see the article by Nightingale and Fix in this journal issue.
 20. 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.
 21. Data from U.S. Bureau of the Census. *Poverty in the United States: 2002*. Washington, DC: U.S. Bureau of the Census, 2003. Calculations by National Council of La Raza.
 22. National Council of La Raza. *NCLR agenda for Hispanic families: A public policy briefing book*. Washington, DC: NCLR, 2002. Available online at <http://www.nclr.policy.net/proactive/newsroom/release.vtml?id=23182>.
 23. Sorensen, S., Brewer, D.J., Carroll, S.J., and Bryton, E. *Increasing Hispanic participation in higher education: A desirable public investment*. Santa Monica, CA: RAND Corporation, 1995, as cited in *Moving up the economic ladder: Latino workers and the nation's future prosperity*. S.M. Pérez, ed. Washington, DC: National Council of La Raza, 2000.
 24. López, E., Ramírez, E., and Rochín, R.I. *Latinos and economic development in California*. Sacramento, CA: California Research Bureau, June 1999, as cited in *Moving up the economic ladder: Latino workers and the nation's future prosperity*. S.M. Pérez, ed. Washington, DC: National Council of La Raza, 2000.
 25. Fisher, M., Pérez, S.M., González, B., et al. *Latino education: Status and prospects: State of Hispanic America 1998*. Washington, DC: National Council of La Raza, 1998, pp. 87–109.
 26. Holahan, J., Dubay, L., and Kenney, G. Which children are still uninsured and why. *The Future of Children: Health Insurance for Children* (Spring 2003) 13(1):55–97.

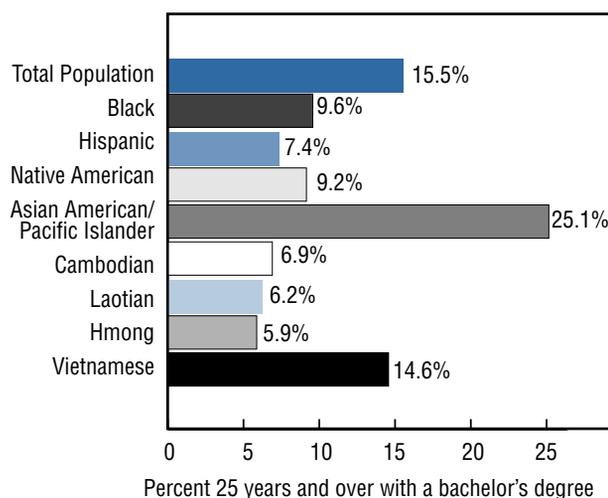
Southeast Asian American Children: Not the “Model Minority”

KaYing Yang

Although an impressive number of Americans whose ancestors are from Cambodia, Laos, and Vietnam (“Southeast Asian Americans”) have achieved tremendous success in education,¹ a disproportionate number have found it difficult to succeed academically.² Yet their difficulties are largely invisible to policymakers, who tend to look only to the aggregate data on Asian Americans—data that suggest that, as one large undifferentiated group,

Asian Americans are doing quite well.³ They are considered to be doing so well, in fact, that they are called the “model minority.” For example, in 2000, 25.2% of Asian Americans aged 25 and over held bachelor’s degrees or higher, compared with 15.5% of Americans overall.^{4,5} In contrast, among the various Southeast Asian American groups, the percentage with bachelor’s degrees ranged from 5.9% to 14.8%—proportions that more closely resemble those of African Americans, Hispanics, and Native Americans, than those of Asian Americans in aggregate. (See Figure 1.)

Figure 1
Educational Attainment, 2000



Source: Based on data from U.S. Census Bureau, American Factfinder, Census 2000 Summary File 4; and U.S. Census Bureau, Current Populations Survey, March 2000, Ethnic and Hispanic Statistics Branch, Population Division (Internet release date: June 18, 2003).

Significant numbers of Southeast Asian Americans now live in the United States. According to the 2000 Census, 1,814,301 people in the United States reported that their heritage was Southeast Asian: 206,052 from Cambodia, 384,513 from Laos (including 186,310 Hmong), and 1,223,736 from Vietnam. Southeast Asian Americans accounted for approximately 15.2% of those reported to have an Asian/Pacific Islander heritage, and 6.4% of the total U.S. population overall.⁶ Given the profound contributions of Southeast Asian Americans to U.S. history, their present community development efforts, and most importantly, their current indications of need, it is essential that decision-makers focus added attention on the education of this particular group of Asian Americans.

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Most Southeast Asian Americans arrived in the United States as refugees after 1975, or are the children of refugees. Parents in these communities endured tremendous hardship for the sake of their children, and for the most part, they promote their sons' and daughters' success in school to the full extent of their ability. Yet nearly three decades after the beginning of their refugee flight from Southeast Asia to the United States, many of their children continue to struggle with formal education due to a variety of factors including limited English language skills; discrimination; systematic miscommunication between students, parents, and teachers; and widespread feelings of alienation from mainstream schools. With small infusions of external support to help overcome these barriers, it is likely that the enthusiasm and commitment of Southeast Asian American parents and their children could produce great academic success within a short period of time.

Limited English Skills

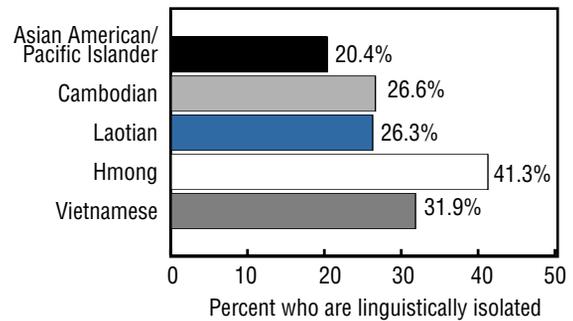
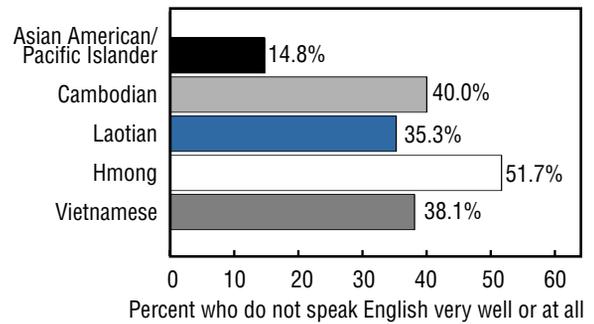
According to the 1990 Census, a high percentage of Southeast Asian Americans had severe problems with the English language. Figures from the 2000 Census show improvements in this area, but it is clear that a high percentage of Southeast Asian Americans remain "limited English proficient" (LEP). (See Figure 2.) These difficulties endure, in part, because many community members arrived in this country unable to read and write in their native languages, and many suffer from trauma-related illnesses. Also, many people lack the time and energy to participate in English-as-a-second-language (ESL) classes as a result of their long work hours.

Even Southeast Asian American children who were born in this country often have difficulty with the English language when they first arrive at school. For example, in 1998, the Massachusetts Department of Public Health reported that in 1998, 7,706 Khmer (from Cambodia) and 5,712 Vietnamese students did not speak English as their primary language.⁷ In 2000, California public schools reported having 93,908 LEP students who primarily spoke the Southeast Asian languages of Hmong, Khmer, Lao, Mien, and Vietnamese in their homes, 6.2% of the total LEP population in the state.⁸

Efforts to decrease or eliminate assistance directed specifically toward LEP students are troubling for Southeast

Figure 2

Southeast Asian American English Language Abilities, 2000



Source: Based on data from U.S. Census Bureau, American Factfinder, Census 2000 Summary File 4.

Asian American communities, especially in light of the proliferation of "standards" and "high-stakes testing." The debate about whether these are useful tools to improve education is complex. Nevertheless, most researchers and practitioners believe that high-stakes testing will have the greatest consequences on minority students, English-language learners, and students with disabilities, and will result in these students being disproportionately retained in grades and denied high-school diplomas.⁹ Critics have argued that schools do not expose these students to the knowledge and skills that are necessary to pass the tests. They point out that simply instituting such tests does not address the concern about how to improve learning. Furthermore, research has shown that increased retention increases dropout rates. As a result, high-stakes testing will likely create an increasingly large class of students who are

at increased risk of dropout by virtue of having been retained in a grade one or more times. Moreover, such initiatives have the potential to make otherwise well-qualified students who are English-language learners ineligible for graduation and eventual attendance in their only affordable institutions of higher learning: state colleges and universities.

Systematic Miscommunication between Students, Parents, and Teachers

Southeast Asian American parents and children often have trouble communicating with each other, and people in both groups often find it difficult to communicate with teachers and school personnel. Consequently, many parents have limited knowledge of, and impact on, their children's educational development. Lacking the support and guidance they need from their parents, many students rely heavily on advice from their peers. Although their peers may share their challenges, they generally lack the maturity and understanding to provide wise guidance.

Communication gaps between parents, children, and school personnel are more complex than they may first appear. Most obviously, language barriers often keep the groups separate. In addition, as noted above, relatively high percentages of Southeast Asian Americans lack extensive experience with higher education (or formal education of any sort). For this reason, Southeast Asian American parents are often poorly equipped to serve as educational mentors to their children and to communicate with teachers. For example, as described in the article by Fuligni and Hardway in this journal issue, immigrant parents are often unaware of opportunities for college financial aid, and sometimes they are unaware of the specific roles teachers play in our society. Furthermore, students, parents, and teachers often have conflicting communication styles. Teachers generally expect parents to come to them with questions about their children's educational future. But Southeast Asian American parents often are shy, and therefore reluctant to engage intimately with others. Also, their lack of English skills makes it difficult for them to learn new things. Many suffer from trauma-related illnesses resulting from their experiences of persecution, displacement, and war in Southeast Asia, and some remain more focused on life in Southeast Asia than in the United States.¹⁰

Southeast Asian American students also often have communication styles that contrast with those of their parents and teachers. Many students are not fluent in their native language or unable to speak in ways that their elders consider polite, while at the same time they want their parents to show expressions of affection and encouragement that they have grown accustomed to seeing in their "American" friends. Furthermore, the dress, attitudes, and Americanized assertiveness and individuality of young Southeast Asian Americans can sometimes give others the impression that they are belligerent gang members. Such communication difficulties and negative stereotypes contribute to the impression among some teachers that Southeast Asian American students are poor prospects for academic advancement. These factors also contribute to feelings of powerlessness among some Southeast Asian American families about the ability of their children to achieve academic success.¹¹

Many Southeast Asian American parents and children also find it difficult to communicate with each other because they have very different conceptions of healthy parent/child relationships. Surrounded by a multi-cultural environment with many perspectives on family values in the United States, some Southeast Asian Americans have become confused about what is "American" and what is "traditional cultural practice." Young people have adopted more typically American ideas that emphasize the rights of children to make decisions for themselves. These ideas often conflict with parental convictions, brought from Southeast Asia, that parents should be strong authority figures who play a central role in shaping the child's future.¹² In fact, many parents see their children as their caregivers during retirement and feel it is the child's responsibility and obligation to carry out this role. This kind of expectation is planted early on, creating a sense of burden that is difficult for a young child to understand within the American context.

Community-based organizations—including mutual assistance associations and other organizations (such as temples and churches)—have been proven to have the ability to provide environments in which Southeast Asian Americans flourish academically, in part by fostering healthy communication between students, parents, and teachers.¹³ These organizations provide

supports that help validate the cultural and historical context of Southeast Asian Americans as they adjust to U.S. society. Unfortunately, most communities lack such programs.

Discrimination

Policymakers on the state and national levels tend to overlook the specific educational needs and assets of Southeast Asian Americans and to remain under the influence of the “model minority” myth. But at the local level, some educators and school administrators take a different view that is equally damaging and unrealistic—that Cambodian, Laotian, and Vietnamese American students are incapable of first-rate academic achievement. Accounts of teachers telling their students they should not consider going to college are commonplace. Some teachers discourage their Southeast Asian students from taking advanced courses or pursuing scholarship opportunities.¹⁴ Indeed, a study conducted in 2000 by Santa Clara County, California, found that 11.5% of Vietnamese Americans in the sample (the only Southeast Asian Americans studied) felt that teachers discriminated against them.¹⁵ This was the highest for any refugee or immigrant group studied, and was more than twice the percentage for Asian Americans overall (at 5.0%).¹⁶

Southeast Asian American students are placed in a difficult position. On the one hand, policymakers neglect to acknowledge their academic plight and to give them access to the educational resources and institutional support they need to overcome the barriers to success. On the other hand, many of the people who structure their daily academic environment—teachers, peers, and others—treat them as if they are incapable of succeeding, and in various ways convince them that they should give up on school. Research findings from over a decade ago, focused on Hmong Americans in California, may still hold true for large numbers of Southeast Asian American students. The authors of the study concluded, “The most disturbing finding of our research was that some children have stopped trying to learn and have accepted and internalized their [learning] ‘disabilities’ as their own personal attribute, not as a consequence of historical circumstances and dysfunctional instructional arrangements.”¹⁷

Widespread Feelings of Alienation from Mainstream Schools

Southeast Asian American students often feel alienated from their schools—they feel as if they do not really “belong” in them. In part, this is because not enough of their schools tailor curricula specifically for them, and in part because there are not enough Southeast Asian American teachers and staff in educational institutions. Some schools have begun to address these shortcomings by, for example, giving their students the option of taking Southeast Asian language classes to fulfill foreign language requirements by teaching about Southeast Asian history and culture, and by recruiting more Southeast Asian American teachers and staff.¹⁸

Courses acknowledging the value of Southeast Asian cultures and languages can help motivate students to succeed.¹⁹ Courses in Southeast Asian studies can also counteract the negative stereotypes teachers often have of their Southeast Asian students.²⁰ Teachers are more likely to be genuinely growth-encouraging when they hold positive views about their students, and when they understand the challenges Southeast Asian Americans face in historical and cultural context. In addition, non-Southeast Asian American students benefit from courses that enable them to become global citizens who appreciate the historical legacies, cultural contributions, spiritual commitments, and political lessons of Southeast Asia.²¹

Finally, courses in Southeast Asian and Southeast Asian American studies can help young people better understand their own lives and the lives of their parents, and thereby assist with intergenerational reconciliation. Because of their trauma-related illnesses and the difficulties they experienced while adjusting to U.S. society, many parents do not teach their children about the challenges they faced to survive in their homelands, arrive in this country, and build better lives for their families. As a result, many children lack gratitude for their parents. They also often lack understanding not only of the depression and post-traumatic stress disorder (PTSD) many of their parents face from the past, but also of the struggles with discrimination and hardship that families continue to confront in the United States. Learning about the histories and cultures of Southeast Asians in the United States and overseas can help children to feel

compassion and love for their parents and other elders, while developing values and visions of healing and social justice for their communities. (See Box 1.)

Just as many Southeast Asian American students feel alienated from their schools because curricula do not reflect their heritage, many also feel alienated because few schools have sufficient Southeast Asian American representation on staff. Even in California, the state with the largest number of Southeast Asian Americans, policymakers neglect to ensure that Southeast Asian Americans have access to the educational support they need from bilingual staff. For example, one study found that in 1997, California had only 72 certified bilingual Vietnamese teachers for 47,663 Vietnamese-speaking students (ratio: 1:662), 28 certified bilingual Hmong teachers for 31,156 Hmong-speaking students (ratio: 1:1,113), and 5 certified bilingual Khmer teachers for 20,645 Khmer-speaking students (ratio: 1:4,129).²² According to the study's author, "The fundamental problem is a blatant lack of sensitivity and understanding on the part of schools and teachers concerning the needs of Southeast Asian students." Others might add that teachers of all ethnic groups are in short supply, and that programs for training Southeast Asian American bilingual teachers are too rare. In all likelihood, all of these factors (and others) contribute to the longstanding shortage.²³

It is important that Southeast Asian American students have access to teachers and other staff of their own ethnicity for several reasons. They can understand and negotiate the family, cultural, and personal dynamics of their students in ways that are rare among other teachers. They can also share knowledge of Southeast Asian cultures with their peers, and thereby create school-wide changes. Furthermore, they can provide inspirational examples of academic achievement for their students, many of whom would not otherwise personally know people of their own ethnicity who have graduated from college.²⁴

Recommendations

Policymakers, educators, and community leaders must recognize that Southeast Asian Americans are not part of some fictional "model minority" that succeeds easily in the United States. At the same time, most Southeast

Asian Americans, like most other Americans, have deep respect for academic pursuits, and they seek educational advancement with all of the resources available to them. By supporting their commitment and enthusiasm in relatively modest ways, as outlined below, the educational trajectories of Southeast Asian American children could be significantly improved.

1. Disaggregate and disseminate more data. Policymakers, teachers, and other decision-makers need better information on Southeast Asian Americans in education in order to make better-informed decisions. Research institutions and agencies such as the U.S. Census Bureau should disaggregate data for particular Southeast Asian American groups, and then release their data in a timely and widely accessible fashion.

2. Promote Southeast Asian American studies, courses, and personnel. Colleges and other educational institutions with significant community representation should integrate Southeast Asian language,

Box 1

A Cambodian American Perspective

One group of Cambodian Americans in Philadelphia expressed views that might also apply to other communities:

- ▶ Our people need to come together to build a stronger community and we still need to work on that. Education on cultural awareness is needed to help families stay together in peace. It's good when family members know two cultures, but when two cultures are practiced in the same household, but the members don't understand each other, there can be conflict.
- ▶ Asian studies are too limited in the American educational system. Hardly anything is taught about Cambodian culture and history. Some teachers don't even know where Cambodia is and who we are. We feel ignored and left out. Some Cambodians are not proud of their own race because of what they have been through and what they have experienced in life as Cambodian, and don't want to be identified or tell others that they are Cambodian.

Source: As told to a SEARAC staff member in 2000.

history, and culture components within their mainstream curricula, and train and hire more Southeast Asian American teachers and personnel. By taking these steps, schools can motivate students to succeed, foster better communication with communities and parents, and diminish dangers of discrimination by providing non-Southeast Asians with accurate information about their neighbors.

3. Support community organizations. Community-based organizations, such as mutual assistance associations and faith-based organizations, promote academic success by facilitating healthy communication and information-exchange between groups separated by language and culture. They also provide students with environments that enhance academic achievement. These types of community organizations should be supported in their promotion of academic success by providing them with technical assistance, funding opportunities, and access to models of best practices.

4. Create new systems for financial and technical support. To make the American educational system more equitable, greater financial incentives should be provided to Southeast Asian American students and the institutions of higher learning reaching out to them. Current legislative efforts,²⁵ as well as efforts now underway to establish an Asian and Pacific Islander American college fund (or group of funds), similar to those of African, Hispanic/Latino, and Native Ameri-

cans, have the potential to significantly aid in Southeast Asian American quests for educational success.

Despite their tumultuous and tragic history within the last 30 years, Southeast Asian American families have demonstrated a resilience that has resulted in many success stories. Many have rebuilt their lives and have instilled great hope and aspirations in their children. Their achievements have been remarkable. Yet, many Southeast Asian American families continue to struggle with unmet needs. The “model minority” myth that is still so often applied to Asian Americans of all backgrounds, regardless of their distinguishing characteristics, must be overcome. Only by recognizing the educational disparities for Southeast Asian American children can their barriers to success be addressed and their academic potential realized. If this vital segment of the next generation of Americans is provided with access to quality and equitable educational opportunities, it is without a doubt that their productivity, strength, and resiliency will continue to grow by leaps and bounds.

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ENDNOTES

1. For example, in one 1990 study of the Los Angeles metropolitan area, the high school dropout rate among American-born Vietnamese aged 16 through 19 was lower than the rate among whites: 5% versus 8%; and college entrance rates among the Vietnamese cohort were higher than among whites: 50% versus 38%. See Zhou, M., and Bankston, III, C.L. *Straddling two social worlds: The experience of Vietnamese refugee children in the United States*. Urban diversity series no. 111. New York, NY: ERIC Clearinghouse for Urban Education, Institute for Urban and Minority Education, 2000, p. 33. Also see Cheng, L., and Yang, P.Q. The “model minority” deconstructed. In *Contemporary Asian America: A multidisciplinary reader*. M. Zhou and J.V. Gatewood, eds. New York, NY: New York University Press, 2000, pp. 459–482; and Rumbaut, R.G. Vietnamese, Laotian, and Cambodian Americans. In *Contemporary Asian America: A multidisciplinary reader*. M. Zhou and J.V.

- Gatewood, eds. New York, NY: New York University Press, 2000, pp. 175–206.
2. For example, see Rumbaut, R.G. The new Californians: Comparative research findings on the educational progress of immigrant children. In *California’s immigrant children: Theory, research, and implications for educational policy*. R.G. Rumbaut and W.A. Cornelius, eds. San Diego, CA: The Center for U.S.-Mexican Studies, University of California, San Diego, 1995, pp. 17–69.
3. For example, in 1999, the influential College Board released a report, *Reaching the top: A report of the National Task Force on Minority High Achievement*, that neglected to examine any disaggregated data for Asian/Pacific Islander Americans (APIAs). As a result, the report neglected to recommend that special efforts be targeted to any APIA group. The report is available online at

- <http://www.collegeboard.com/research/abstract/0,1273,3876,00.html>. Spurred to action by this report, in May 2001, the Congressional Asian Pacific American Caucus (CAPAC), under the leadership of Congressman Robert Underwood of Guam, collaborated with SEARAC to gather community scholars together for a “Summit on the Status of Pacific Islander and Southeast Asian-Americans in Higher Education.” Information from the summit and other related materials are available online at <http://www.searac.org/highedsummit.html>.
4. Census 2000 data available on the U.S. Census Bureau Web site at <http://www.census.gov>.
 5. See also Rumbaut, R.G. *Transformations: The post-immigrant generation in an age of diversity*. JSRI research report no. 30. East Lansing, MI: Michigan State University, The Julian Samora Research Institute, 1999, pp. 6–7. Accessible online at <http://www.jsri.msu.edu/RandS/research/irr/rr30.html>; Um, K. *A dream denied: Educational experiences of Southeast Asian American youth—Issues and recommendations*. An issue paper based on findings from the first national Southeast Asian Youth Summit. Washington, DC: Southeast Asia Resource Action Center, 2003, p. ii. Accessible online at http://www.searac.org/pryd-3_11_03.html; Frisbie, W.P., Cho, Y., and Hummer, R.A. Immigration and the health of Asian and Pacific Islander adults in the United States. *American Journal of Epidemiology* (2001) 153(4):372–380; Taylor, E.H., and Barton, L.S. *Southeast Asian refugee English proficiency and education in Texas*. Austin, TX: Texas Department of Health and Human Services, Office of Immigration and Refugee Affairs, (no date provided); Texas Office of Immigration and Refugee Affairs. *Vietnamese, Laotian, Ethiopian, and former Soviet Union refugees in Texas: Findings from the Texas refugee study*. Austin, TX: Texas Department of Health and Human Services, OIRA, (no date provided); and Hobbs, R., ed. *Bridging borders in Silicon Valley: Summit on immigrant needs and contributions*. San Jose, CA: Santa Clara County Office of Human Relations, Citizenship and Immigrant Services Program, 2000, p. 93.
 6. Total U.S. population: 281,421,906. Total number of people who reported Asian and/or Pacific Islander heritage: 11,898,828. See Census 2000 data, available on the U.S. Bureau of Census Web site at <http://www.census.gov/prod/2002pubs/c2kbr01-16.pdf>.
 7. Massachusetts Department of Public Health. *Southeast Asians. In Refugees and immigrants in Massachusetts: An overview of selected communities*. Boston, MA: Massachusetts Department of Public Health, Bureau of Family and Community Health, Office of Refugee and Immigrant Health, 1999.
 8. These data were drawn from the R30 Census of California’s Department of Education, accessed online at <http://www.searc.org/pages/demogr.html>, and from the California Department of Education Web site at <http://www.cde.ca.gov/>. See also note 2, Rumbaut, p. 32.
 9. See Heubert, J.P. *High-stakes testing: Opportunities and risks for students of color, English-language learners, and students with disabilities*. Wakefield, MA: National Center on Accessing the General Curriculum, Center for Applied Special Technology, 2000. Available online at <http://www.cast.org/ncac/index.cfm?i=920>.
 10. Survivors of the Khmer Rouge regime and people who were imprisoned in reeducation camps (such as recent arrivals from Vietnam under the Resettlement Opportunities for Vietnamese Refugees Program) are particularly likely to suffer from trauma-related illnesses, which are appropriately treated by only a small number of clinicians operating in a few areas. These illnesses, including post-traumatic stress disorder (PTSD), depression, and head injury, impair their sufferers’ abilities to relate intimately with others, take on new life challenges, and learn new skills. See note 5, Um, p. 34.
 11. See note 5, Um, pp. 7, 17–19.
 12. See note 1, Zhou and Bankston, pp. 66–67.
 13. Zhou, M., and Bankston, III, C.L. *Growing up American: How Vietnamese children adapt to life in the United States*. New York, NY: Russell Sage Foundation, 1998, pp. 73, 107, 222, and 237. See also Olsen, L. *An invisible crisis: Educational needs of Asian Pacific American youth*. San Francisco, CA: Asian Americans and Pacific Islanders in Philanthropy, 1997. Asian Americans and Pacific Islanders in Philanthropy (AAPIP) is a national “affinity group” for grant makers who are particularly concerned with the welfare of Asian and Pacific Islander American communities. For more information, see the AAPIP Web site at <http://www.aapip.org>.
 14. See note 5, Um, pp. 6–8.
 15. See note 5, Hobbs, p. 100.
 16. See also note 5, Rumbaut, 1999, p. 10. In this 1992 and 1995 study in Southern California and South Florida, Rumbaut found further confirmation that Southeast Asian American students in these sites were more likely than most other refugees and immigrants to experience discrimination, and to expect to be discriminated against in the future.
 17. Trueba, H.J., Jacobs, L., and Kirton, E. *Cultural conflict and adaptation: The case of Hmong children in American society*. New York, NY: The Falmer Press, 1990, p. 104.
 18. Acknowledging the importance of curricula that address the particular linguistic, cultural, and historical characteristics of student populations, AAPIP recommended that fellow grant makers “Promote research, development, and staff training in the use of multicultural curricula that portray the history and culture of Asian Pacific Americans, and of anti-racism curricula that support direct and honest dialogue among students.” See note 13, Olsen, p. 35.
 19. Saetern, M.K. *Iu Mien in America: Who we are*. Oakland, CA: Graphic House Press, 1998, p. 92.
 20. See note 17, Trueba, et al., p. 106.
 21. See, for example, Kiang, P.N. Pedagogies of life and death: Transforming immigrant/refugee students and Asian American studies. *Positions* (1997) 5(2):529–555; Kiang, P.N. Writing from the past, writing for the future: Healing effects of Asian American studies in the curriculum. *Transformations: A Resource for Curriculum Transformation and Scholarship* (1998) 9(2):132–149; and National Association of Student Personnel Administrators. Long-term effects of diversity in the curriculum: Analyzing the impact of Asian American studies in the lives of alumni from an urban commuter university. In *Diversity on campus: Reports from the field*. Washington, DC: NASPA, 2000, pp. 23–25.
 22. Chu, N.V. Re-examining the model minority myth: A look at Southeast Asian youth. *McNair Journal* (Winter 1997) vol. 5. Available online at <http://www-mcnair.berkeley.edu/97Journal/Chu.html>. Also see note 2, Rumbaut, pp. 33–34, for figures on bilingual educators in California in 1993.
 23. Personal communication with Dr. Serec Weroha, Education Consultant, Wisconsin Department of Public Instruction, in April 2002. Dr. Weroha noted that one reason for the shortage of Southeast Asian American teachers is that not enough Southeast Asian American professionals take the initiative to lead and recruit Southeast Asian Americans who may want to become teachers.
 24. See, for example, Johnson, T., Boyden, J.E., and Pittz, W.J. *Racial profiling and punishment in U.S. public schools: How zero tolerance policies and high stakes testing subvert academic excellence and racial equality*. Oakland, CA: Applied Research Center, 2001, p. 21. Available online at <http://www.arc.org/erase/index.html>.
 25. See, for example, legislative efforts such as H.R. 333, which would “amend the Higher Education Act of 1965 to authorize grants for institutions of higher education serving Asian Americans and Pacific Islanders.” H.R. 333 is available online at <http://thomas.loc.gov>.

Separate and Unequal: America's Children, Race, and Poverty

Marian Wright Edelman and James M. Jones

Fifty years ago, the Supreme Court ruled in *Brown v. Board of Education* that:

“Segregation of white and Negro children in the public schools of a State solely on the basis of race, pursuant to state laws permitting or requiring such segregation, denies to Negro children the equal protection of the laws guaranteed by the Fourteenth Amendment—even though the physical facilities and other ‘tangible’ factors of white and Negro schools may be equal.”¹

Even with a half-century to digest this notion and implement and enforce policies to make equality a reality, the United States today is still a country of “separate and unequal.” In fact, there is a growing gap between rich and poor children, and between black, white, and Latino children.

The United States is top of the list of industrialized nations when it comes to the number of poor children.² There are more children living in poverty today than there were 40 years ago when the war on poverty was officially declared. As noted in the article by Nightingale and Fix in this journal issue, black children are still twice as likely as white children to be poor, and a record number of black children are living in extreme poverty. In 2001, nearly one million black children lived in families with an annual income of less than half the federal poverty level (disposable income below \$7,064 for a family of three)—the highest number in 23 years.³

The portrait of inequality is astounding. (See Box 1.) Poverty accentuates racial disparities in children's health,

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and poor health and poverty spiral together in a vicious cycle that injures all children. The situation in the classroom reflects a similar gaping demographic schism. Fifty years after the Brown decision, black children are still almost twice as likely as their white peers to become dropouts. (See the article by Fuligni and Hardway in this journal issue.)

The result of this disparity is a direct pipeline from school to prison. Many high schools have become prep schools for jail. Pushouts, dropouts and expulsions all create an underclass of children who are ready-made for prison cells rather than dorm rooms. Society can no longer feign surprise when confronted with glaring overrepresentation of children of color in our juvenile justice system. A black boy today has one chance in 55 of earning a master's degree, but one chance in 5 of going to prison before age 30.⁴

It is reprehensible that a country such as the United States is home to more than 12 million children who live below the poverty line,⁵ and more than 9 million children who lack health insurance.⁶ Families who work hard and play by the rules should not face the pernicious sting of poverty, ill health, inadequate and unsafe housing, inappropriate and unequal education, and lack of affordable quality child care. More children live below the poverty line today than 30 years ago, even though the nation's per capita wealth—and our resources to end poverty—nearly doubled during that time.

The gap between the races will widen and poverty's grasp will strengthen if the nation continues down this current path. As the Hernandez article in this journal issue points out, in the year 2035, when baby boomers will retire, the economic support of this overwhelmingly white population will rely on a workforce that is more than 40% black and Latino. If training a pro-

Box 1

A Portrait of Inequality

Health:

- ▶ Young black children are twice as likely as white, Native American, Asian American, or Latino babies to be born with low birth weight.
- ▶ Babies born to Latinas and Native Americans are twice as likely as those born to whites to have mothers who receive late or no prenatal care.
- ▶ Young black children are twice as likely as their white peers to die from influenza or pneumonia.
- ▶ Black young adults are three times as likely as white young adults to die from complications of diabetes.
- ▶ Black children and teens are five times as likely as their white peers to die of chronic lower respiratory disease, and almost twice as likely to die of heart disease.

Education:

- ▶ Latino fourth graders are two to three times as likely as their white classmates to be performing below the basic level in mathematics.
- ▶ White fourth graders are three to four times as likely as their black and Latino classmates to be reading at the proficient level.

Juvenile Justice:

- ▶ Black juveniles are about four times as likely to be arrested as their white counterparts.
- ▶ Black males ages 15 to 19 are four times as likely as their white peers and twice as likely as their Latino peers to die from firearms injury.
- ▶ Black juveniles are five times as likely as white youths to be incarcerated.

Source: Children's Defense Fund. *The state of America's children: Yearbook 2004*. Washington, DC: CDF, 2004.

ductive workforce is indeed necessary for the future of the country's economic well-being, society cannot afford to be complacent about the joblessness among America's youth. The jobless rate rose to almost 60% in June 2004—the highest rate for youth in the 56 years that data have been reported, and the highest ever for a summer month.⁷ Joblessness among black and Latino teens was even higher: more than 77% for black teens and 68.6% for Latino teens, the highest ever reported for young Latinos.

Nor should society be complacent about current tax policies that favor the wealthy at the expense of the nation's future productivity and moral well-being. Dividend tax cuts do little to benefit poor working families who will never receive stock dividends.⁸ More than 260,000 children of active duty service members are excluded from receiving the Child Tax Credit, whereas American millionaires receive, on average, more than \$93,000 in tax breaks.⁹ Meanwhile, the national deficit

is skyrocketing: Even if all of the current tax policies were frozen today, our children would still inherit a debt of \$7 trillion.¹⁰

Child poverty is not an act of God. It is a by-product of the nation's moral and political choices. The United States has the resources to lift children out of poverty. This is not a financial issue, it is an issue of priorities. If there is the money to wage war in and then rebuild Afghanistan and Iraq, if there is the money to send space-ships to explore Mars and colonize the moon, if there is enough money for tax breaks that disproportionately favor the wealthy, then there is more than enough money to reduce poverty through such programs as the Earned Income Tax Credit (EITC), Head Start, and Medicaid—programs that provide crucial services to help the poorest children.

A comprehensive plan, funded at \$75 billion annually, could ensure the end of child poverty by 2010.¹¹ Key elements of such a plan include the following:

- ▶ Ensure that every child is prepared for school by fully funding quality childcare and Head Start and making new investments in preschool programs.
- ▶ Improve the quality of public education by modernizing schools, reducing class sizes and providing incentives for high-quality teachers for the students who are most in need.
- ▶ Ensure that health insurance coverage is available for all children and their parents.
- ▶ End child hunger through the expansion of food programs.
- ▶ Ensure that children have a place to call home through decent affordable housing.
- ▶ Protect all children from neglect, abuse, and other violence and ensure them the care they need.
- ▶ Support families leaving welfare with health care, child care, education and training in order to be successful in the workplace.

Although ambitious, such a plan is far less costly than the recent tax breaks for the wealthy, or sending a spaceship to Mars.

It is time for new choices. It is time to work collaboratively and strategically on behalf of the nation's children who are suffering in poverty, violence, hunger, and homelessness. It is time to hold elected officials accountable for their words, their deeds, and their voting records. The stakes have rarely been higher for the future of Head Start and early education, for tax fairness and justice, for breaking the pipeline between our public schools and prisons, for guaranteeing health coverage for all children including immigrants. It is time to reaffirm the appropriate role of government in providing a social safety net for poor children. These are the issues that consume U.S. politics today, and how they are resolved will shape our future.

James Baldwin, celebrated author and essayist, once said, "If history were the past, history wouldn't matter. History is the present. You and I are history. We carry our history. We act our history."¹² Just as what came before determines society's actions today, what society does today matters to future generations. The nation's demographic patterns may shift, but the challenges remain constant. The time is long overdue to honor the Supreme Court's decision in *Brown v. Board of Education* and realize a future when all children, regardless of their race or ethnicity, are ensured a safe passage to adulthood.

ENDNOTES

1. For complete text and information about the ruling, see the Brown Foundation Web site at <http://brownvboard.org/research/opinions/347us483.htm>.
2. Children's Defense Fund. *2002 facts on child poverty in America*. Washington, DC: CDF, November 2003. Available online at <http://www.childrensdefense.org/familyincome/childpoverty/basicfacts.asp>.
3. Children's Defense Fund. Number of black children in extreme poverty hits record high. Press release. Washington, DC: CDF, April 30, 2003. Available online at <http://www.childrensdefense.org/pressreleases/2003/030430.asp>.
4. Calculations by the Children's Defense Fund, based on U.S. Census Bureau's *Educational attainment in the United States: March 2002 detailed tables (PPL-169)*. Washington, DC: U.S. Census Bureau, March 2003. Available online at <http://www.census.gov/population/www/socdemo/education/ppl-169.html>.
5. See note 2, CDF, November 2003.
6. Children's Defense Fund. Number of children lacking health insurance unchanged thanks to Medicaid and CHIP programs. Press release. Washington, DC: CDF, September 29, 2003. For more on this topic, see the previous journal issue *The Future of Children: Health Insurance for Children* (Spring 2003) 13(1).
7. Bureau of Labor Statistics. *Table: Age 16–19 percent jobless and percent employed in June 1948–2004*. Seasonally unadjusted. Available online at http://www.childrensdefense.org/data/june_youth_jobless_rates_by_race.pdf.
8. For example, 94% of all Latino children in America will gain nothing from the dividend tax cut because their families do not receive any stock dividends. For additional information, see Center on Budget and Policy Priorities. *Exempting corporate dividends for individual taxes*. Washington, DC: CBPP, January 2003. Available online at <http://www.cbpp.org/1-6-03tax.htm>.
9. Children's Defense Fund. *Robin Hood in reverse: Bush administration budget choices take from poor children to give to the rich*. Washington, DC: CDF, February 2004. Available online at <http://www.childrensdefense.org/pdf/robinhood.pdf>.
10. Congressional Budget Office. *The budget and economic outlook: Fiscal years 2005 to 2014*. Washington, DC: CBO, January 2004. Available online at <http://www.cbo.gov/showdoc.cfm?index=4985&sequence=0>.
11. After two years of extensive consultation with child-serving and community leaders in every sector, CDF's Action Council developed a long-term policy vision to truly Leave No Child Behind®. Endorsed by more than 1,800 national, state, and local organizations, as well as hundreds of public officials, the comprehensive Dodd-Miller Act to Leave No Child Behind (S. 448/H.R. 936) was introduced in Congress in 2001. (It is not to be confused with the Bush Administration's single-issue No Child Left Behind Education Act.) Some of the provisions of Leave No Child Behind, such as the child tax credit, have been enacted. For more information, see the CDF Web site at <http://www.childrensdefense.org/theact/default.asp>.
12. Baldwin, J., and Mead, M. *A rap on race*. Philadelphia: J.B. Lippincott, 1971.



Four Commentaries: Looking to the Future

To provide an array of perspectives about policies needed to serve the growing number of children of immigrant families in our country, we asked experts across various organizations and backgrounds to respond to this question: “How should policymakers, advocates, stakeholders, and practitioners respond strategically and proactively to demographic change and increasing diversity in order to promote the healthy development, productivity, and well-being of our nation’s children into the future?” Their responses follow.

COMMENTARY 1

Mark Greenberg and Hedieh Rahmanou

The United States is in the midst of a profound demographic shift, to which our workforce and family support policies have not yet adequately responded. Almost one-fifth of the nation’s children, and one-quarter of the nation’s low-income children, are now immigrants or the children of immigrants.¹ One-fifth of the nation’s low-wage workforce is comprised of immigrants, and half of the nation’s job growth during the 1990s was attributable to immigrants.² Any national strategy for reducing child poverty, promoting child well-being, and helping low-wage workers advance must address the needs and circumstances of immigrants and their children.

Federal policy has largely taken the opposite approach. In 1996, Congress elected to restrict access to food assistance, health care, income support, employment services, and other benefits and services for legal immigrants. Since that time, there have been limited partial repeals of some, but not most, of the restrictions.

The result has been curtailed eligibility, a patchwork of uneven state and local responses, and sharp drops in participation among families that could benefit from services and assistance.

As the articles in this issue and other analyses make clear, children of immigrants are likely to suffer significantly greater hardships than children of U.S.-born parents, and they are less likely to be receiving public benefits that could reduce their hardships and enhance their well-being. Moreover, the nation’s workforce policies deny immigrant parents the assistance that might help them advance beyond the low-wage labor market.

This commentary summarizes some of the key data suggesting the magnitude of the problem, and proposes a set of policies that could enhance the well-being of this significant and growing share of the nation’s children.

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Income, Poverty, and Hardship among Immigrant Families

In 2002, about 19% of the nation's children and roughly one-quarter (26%) of the nation's low-income children (with family incomes below 200% of poverty) were children of immigrants.³ The poverty rate among children of immigrants was 22%, compared with 14% for children of U.S.-born parents. Most children of immigrants (51%) live in families with incomes below 200% of poverty. As detailed by Hernandez in this journal issue, on virtually every measure of hardship, children in immigrant families fare less well than children in families of U.S.-born parents. For example, children of immigrants are more than four times as likely to live in crowded housing and nearly twice as likely to be uninsured. They are more likely to have poorer health, and to live in families worried about affording food.⁴

At the same time, low-income immigrant families are more likely to contain a worker than are low-income families with parents born in the United States. As explained by Nightingale and Fix in this journal issue, the fundamental difficulty faced by low-income immigrant families is not unemployment but low wages, substantially attributable to limited language proficiency and education. In 2002, nearly half (48%) of foreign-born workers were low-wage workers.⁵ Among these low-wage workers, most (62%) were limited English proficient, and nearly half (45%) had not completed high school. Legal status is a significant issue for some, but most low-wage foreign-born workers in the United States are here lawfully.⁶

Two key parts of a strategy to improve the well-being of immigrants and their children are (1) increasing participation in key public benefits for families and children; and (2) improving the workforce status and prospects of adults.

Immigrant Families and Public Benefits

Before the federal welfare reform law was signed into law on August 22, 1996, legal immigrants were generally eligible for federal public benefits under the same terms as citizens, and states did not have discretion to develop their own rules for determining immigrants' eligibility for public assistance. But with passage of the 1996 law and implementation of Temporary Assistance for Needy Families (TANF), a wide range of restric-

tions on immigrant eligibility for federal public benefits was imposed.⁷ Some of the 1996 provisions were subsequently modified, but Congress has maintained substantial restrictions affecting most legal immigrants. (See Box 1.)

The impacts of the 1996 law have been dramatic. Between 1996 and 2001, the share of adult TANF recipients who are non-citizens fell from 12.3% to 8.0%; the share of food stamp recipients who are non-citizens fell from 7.1% to 3.7%;⁸ and the percentage of immigrant households in which any non-citizen received benefits from Medicaid or the State Children's Health Insurance Program (SCHIP) fell from 12.0% to 8.7%.⁹ By 2001, low-income non-citizen children were half as likely to participate in Medicaid or SCHIP as low-income citizen children.

The 1996 restrictions appear to have resulted in drops in program participation even among those children who remained eligible for benefits. In 2002, nearly three-quarters (72%) of all children with immigrant parents were citizens living with one or more non-citizen parents in "mixed status" families.¹⁰ Although children living in such families qualify for public benefits under the same conditions as other citizen children, their rates of TANF and food stamp receipt are substantially lower.¹¹ Low-income children in mixed status families are more likely than low-income children with citizen parents to participate in Medicaid or SCHIP, but because their parents are less likely to have employer-based health coverage, children in mixed status families are much less likely to have health insurance.¹² In 2002, 22% of citizen children in low-income families with at least one non-citizen parent had no health insurance, compared to 12% of low-income children whose parents are citizens.¹³

Although some states have provided state-funded benefits in response to the federal restrictions,¹⁴ the state response has not been sufficient to counteract the effect of federal restrictions. State substitute programs do not exist in some states, and some state programs are limited in scope. Among the seven states with the largest immigrant populations (California, New York, Texas, Florida, Illinois, New Jersey, and Arizona), only California offers substitute programs in all three areas of health, nutrition, and cash assistance.¹⁵

Box 1

Restrictions on Benefits for Legal Immigrants

- ▶ **Welfare.** Most legal immigrants are ineligible for benefits under the Temporary Assistance for Needy Families (TANF) program during their first five years in the United States. Even after the “five-year bar,” other restrictions apply. It is up to each state to decide whether to provide assistance to most legal immigrants who have lived in the United States for more than five years and whether to use state funds to provide benefits during the first five years.
- ▶ **Food stamps.** Most legal immigrant adults are ineligible for food stamps during their first five years in the United States. Under a change in law that became effective in October 2003, legal immigrant children are no longer ineligible during their first five years in the United States.
- ▶ **Supplemental Security Income (SSI).** Most legal immigrants are ineligible for SSI unless they were enrolled in SSI on August 22, 1996, or entered the United States by that date and are disabled.
- ▶ **Health benefits.** Most legal immigrants are ineligible for health benefits under Medicaid and the State Children’s Health Insurance Program (SCHIP) during their first five years in the United States.

Note: Refugees, asylees, and certain other humanitarian immigrants are not subject to any of these restrictions during their first seven years in the United States (first five years with respect to Temporary Assistance for Needy Families).

It is up to each state to decide whether to provide coverage to legal immigrants who have lived in the United States for more than five years. However, states must provide emergency Medicaid to immigrants regardless of whether they are eligible for Medicaid or SCHIP, and legal immigrants receiving SSI remain eligible for SSI-based Medicaid.

- ▶ **Sponsor deeming.** Congress imposed additional restrictions through sponsor-to-immigrant “deeming.” The income and resources of the sponsors of lawful permanent residents who enter the United States after December 1997 are deemed available to them when judging their income eligibility for the major means-tested public benefit programs, regardless of whether the sponsors provide any actual assistance to the immigrants. As a result, many legal immigrants could remain ineligible for public benefits even after they have lived in the United States for more than five years. The U.S. Department of Health and Human Services recently clarified that federal law provides states with significant flexibility in implementing the sponsor deeming rules, but prior to receiving this guidance, many states had already adopted strict deeming requirements.

Restrictions on eligibility explain much, but not all, of the decline in program participation among immigrant families. As noted, program participation has fallen among those losing eligibility, but in addition, participation in TANF and food stamps has fallen among citizen children in mixed status households whose eligibility was not affected. Factors that may prevent parents from applying for benefits for themselves or for their children include confusion or lack of knowledge about eligibility, limited English proficiency, and parental non-citizen status.

Low-income immigrants often do not understand program eligibility rules. In a survey of immigrants in Los Angeles and New York City, 50% of low-income

respondents gave incorrect answers to at least two out of three questions about program eligibility, wrongly believing that their immigration status would be jeopardized if they or their citizen children were to receive benefits.¹⁶

Immigrant parents with limited English proficiency may also experience difficulty gaining access to public benefits for their children. The study of immigrants in Los Angeles and New York City found that respondents with limited English proficiency were more likely to experience hardship and poverty regardless of citizenship or legal status.¹⁷ Language barriers can prevent families from learning that coverage is available or how to apply. An Urban Institute study of the application process

concluded that interpretation services for telephone communication and provisions of translated written material are critical to access but are often overlooked or insufficiently addressed.¹⁸

Fear of adverse immigration consequences among families with mixed citizenship status also inhibits use of benefits.¹⁹ Families may be particularly fearful of application procedures that include finger imaging, home visits, and rigorous eligibility verification because they associate these procedures with the Immigration and Naturalization Service (now the U.S. Citizenship and Immigration Services in the Department of Homeland Security).²⁰ Additionally, many immigrants are under the erroneous impression that if they apply for benefits, the Department of Homeland Security will label them a “public charge,” and will prevent them from obtaining a green card, reentering the country, or reuniting with their relatives.²¹ In fact, those legal immigrants who are actually eligible for benefits are rarely subject to public charge test.²²

Immigrants and Access to Workforce Development

Low levels of educational attainment and limited English proficiency restrict employment opportunities for many immigrants. For example, 38% of immigrant adults did not finish high school, compared to 21% of U.S.-born adults.²³ Roughly 7.4 million adults do not speak English well or do not speak English at all, comprising 32% of all foreign-born adults.²⁴ Limited English proficiency is strongly correlated with higher rates of unemployment, low-earnings, and high poverty rates.²⁵ Access to programs that increase English proficiency, educational attainment, and job training are critical to improved labor market outcomes for these adults.

Employment services through TANF could help unemployed and low-earning immigrant parents, but such parents are often ineligible for TANF assistance due to immigrant eligibility restrictions. Moreover, for those who receive assistance, the program’s strong orientation toward immediate work placement rather than skill-building activities reduces the likelihood that they will receive services to address educational or language needs.²⁶

Another important vehicle for providing employment services to adults is through the structure of state and local workforce boards and one-stop centers under the



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Workforce Investment Act (WIA). Apart from federal funding for higher education, WIA is probably the principal federal source of training and training-related services for adults. However, there is evidence that unemployed and low-earning immigrant adults are significantly underserved by the WIA system. Roughly 12% of low-wage workers have limited English proficiency.²⁷ Yet in program year 2001 (from July 1, 2001 through June 30, 2002), only 5.8% of adults who received training services were individuals with limited English proficiency. Moreover, among those with limited English proficiency seeking WIA services, less than half (48%) received training.²⁸

Policy Recommendations

To improve the well-being of low-income immigrant families, it is important to increase access to supports that can reduce poverty and help address children’s basic needs, and to take steps to enhance the employment prospects of the parents.

First, the restrictions on access to health care, food assistance, and public benefits eligibility for legal immigrants established by the 1996 law should be repealed. The ostensible justification for such policies had been to

discourage individuals from immigrating to the United States in search of, or with the expectation of, relying on public benefits. However, the goals of immigration policy should be advanced by determining and enforcing the rules relating to immigration, not by restricting access of immigrant families and children to important public benefits. It is counter-productive to deny immigrant families access to the services that could improve parents' employment prospects and promote children's healthy development and school readiness. The restrictions on access to public benefits have resulted in significant hardships. There is no good policy justification for federal law to allow or require states to discriminate against immigrant children and families.

Second, until the federal restrictions are repealed, states should maintain existing programs that provide replacement benefits. In addition, states should provide federally funded Medicaid, SCHIP, and TANF benefits to legal immigrants who have lived in the United States for more than five years, and should consider providing state-funded replacement benefits to immigrants subject to the five-year bar. Extending TANF benefits to the immigrant parents of citizen children receiving TANF has modest marginal costs and has the added benefit of giving the parent access to welfare-to-work services.

Additionally, states need to make active efforts to improve participation in public programs among eligible immigrant families. Experiences in states point to a set of practices that can enhance participation:

- ▶ To reduce confusion about eligibility, locations that serve as “points of access” should utilize a combination of specialized caseworkers and systems that automatically determine eligibility based on prompts for required information.
- ▶ To increase access among limited English speakers, translated written notices and communications should be made available. The use of untrained interpreters such as children should be discouraged. Additionally, research shows that bilingual staff are more likely to be available in community- and health-based settings, and that immigrant families are more likely to apply for benefits at community health clinics and other non-welfare settings.²⁹ Offering simplified applications in such non-welfare settings will increase access to benefits to limited English speakers.
- ▶ To alleviate fears of threatened immigration status, applications should be modified to reduce requests for sensitive information (such as immigration status or social security numbers) from family members not applying for benefits.

Steps should also be taken to promote better labor force outcomes for immigrant parents who are eligible to work in the United States. Federal and state policy initiatives designed to expand access to higher education and labor force advancement for low-earning workers could provide significant assistance to low-earning workers in immigrant families. In addition, eliminating restrictions on TANF eligibility could improve access to employment services for unemployed parents. Ensuring that activities to improve English language acquisition count toward program participation requirements could help ensure that such services are made available.

A set of changes to federal law could improve both access to, and the quality of, training and other workforce services for a broad range of unemployed and underemployed workers, including those with limited English proficiency.³⁰ Changes that could improve access for immigrants in particular are as follows:

- ▶ Federal performance standards governing the workforce system and any common performance standards across systems should be structured in ways that do not discourage providing services to persons with limited English proficiency.³¹
- ▶ Federal law should encourage the development of “integrated training programs” that combine job training and language acquisition, to help immigrants with limited English proficiency gain job training and English skills at the same time.³² The development of such programs could be encouraged through a combination of research and demonstration funding, technical assistance to states and localities, data reporting, performance measurement, and state plan requirements.
- ▶ Federal law should encourage a significantly enhanced effort by one-stop centers to ensure that career counseling, vocational assessment, and other services are structured to meet the needs of job seekers and workers with limited English proficiency.³³

- ▶ States should review their procedures to ensure that translated documents are made available and are consistent with federal civil rights requirements.³⁴

Congress also needs to act to address the situation of undocumented immigrants who are residing in the United States but are not eligible to work here legally. Broader issues around immigration policy, including amnesty and guest worker proposals, are beyond the scope of this commentary. However, it seems clear that it will be impossible to fully address the needs of all children in immigrant families, or the labor force prospects of all immigrant parents, as long as substantial numbers

of immigrant parents residing in the United States are not allowed to lawfully work in this country.

Ultimately, federal policy must take a new course, one that shifts away from the goal of restricting assistance to immigrant families, and instead acknowledges the need to provide family supports and employment services to help ensure that children of immigrants thrive and that their parents can progress in the labor force.

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ENDNOTES

1. Capps, R., Fix, M., and Reardon-Anderson, J. *Children of immigrants show slight reductions in poverty, hardship*. Washington, DC: Urban Institute, November 2003. Available online at <http://www.urban.org/urlprint.cfm?ID=8641>.
2. Capps, R., Fix, M., and Passel, J., et al. *A profile of the low-wage immigrant workforce*. Washington, DC: Urban Institute, October 2003. Available online at http://www.urban.org/UploadedPDF/310880_lowwage_immig_wkfc.pdf.
3. See note 1, Capps, et al.
4. See also the article by Nightingale and Fix in this journal issue.
5. See note 2, Capps, et al.
6. Most low-wage foreign-born workers (60%) were in the United States lawfully. See the article by Nightingale and Fix in this journal issue.
7. It is less clear how implementation of the 1996 law affected participation in child care subsidy programs for immigrant families. Children who are legal immigrants are generally eligible for child care subsidies under the Child Care and Development Block Grant. No research was found providing information about the share of children in low-income immigrant families participating in child care subsidy programs at the time of, or subsequent to, enactment of the 1996 welfare law.
8. U.S. House of Representatives, Committee on Ways and Means. *2003 green book: Background material and data on programs within the jurisdiction of the Committee on Ways and Means*. Washington, DC: Government Printing Office, 2004. Appendix J: Welfare benefits for noncitizens. Appendix J available online at <http://waysandmeans.house.gov/media/pdf/greenbook2003/AppendixJ.pdf>. (Note: In 1996, data reflect participation in the Aid to Families with Dependent Children (AFDC) program.)
9. The percentage of low-income non-citizen children participating in Medicaid or SCHIP fell (from 28.6% to 24.8%) at the same time that participation by low-income citizen children was rising (from 42.8% to 47.6%). See Ku, L., Fremstad, S., and Broaddus, M. *Noncitizens' use of public benefits has declined since 1996: Recent report paints misleading picture of impact of eligibility restrictions on immigrant families*. Washington, DC: Center for Budget and Policy Priorities, April 2003. Available online at <http://www.cbpp.org/4-14-03wcl.htm>.
10. Capps, R., Kenney, G.M., and Fix, M.E. *Health insurance coverage of children in mixed-status immigrant families*. Washington, DC: Urban Institute, November 2003. Available online at <http://www.urban.org/urlprint.cfm?ID=8640>.
11. According to the most recent data available, in 1999, 7.8% of low-income immigrant families with citizen children received TANF compared with 11.6% of low-income citizen families. Similarly, 19.8% of low-income immigrant families with citizen children received food stamps compared to 27.9% of low-income citizen families. See Fix, M., and Passel, J. *The scope and impact of welfare reform's immigrant provisions*. Washington, DC: Urban Institute, January 2002. Available online at <http://www.urban.org/urlprint.cfm?ID=7522>.
12. In 2001, 50.1% of low-income citizen children in mixed status families participated in Medicaid or SCHIP, compared to 46.2% of citizen children with citizen parents; See note 9, Ku, et al.
13. See note 10, Capps, et al.
14. Twenty-four states use their own funds to offer some form of state-funded TANF cash assistance during the federal five-year ineligibility period, and forty states offer TANF to lawful permanent residents after the five-year bar ends. See Wasem, R. *Noncitizen eligibility for major federal public assistance programs: Policies and*

- legislation. Washington, DC: Congressional Research Service, March 2004.
15. See note 11, Fix and Passel.
 16. Capps, R., Ku, L., Fix, M., et al. *How are immigrants faring after welfare reform? Preliminary evidence from Los Angeles and New York City*. Final report to the U.S. Department of Health and Human Services. Washington, DC: Urban Institute, March 2002. Available online at: http://www.urban.org/UploadedPDF/410426_final_report.pdf.
 17. Fix, M., and Capps, R. *Immigrant well-being in New York and Los Angeles*. Immigrant families and workers policy brief no. 1. Washington, DC: Urban Institute, August 2002. Available online at http://www.urban.org/UploadedPDF/310566_ImmigrantWellBeing.pdf.
 18. Holcomb, P., Tumlin, K., Koralek, R., et al. *The application process for TANF, food stamps, Medicaid and SCHIP: Issues for agencies and applicants, including immigrants and limited English speakers*. Washington, DC: Urban Institute, January 2003. Available online at <http://www.urban.org/url.cfm?ID=410640>.
 19. Fremstad, S. Covering new Americans: A review of federal and state policies related to immigrants' eligibility and access to publicly funded health insurance. Washington, DC: Center for Budget and Policy Priorities, forthcoming.
 20. See note 18, Holcomb, et al.
 21. National Immigration Law Center. *Guide to immigrant eligibility for federal programs*. 4th ed. Los Angeles: NILC, 2002.
 22. Fremstad, S. *The INS public charge guidance: What does it mean for immigrants who need public assistance?* Washington, DC: Center for Budget and Policy Priorities, July 2000. Available online at <http://www.cbpp.org/1-7-00imm.htm>.
 23. Greenberg, E., Macías, R.F., Rhodes, D., and Chan, T. *English literacy and language minorities in the United States*. Washington, DC: U.S. Department of Education, 2001. Available online at <http://nces.ed.gov/pubsearch/pubsinfo.asp?pubid=2001464>.
 24. Analysis based on 5% sample of Census 2000 Public Use Micro-sample.
 25. Richer, E. Expanding employment prospects for adults with limited English skills. Presented at the National Association for Welfare Research and Statistics (NAWRS) conference. San Diego, CA. July 15, 2003. Available online at: http://www.clasp.org/DMS/Documents/1058473058.18/LEP_presentation.pdf.
 26. Fremstad, S. *Immigrants, persons with limited proficiency in English, and the TANF program: What do we know?* Washington, DC: Center for Budget and Policy Priorities, March 2003. Available online at: <http://www.cbpp.org/3-18-03tanf.htm>; and Tumlin, K., and Zimmerman, W. *Immigrants and TANF: A look at immigrant welfare recipients in three cities*. Washington, DC: Urban Institute, October 2003. Available online at http://www.urban.org/UploadedPDF/310874_OP69.pdf.
 27. Calculations based on data from note 2, Capps, et al. Immigrants comprise 20% of the low-wage workers, and 62% of low-wage immigrant workers have limited English proficiency.
 28. Calculations based on CLASP analysis of Program Year 2001 Workforce Investment Act Standardized Record Data (WIASRD).
 29. See note 18, Holcomb, et al.
 30. Patel, N., and Strawn, J. *WIA reauthorization recommendations*. Washington, DC: Center for Law and Social Policy, July 2003. Available online at: http://www.clasp.org/DMS/Documents/1057258510.44/WIA_Recomm.pdf.
 31. For further discussion, see National Immigration Law Center. *Senate HELP Committee passes WIA reauthorization bill: Many provisions for LEP persons included*. Washington, DC: National Immigration Law Center, December 2003. Available online at <http://www.nilc.org/immspbs/cdev/congrssdev012.htm>.
 32. For further discussion, see Wrigley, H., Richer, E., Martinson, K., et al. *The language of opportunity: Expanding employment prospects for adults with limited English skills*. Washington, DC: Center for Law and Social Policy, August 2003. Available online at http://www.clasp.org/DMS/Documents/1062102188.74/LEP_report.pdf.
 33. See note 32, Wrigley, et al.
 34. Kubo, H. *Comments on the revised DOL recipient LEP guidance*. Washington, DC: Center for Law and Social Policy, June 2003. Available online at http://www.clasp.org/DMS/Documents/1056988958.15/LEP_Guide_Comm.pdf.

COMMENTARY 2

Harris N. Miller

E-mail. Instant messaging. File sharing. Internet games and entertainment. The reality is clear: The technological knowledge of many of America's children already surpasses that of their parents, teachers, religious and government leaders. A 15-year-old child in high school today has probably never known life and learning without computers and the Internet. Today's children are the Internet generation.

Not all children enjoy equal access to computers, however. Minority children and children of immigrants, in particular, tend to have less access to computers and the Internet, both at home and at school.¹ To ensure that all of our nation's children are reaping the benefits of information technology (IT), policymakers and stakeholders must take an active interest in promoting math, science, and technology education to today's youth, and they must promote ubiquitous broadband (high speed) Internet access.²

IT is important to the nation's children—and the nation—in several ways. First, it can be a catalyst for changing how American children learn. As noted in the article by García Coll and Szalacha in this journal issue, research reveals that use of computers can enhance learning by giving children opportunities to both be more self-directed and to collaborate with others.³ For those who acquire skills in this area, IT offers the potential of well-paying jobs into the future. In addition, IT holds promise for facilitating the delivery of a wide range of services, including health care. Finally, IT also has the potential to extend the reach of democracy by breaking down the barriers to political participation.

The Demographics of IT

Minority children tend to have less access to computer technology both at school and at home. This disparate

access is tied, for the most part, to disparate school and family socioeconomic status. Income, education, and ethnicity are all strong predictors of the type of access children have to IT.⁴ Gender also can play a role, with girls traditionally tending to use computers less than boys.

There are some hopeful signs, however. Programs, such as E-rate, are helping to reduce the digital divide in public schools. Also, as technology has expanded the use of computers beyond games to include e-mail, instant messaging, and schoolwork assignments, the disparities in use between genders has diminished. In 1998, girls reported using home computers as often, and with as much confidence, as boys.⁵ Still, more must be done to ensure that all of America's children have access to the increasingly technological world that is evolving.

The Potential of IT

Broadband access to the Internet will bring new opportunities for e-learning, e-work, and e-government to today's children. The price for high-speed connections will continue to fall, and the Internet in classrooms and homes will become ubiquitous. For today's children, Internet anytime, anywhere can benefit their lives in many ways.

Changing How Students Learn

Promoting math, science, and technology education among all demographic and socioeconomic groups is an important first step to improving the lives of America's children. Math and science form the foundation that children need to advance in technology fields. Unfortunately, many children—especially minority children and children of immigrants growing up in disadvantaged neighborhoods—do not have equal access to technology to inspire them to pursue these fields. As of 1999, 39% of disadvantaged schools were not connected to the Internet.⁶ But even among children who do have access, many “turn off” to these subjects as early as the third grade. Once children decide that math and science are too difficult, too boring, or too irrelevant, they begin to take themselves out of the technology pipeline.

The high school graduating class of 2008 will be the largest in our nation's history.⁷ While the high school population is growing, the number of colleges and universities is not. The opportunity to spend four years on a college campus is likely to become increasingly difficult.

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This fact alone is reason for stakeholders—specifically state, local, and federal government—to improve technology access to children. Broadband Internet access is an important educational tool and governments have an interest in seeing this technology integrated into the learning process.

The Web-Based Education Commission outlined the importance of broadband accessibility in its first call to action in December 2000, urging Congress and the president to “make powerful new Internet resources, especially broadband access, widely and equitably available and affordable for all learners.”⁸ Through technology that enables broadband Internet access, stakeholders have the opportunity to extend the benefits of e-education and lifelong learning to economically disadvantaged, geographically remote, inner city, and other “offline” demographic groups.

Indeed, e-learning can benefit children in the classroom by enabling educators to utilize the Internet to aug-

ment lesson plans. It can also open doors to additional learning at home, in libraries and community centers on weekends, evenings, and summer vacations. Thanks to technology, future generations have the opportunity to experience learning on levels today’s adults never enjoyed.

Growing the Economy

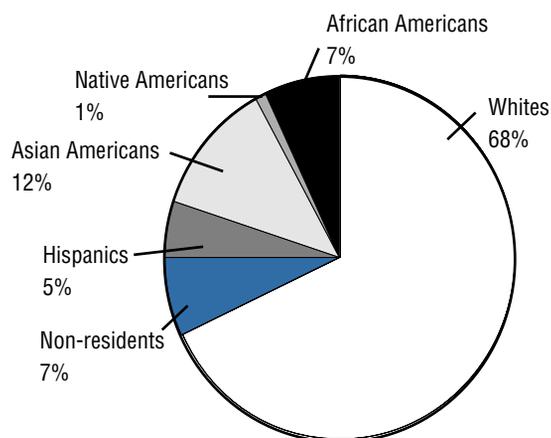
IT is important to the American economy and to future employment opportunities for America’s youth. As discussed in the article by Nightingale and Fix in this journal issue, the demand for high-skilled workers, especially those with technological and computer skills, is increasing—and not just for jobs such as computer programmers and other technical positions. The article points out that a wide array of jobs now prefer or require some knowledge of computers, from manufacturing jobs to retail sales positions, and that this trend is likely to continue.

Moreover, the growing practice of sending technology work—specifically programming, help desk, and back office operations—to workers in low-wage countries is likely to heighten demand for an even more technologically-savvy workforce in the United States. While off-shore outsourcing has the unfortunate consequence of job dislocation in the short term, history and economics tell us that the globalization of jobs will ultimately result in new, better high-paying jobs created here at home, at the same time expanding markets for our products overseas. Technology will continue to play an integral role. By contributing to a strong knowledge base in math and science, today’s children will help ensure that the nation’s economy creates new, high-paying industries using technology for decades to come.

To realize this vision, however, U.S. children must have the foundation, tools, and inspiration to create and work in the great industries of tomorrow. Unfortunately, many youth are not preparing themselves adequately for this technological future. By the time they reach college age, relatively few minorities and women choose to enter computer science and engineering fields at the undergraduate level. In the 1999-2000 academic years, the number of white college graduates nationwide with degrees in computer science, engineering, or an engineering related field far outstripped the percentage of minorities. (See Figure 1.) Similar data show that

Figure 1

Undergraduate Degrees in Computer Science, Engineering, and Engineering-Related Technologies, 1999-2000



Source: National Center for Education Statistics. *Integrated Postsecondary Education Data System, “Completions” Survey*. Washington, DC: U.S. Department of Education, NCES, July 2001. Total number earning degrees in these subjects: 108,494.

women received 22% of the undergraduate degrees in the computer science and engineering related fields, compared with 78% for men.⁹

Although small gains have been made in the numbers of minorities and women working as IT professionals, these groups still are underrepresented in the IT workforce overall.¹⁰

For example, African Americans made up 10.9% of the U.S. workforce in 2002, but only 8.2% of the IT workforce. The underrepresentation among Hispanics and Native Americans was even greater, with Hispanics making up 12.2% of the U.S. workforce but only 6.3% of the IT workforce, and Native Americans accounting for 0.9% of the U.S. workforce, but only 0.6% of the IT workforce. Overall, women made up 46.6% of the U.S. workforce in 2002, but only 34.9% of the IT workforce.

The reasons for underrepresentation in IT and related fields are diverse. As mentioned earlier, lack of access is clearly a factor. But other factors may also contribute, including an absence of appropriate role models, an information gap at the school level, or persistence of stereotypes that may impede interest on the part of young people in studying math and science, or present roadblocks to hiring qualified minorities. Whatever the reasons, one thing is clear: Society must continue to peel away hindrances to progress on the part of underrepresented groups in IT.

Improving Service Delivery

Broadband Internet access enables the creation of an electronic government—or “e-government”—that looks and acts far different than the government of today. Many state and federal agencies are already offering services through the Internet, allowing citizens to avoid travel time and waiting in lines. Internet sites such as www.firstgov.gov allow individuals access to information on vehicle registration and drivers licenses, professional licenses, vital records, social services, relocation, jobs, bills in the state legislature, news, and much more. Businesses can tap these government portals for information on procurement, taxes, licenses, regulations, road construction, complaints, building permits, labor rates, court opinions, and other critical information on state and local business requirements.

Of special importance to children, high-speed Internet technologies can also deliver improved healthcare. Rural areas, states, and communities that are traditionally underserved by the medical community are benefiting from “telemedicine”—the use of information technology to deliver medical services and information from one location to another. For example, it enables physicians to consult with patients from long distances, making preventive medicine and routine well-child visits more accessible. While technology cannot deliver a vaccination, the Internet can also be an important educational tool for parents on the importance of childhood vaccines and check-ups.

Expanding Political Participation

Beyond bringing faster, more efficient services, the potential unlocked by Internet voting could allow today’s children to be much more involved in governing when they reach adulthood compared with previous generations. For example, the Michigan Democratic Party recently announced over 42,000 voters participated in their caucus process through online voting in February 2004, about twice the number of voters who normally participate in “in person” caucuses. Through such innovative practices, the Internet has the potential to involve more citizens than ever before in the democratic process. At a time when historically low numbers of Americans even go to the polls, online voting and other Internet mobilization strategies should be explored and promoted by stakeholders.

Conclusion

Most Americans do not question the premise that technology is making their lives better with each decade. At work, productivity increases, the American economy strengthens, and U.S. jobs provide more value because of technology. At home, technology allows parents to spend more time with family and less time on the road or waiting in lines, and both children and adults can expand their knowledge base like never before.

To realize the promise that technology holds of raising the standard of living for today’s children, however, stakeholders must take action. They must strengthen math and science public education for all students—both boys and girls of all races and socioeconomic groups. And they must endorse broadband applications such as e-learning, e-work, e-health, and e-government that

promote children's strong development, productivity, and well-being. With access to quality instruction and compelling content, children will grow and expand their horizons in directions never before considered or even dreamed of. Just as the IT industry of today could not have been imagined 25 years ago, children of today will generate ideas and found companies—maybe even entire industries—25 years from now with business proposi-

tions that are not even imaginable today. But one thing that is imaginable today is that technology will likely be the foundation of many of the future endeavors of our nation's children. Ensuring all the nation's children acquire skills in technology not only promotes their individual success, doing so also helps ensure continued American global competitiveness and innovation into the 21st century.

ENDNOTES

1. See, for example, Becker, H.J. Who's wired and who's not: Children's access to and use of computer technology. *The Future of Children: Children and Computer Technology* (Fall/Winter 2000) 10(2):44–76.
2. "Broadband" generally refers to high speed Internet connection—that is, faster than 128 kilobytes per second (or just over twice as fast as a dial-up connection, which is about 56 kilobytes per second).
3. See also Roschelle, J.M., Pea, R.D., Hoadley, C.M., et al. Changing how and what children learn in school with computer-based technologies. *The Future of Children: Children and Computer Technology* (Fall/Winter 2000) 10(2):76–101.
4. See note 1, Becker, p. 59.
5. Subrahmanyam, K., Kraut, R.E., Greenfield, P.M., and Gross, E.F. The impact of home computer use on children's activities and development. *The Future of Children: Children and Computer Technology* (Fall/Winter 2000) 10(2):123–144. See, in particular, p. 130.
6. Roberts, L.G. Federal programs to increase children's access to educational learning. *The Future of Children: Children and Computer Technology* (Fall/Winter 2000) 10(2):181–185.
7. A wake-up call for higher education: Post secondary institutions face an increased and increasingly diverse student population. *Work America* (June 2001) 18(5): 1–7.
8. Kerrey, B., and Isakson, J. *The power of the Internet for learning: Moving from promise to practice*. Report of the Web-Based Education Commission to the President and Congress of the United States. Washington, DC: WBEC, December 2000.
9. National Center for Education Statistics. *Integrated Postsecondary Education Data System "Completions" Survey*. Washington, DC: U.S. Department of Education, NCES, July 2001.
10. Based on an analysis of data from the U.S. Bureau of Labor Statistics' (BLS) Current Population Surveys, between 1996 and 2002, the percentage of women in the overall IT workforce fell from 41% to 34.9%, and the percentage of African Americans fell from 9.1% to 8.2%. However, over this same period, when administrative positions were removed from consideration, small increases were found in IT professional positions. The percentage of IT professionals who are women rose from 25.0% to 25.3% during this period, and the percentage of African American IT professionals also rose slightly from 6.0% to 6.2%. See Information Technology Association of America. *Report of the ITAA Blue Ribbon Panel on IT Diversity*. Arlington, VA: ITAA, May 5, 2003. Available online at <http://www.ita.org/workforce/docs/03divreport.pdf>.

COMMENTARY 3

Karen M. Kaufmann and J. Celeste Lay

Political organizing on behalf of children and the poor is a persistent uphill battle. Since the War on Poverty in the 1960s, federal commitments to programs that enhance youth educational opportunities and health care access have declined or stagnated as a proportion of the federal budget. While the American public voices generic support for vulnerable children, widely held negative stereotypes about poor adults and individualistic explanations for poverty stymie political efforts to create family-friendly initiatives.

Recent and projected levels of foreign immigration indicate that racial and ethnic minorities will comprise an ever-growing proportion of the nation's children and the poor. To the extent that public ambivalence toward funding poverty-related policy is tied to negative racial and ethnic stereotypes, growing numbers of poor immigrant children will probably reinforce, if not exacerbate, this non-Hispanic white reticence. Communities of color, however, cannot sustain a social movement on behalf of children by themselves. Any successful effort on behalf of vulnerable children will have to mobilize new immigrant groups, while at the same time attracting poor and middle-class African American and Anglo voters. Indeed, the political challenges to such an effort are substantial.

This commentary offers a two-pronged political strategy intended to build policy support, as well as a sense of urgency, on behalf of the nation's at-risk children. First, to attract diverse backing from non-Latino white, African American, and naturalized immigrant voters, political actors need to acknowledge the important role that issue

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framing plays in terms of mass receptivity to political messages, and to more clearly specify and communicate their goals so that moderately engaged voters (who make up the vast majority in any given electorate) can easily identify “pro-child” candidates. Secondly, greater emphasis is needed on enhancing political participation among racial minorities and new immigrants. Surveys suggest that racial minorities and immigrants are more sanguine in their support of child and family public policies than are their non-Latino white counterparts, but that numerous hurdles are associated with mobilizing these groups—especially recent immigrants who often have little knowledge of the U.S. political system. The strategies that appear to be most effective at engaging minorities and immigrant groups in the political process are group-specific mobilizing efforts.

Thus, although universal themes and messages are essential to building a broad consensus, group-specific strategies are superior to more general strategies when the aim is minority or immigrant mobilization. Both types of efforts will be needed to build a strong constituency on behalf of vulnerable children in the years ahead.

Framing Issues on Behalf of Children

With the exception of *The Grinch Who Stole Christmas* and the random curmudgeon, most Americans support the abstract notion of helping children. Unlike politically contentious groups such as “welfare recipients” and “the undeserving poor,” children are accorded little responsibility for their personal circumstances.¹ Thus, from a political perspective, children represent a valence issue—that is, an issue that elicits a one-sided emotional response from the public.² When candidates claim to be pro-child or pro-family, they are staking out safe territory. No sensible contender for office would ever claim to be otherwise. One of the challenges in building constituencies that support children and family issues, however, is that when too broadly defined, children and family issues lose meaning.

An enormous body of political science and social psychological research indicates that the way an issue is framed directly affects levels of public support. Framing effects operate by priming group-based concerns in the attitude formation process.³ Any social movement that is to succeed must transform the frame in which

the public views the issues of concern.⁴ To build a successful constituency on behalf of children, clear and simple goals of a pro-child agenda need to be identified. In addition, the emphasis needs to be on vulnerable children rather than on combating poverty, to avoid eliciting negative associations with stereotypes of poor, undeserving adults.

Identify Clear and Simple Goals

In a political environment where no consensual criteria define what it means to be pro-child, a whole host of policies and political candidates can claim to be pro-child and will likely seem credible in their claims. For example, according to some, recent legislation authored by the Bush Administration, referred to as “The Leave No Child Behind Act,” provides proof that President Bush is pro-child, whereas others argue that the bill did not go far enough.

Children’s advocates lack a small set of clearly staked positions that both engender organizational activity and provide clear cues to voters. People need to know what constitutes a pro-child candidate without having to exert much effort—a litmus test of pro-child policy positions that enables voters to make easy judgments. Successful collective action hinges, in part, on such simplicity.

At the same time, support for broad policy areas does not necessarily translate into backing for specific programs.⁵ For example, recent data from the 2002 General Social Survey (GSS) suggest that Americans of all stripes support increased spending on health care and education: Three out of four Americans say that the government is, in fact, spending too little in these areas. Yet despite the apparent overwhelming public support, there has not been much progress in either of these policy areas. In part, this is due to the fact that there is relatively little agreement on how existing challenges should be addressed. Some favor proposals that guarantee unpaid leave for parents to take care of sick children and mandate class size reduction, whereas others support proposals that increase technology investment in schools and expand early childhood education projects like Head Start. Regarding health care, the public is especially divided between government-administered solutions such as a Medicare-like system to cover children or a government voucher plan, and private sector solutions such as family tax credits to

pay for insurance or tax subsidies that act as incentives for insurance companies to provide low-cost coverage for children.⁶

The lack of consensus on desired solutions is a serious obstacle to the goal of constituency building. Arguably all solutions are not equal, and programs that advocate more comprehensive or aggressive assistance to children in need must become rhetorically linked with support for children and families. The general cause of children would be well-served if it could be identified with two or three simple, but program-specific advocacy positions.

Emphasize Vulnerable Children, Not Poverty

Although it may be obvious to anyone who advocates for children that poverty policy and children’s policy are often one and the same, it is essential that children’s advocates use issue frames that emphasize vulnerable children, as opposed to the poor more generally, because American attitudes toward poverty programs typically evoke a strong cultural norm of individualism and/or powerful negative stereotypes about groups that are disproportionately poor.⁷ Indeed, negative attitudes toward African Americans—that they are lazy and violate cultural values of hard work and consensual moral standards—are primary explanations for why non-Latino white Americans oppose means-tested social welfare programs.⁸

As a result, advocates that work on behalf of children and families need to be sensitive to the nature of their appeals and de-emphasize their use of strictly poverty-related language. Instead, they should situate child welfare appeals within the larger cultural value system of preparing children for work and family responsibility. Frames such as these openly combat negative cultural stereotypes about the poor while drawing cognitive links between children and diffusely accepted social norms. Public information campaigns that dispel common misperceptions about children and poverty will be invaluable to gaining long-term policy support for programs that benefit poor families.

Mobilizing Communities of Color

Generally speaking, African Americans and Latinos represent strong potential constituencies for youth and family issues. In contrast to non-Hispanic whites, Latinos and blacks are more supportive of social welfare

programs and more supportive of enhanced federal and state spending on education and health care. Although little public opinion research exists regarding Asian Americans and their dispositions toward child-friendly public policy, the population of Asian American children is growing rapidly and is projected to equal the percentage of African American children by the end of this century.⁹ The political challenge—especially within immigrant communities—is not to build support for children (which already exists), but to enhance rates of political participation.

Blacks and Latinos Respond to Community-Based Efforts

Participation research conducted for blacks and Latinos points to a similar conclusion: Community-based, ethnically or racially organized mobilization campaigns appear to be the most effective means of enhancing minority participation.¹⁰

For example, Southern Echo, a community-based group in Jackson, Mississippi, successfully organized African Americans in Tallahatchie County around issues of redistricting after the 1990 Census, pressuring the county board of supervisors to negotiate with a black organization for the first time.¹¹ As a result, the board agreed to create three “electable” black districts for the five-member board.¹² Many African American parishes are also effective political agents. The black church has a long tradition of effectively mobilizing members to political causes.¹³ Partisan grass-roots political efforts—especially when conducted in tandem with local black organizations—also tend to generate above-normal rates of black turnout.

Similarly, research conducted on Latino turnout emphasizes the importance of local Latino-based mobilizing groups in bringing above-average rates of Latinos to the polls. According to one recent study, Latinos contacted by Latino organizations were eleven percentage points more likely to vote than Latinos who were not contacted.¹⁴ Equally interesting, they found that political party contacts (in the absence of a co-ethnic tie-in) generated no incremental gains in turnout. Findings from this research strongly suggest that children’s advocacy resources would be well spent on developing Latino-oriented/Latino-run organizations that can make local, pan-ethnic appeals.

At the same time, research indicates that registration drives—in the absence of ethnically-based mobilization efforts—are a less efficient expenditure of scarce resources. Although registration drives may pay dividends by increasing the pool of total voters in the long run, in the short term, mobilization drives reap larger rewards, particularly when these mobilization efforts utilize ethnic or racially-specific community groups to make their requests.

Community organizations that combine political activism with social welfare support, such as La Alianza Hispana in the Roxbury/Dorchester community in South Boston, are especially successful. As discussed in several articles throughout this journal issue, many Latinos—particularly new immigrants—face serious life challenges, including lack of English language skills, poverty, joblessness, homelessness, and insufficient access to medical care and child care. La Alianza Hispana helps Latinos in their community with basic needs, while at the same time promoting civic involvement.¹⁵

Finally, one of the most effective ways of mobilizing black and Latino constituencies is to have one of their own on the ballot. Minority political candidates can have a significant influence on levels of minority turnout. For example, studies show that having black candidates on the ballot typically yields higher levels of black voter participation, all else being equal.¹⁶ Similarly, Latino candidates—especially those at the top of the ticket—also stimulate above-normal levels of voter participation among Latino voters.¹⁷ Non-Latino white candidates, even those that run with racial group endorsements or on race-specific platforms, may generate appreciable percentages of electoral support from minority voters, but even ideologically attractive white candidates typically do not enhance minority turnout.¹⁸ In practical terms, this means that advocacy groups (and political parties, for that matter) that want to build reliable electoral constituencies for children’s issues need to work with community-based organizations to groom and sponsor minority candidates who can carry the children’s advocacy banner into the electoral arena.

Asian Americans: Long-Term Prospects and Short-Term Challenges

Political organizing within the Asian community—with its enormous diversity across national origins, languages,

religions, and more—is a particularly daunting endeavor, and considerably more difficult than mobilizing within the African American and Latino communities that have established traditions of politics as a means for community advancement. As a result, to the extent that Asian Americans represent a pool of potential constituents for political action, they are truly untapped. Even controlling for differences in education, income, length of residence, and citizenship, Asian Americans participate less than do other racial and immigrant groups.¹⁹

Yet Asian Americans are a potentially important constituency that could be mobilized to represent the interests of vulnerable children in this country. For example, as is the case in many urban areas throughout the country,²⁰ in New York City, Asian Americans are the most rapidly expanding percentage of the population, with much of this growth attributed to immigration. Moreover, over half of all Asian American babies in New York City are born into poor or near-poor families.²¹

Although Asian Americans represent a small proportion of the whole, they are growing at a rapid rate, and opportunities for constituency building in select localities should be pursued. The two main political parties have paid scant attention to Asian American populations and, as such, the main sources of political socialization for Asian Americans has come from labor organizations, religious institutions, community non-profits, and ethnic voluntary organizations.²² From a strategic standpoint—similar to our recommendations regarding blacks and Latinos—inroads to the Asian American voter base show the most promise if pursued locally, and through ethnic or pan-ethnic appeals.

Conclusion

Public opinion generally, and policy preferences among minority voters particularly, support children- and youth-focused agendas, yet the political realization of government policies on behalf of children is far from certain. In the abstract, there is considerable support for increased government spending in areas such as education and health care. At the same time, being pro-child can be so diffuse it becomes meaningless. To advance a children's agenda, particular attention must be paid to how issues are framed and how minority and immigrant groups are mobilized.

To begin, it is imperative that advocates on behalf of children provide the public with cognitive shortcuts that simplify the political landscape into pro-child and not. In particular, it seems essential to link children's advocacy with several policy positions that can be used to rally public sentiment, enhance organizational integration, and facilitate voter decision-making. Additional research on the preferences and priorities of the public toward the children's agenda may be necessary to accomplish this task.

Importantly, however, it is also essential that children's advocates rhetorically separate questions of children's welfare from adult welfare. A majority of Americans are wary of “big government programs,” particularly poverty programs. Questions of poverty, and beliefs about the root cause of poverty, have become deeply entangled with the politics of race and racial privilege in the United States. To the extent that child advocacy hinges on the success of poverty policy as it is currently framed, the long-term prospects appear rather bleak. In order to build support for children, issue framers must steer clear of old rhetoric that evokes notions of the undeserving poor, and instead, use frames that link children's advocacy with diffusely accepted values such as family and work.

Finally, though there is likely to be substantial support from minority communities with regard to children's issues generally, political participation within minority communities must be augmented for the full force of these values to be felt. However, numerous hurdles are associated with mobilizing these groups—especially more recent immigrants who often have little hands-on knowledge about the U.S. political system. To overcome these challenges, the scholarly understanding of minority mobilizing points to the efficacy of local groups in the role of grass-roots organizers. Investing in the development of strong community-based organizations that can rally voters on Election Day appears to be a particularly promising use of advocacy resources.

To the extent that communities of color rally around their racial and ethnic brethren—and to the extent that the future of our children and their welfare may rest in their collective voice at the ballot box—recruiting, training, and promoting African American and immigrant political candidates seems a necessary and

most promising strategy. In the short term, immigrant mobilization efforts pay substantial dividends by linking various communities with political agencies, local organizers, and like-minded candidates. In the long term, the potential payoff from these mobilization campaigns is even greater, as these novices in the political arena

become the next generation of habitual voters—voters to whom politicians must pay attention.

The task may seem daunting. But only through more strategic issue framing and mobilization efforts can efforts to build policy support and a sense of urgency on behalf of the nation's at-risk children be realized.

ENDNOTES

1. Beckett, K. Culture and the politics of significance: The case of child sexual abuse. *Social Problems* (1996) 42(1):57–76.
2. Campbell, A., Converse, P.E., Miller, W.E., and Stokes, D. *Elections and the political order*. New York: Wiley and Sons, 1966; and Stokes, D.E., and DiIulio Jr., J.J. The setting: Valence politics in modern elections. In *The elections of 1992*. M. Nelson, ed. Washington, DC: Congressional Quarterly, 1993.
3. Nelson, T.E., and Kinder, D.R. Issue frames and group centrism in American public opinion. *Journal of Politics* (1996) 58(4):1055–1078.
4. Gilliam Jr., F.D. Right for the wrong reasons. Kids count e-zine (2003) no. 26. (Accessed online at <http://www.frameworksinstitute.org/products/issue26framing.shtml> on May 24, 2004.) See also Tarrow, S. Constructing meanings through action. In *Frontiers in social movement theory*. A.D. Morris and C.M. Mueller, eds. New Haven, CT: Yale University Press, 1992.
5. Jacoby, W.G. Issue framing and public opinion on government spending. *American Journal of Political Science* (2000) 44(4):750–767.
6. Lake Research Inc. and the Tarrance Group. *Great expectations: How American voters view children's issues*. Report based on a 1996 public opinion poll. Washington, DC: Coalition for America's Children, 1997.
7. Nelson, T.E., and Oxley, Z.M. Issue framing effects on belief importance and opinion. *Journal of Politics* (1999) 61(4):1040–1067.
8. Gilens, M. Racial attitudes and opposition to welfare. *Journal of Politics* (1995) 57(4):994–1014; and Bobo, L., and Kluegel, J.R. Opposition to race-targeting: Self-interest, stratification ideology, or racial attitudes? *American Sociological Review* (August 1993) 58:443–464.
9. See Figure 1 in the article by Hernandez in this journal issue.
10. Browning, R.P., Marshall, D.R., and Tabb, D.H., eds. *Racial politics in American cities*. New York: Longman Publishers, 1991; and Sonenshein, R. *Politics in black and white*. Princeton, NJ: Princeton University Press, 1993.
11. Information about Southern Echo can be found at <http://www.southernecho.org>. This organization has expanded its work to other communities along the Mississippi Delta, and has attracted funding from many national foundations.
12. The plan was later rescinded by the board, under pressure from their white constituents; however, a federal court order restored the districts. In 1993, after an extensive get-out-the-vote campaign, two of the organizers were elected to the Tallahatchie County Board.
13. Harris, F.C. Something within: Religion as a mobilizer of African American political activism. *Journal of Politics* (1994) 56(1):42–68; and Harris, F.C. *Something within: Religion in African-American political activism*. New York: Oxford University Press, 1999.
14. Shaw, D.R., De la Garza, R., and Lee, J. Estimating Latino turnout in 1996: A three state, validated survey approach. *American Journal of Political Science* (1998) 44(2):338–346.
15. Information on La Alianza Hispana can be found at <http://www.laalianza.org>.
16. Bobo, L., and Gilliam Jr., F.D. Race, sociopolitical participation and black empowerment. *American Political Science Review* (1990) 84(2):377–393.
17. Kaufmann, K.M. Black and Latino voters in Denver: Responses to each other's political leadership. *Political Science Quarterly* (2003) 118(1):107–125.
18. Gilliam Jr., F.D., and Kaufmann, K.M. Is there an empowerment life-cycle? Long-term black empowerment and its influence on voter participation. *Urban Affairs Review* (1998) 33(6):741–766; and Kaufmann, K.M. *The urban voter: Group conflict and mayoral voting behavior in American cities*. Ann Arbor: University of Michigan Press, 2004.
19. Leighley, J.E., and Vedlitz, A. Race, ethnicity and political participation: Competing models and contrasting explanations. *Journal of Politics* (1999) 61(4):1068–1091.
20. For further discussion of the dispersion of immigrant populations, see the article by Hernandez in this journal issue.
21. Lee, J., and Lee, L. *Crossing the divide: Asian American families and the child welfare system*. New York: The Coalition for Asian American Children and Families, 2001.
22. Lien, P., Collet, C., Wong, J., and Ramakrishnan, S.K. Asian Pacific-American public opinion and political participation. *PS: Political Science and Politics* (2000) 34(3):625–630.

COMMENTARY 4

William D. Novelli and Amy Goyer

The American melting pot has become the American mosaic. As the articles in this journal issue have presented, the demographics of children are changing. The demographics of older adults are changing as well. In 2000, minority populations made up 16.4% of the older adult population, and there were 3.1 million foreign-born persons age 65 or older. These older foreign-born adults are more likely to live in poverty and to live in family households than are elders born in the United States. By 2030, minority populations are projected to comprise 25.4% of the nation's elderly. During that time period, the older minority population is expected to increase by 219% as compared to Caucasian older adults increasing by 81%.¹

While society is becoming more diverse across all population age segments, it is also aging. Increased longevity is one of the great success stories of the 20th century:

- ▀ Since 1900, the number of people age 65 or over in the United States has increased 11 times (from 3.1 million to 34.4 million).
- ▀ A child born in 2000 could expect to live 77 years—nearly 30 years longer than a child born in 1900 when life expectancy was just over 47.
- ▀ By 2030, the population age 65 or over will double again to well over 70 million people.²

Combined, the two trends of increased diversity and increased aging have tremendous implications for policy-makers, advocates, stakeholders, and practitioners (and for society in general) in promoting the welfare of our nation's children into the future. On the surface, some tend to view these trends as a precursor to intergenerational and intercultural conflict, with different population segments challenging each other for resources and attention. This view is not only misguided, it ignores the family bonds that tie generations together and discounts the capacity of society both to invest in children and to support the needs of older persons. It ignores the fact

that the quality of life people experience in their later years is reflective of their healthy development and well-being in their formative years. The actions people take (or are taken for them) early in life can have tremendous effects on them later in life. This view also ignores the fact that the enhanced productivity of the workforce helps to ensure the affordability and long-term viability of entitlement programs that support the elderly, the poor, and those with disabilities (that is, programs such as Social Security, Medicare, and Medicaid). Thus, investment in the positive development, education, and well-being of today's children is an investment in the productivity and success of tomorrow's workforce, and the future of these important programs.

Increased longevity happened primarily for three reasons: (1) investments in the priority to reduce death rates for children and young adults; (2) creation of a system for providing adequate medical care to older persons through Medicare and to the poor and disadvantaged through Medicaid; and (3) improvements in public health (such as sanitation, hygiene, living conditions, and clean drinking water). These were strategic societal changes, and the results have been extraordinary. A strategic societal effort targeted to young persons could have similar results. Strategic initiatives, both public and private, can greatly improve the well-being of all the nation's children, and help ensure the well-being of all Americans into the future.

An Intergenerational Paradigm

Society must respond to demographic change using a different paradigm, one based not on conflict, but on lifespan continuity. People are connected through necessary interdependence, and every life stage is equally important. The population of older adults includes parents, grandparents, aunts, uncles, and other family members who care about children. They play a critical role in caring for, mentoring, and advocating for children. Moreover, many issues are shared among children and older adults. A more integrated approach

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to addressing these issues can be an effective way to build bridges and take advantage of the resources of both young and old, and to facilitate the provision of needed supports and services.

The Role of Older Adults

The urgent need to improve the lives and care of our nation's children must be addressed on many fronts. Violence, drug abuse, child abuse and neglect, unequal access to quality education, and lack of affordable, quality health care all threaten our nation's children, and therefore the future of all generations.³ Children clearly need caring adults and advocates on their side. When the strengths of one generation are drawn upon to help or complement those of another generation, all of society benefits. Much more could and should be done to support and encourage older adults in their roles as caregivers, mentors, and advocates for the young.

As Child Care Providers

Grandparents play an important role in the lives of children, and most are in close contact with their grandchildren.⁴ In the United States, grandparents are the largest providers of child care for pre-schoolers whose mothers are working, caring for 21% of these children.⁵ In addition, 4.5 million at-risk children are living in grandparent-headed households in the United States (a 30% increase in the decade from 1990 to 2000).⁶

Research has shown Hispanic children are the fastest growing segment of minority children being raised by grandparents. Also, minority grandparent caregivers (particularly Spanish language-preferred Hispanic and Native American grandparents) are highly misinformed and uninformed about services and benefits that are currently available for them and their grandchildren.⁷ In order to meet the current and growing future needs of grandparent caregivers and the children they care for, major outreach efforts are needed to provide education in culturally sensitive ways about available resources regarding legal, financial, health care, education, housing, transportation and social support.

Those for whom English is not their first language are often isolated and unable to communicate adequately to assist their grandchildren with culture assimilation or in accessing needed developmental education, benefits or services. These grandparents are providing an important service to their families and to society, and steps must

be taken to ensure that they have the resources they need to do this important job.

As Mentors and Tutors

Research has shown that the presence of caring adults in children's lives can have a major positive impact for children. This is an area where older adults are an extremely valuable, but often under-recognized resource.⁸ The Big Brothers/Big Sisters program initiative to recruit and train older adults as mentors is an excellent example of garnering the resource of our nation's older adults. The Experience Corps, a program that engages older adults (age 55 plus) in community service as tutors and mentors for children in urban schools, has also demonstrated the positive outcomes of connecting the generations. Evaluations of this program have shown progress in students' academic and social skills, as well as positive gains in the health and well-being of the older adults serving as tutors and mentors.⁹

As Advocates and Volunteers

Older adults are also an important resource for active advocacy on behalf of children. Many serve as individual advocates for abused and neglected children through the Court Appointed Special Advocate (CASA) program. Others engage in larger organized advocacy efforts. As the baby boomer population ages, our nation has the opportunity to draw upon their wisdom and experience to enable them to play an increasingly important role in advocating for younger generations.

Research shows that adults age 45 and older are most likely to volunteer their time to help two population segments: elderly people and children/teens. It is also interesting to note that Hispanic Americans volunteer more hours per month than other racial/ethnic groups, and they are most likely to provide help to other immigrants in the United States.¹⁰ This represents a resource of millions of older adults ready and willing to volunteer to address the needs of the growing diverse generations of children in America—mentoring, tutoring and advocating for children. They are just waiting to be asked. Moreover, intergenerational exchange is thought to be an important aspect of productive aging,¹¹ and community service has proven to be an effective forum for this exchange while addressing essential community needs and enhancing cultural continuity.¹² (See Box 1.)

Box 1

An Intergenerational Approach: AARP Initiatives

AARP,^a the world's largest organization representing the needs and interests of the 50-plus population, recognizes that aging is a continuum that begins at birth and continues until death, and therefore strives to serve people as they age, not just when they are old. Examples of AARP intergenerational initiatives that have targeted benefits to children include the following:

- ▶ A teacher-mentoring program conducted by the National Retired Teachers Association (NRTA), a division of AARP, to help address the problem of high turnover among new teachers.^b Under the program, retired teachers are paired with new teachers so that they can share the benefits of their experience and knowledge, and give the new teachers support. In addition to helping new teachers, thousands of retired educators also have volunteered

over 45 million service-hours directly with children and youth to provide meaningful educational and life-skills support.

- ▶ AARP state offices that are recruiting AARP members to serve as mentors in school-based and community settings working with a number of partners including Big Brothers/Big Sisters, Experience Corps, and Everybody Wins.
- ▶ AARP volunteers in Texas working side-by-side with Children's Defense Fund volunteers to enroll hundreds of Hispanic children in the State Children's Health Insurance Program.
- ▶ AARP volunteers in many states, mobilizing to help pass laws and conduct education and out reach assisting children being raised by grandparents and other relatives.

^aFormerly known as the American Association of Retired Persons.

^bA high turnover level among new teach

for example, Chicago Association of Community Organizations in Reform Now. *Where have all the teachers gone? The costs of teacher turnover in ACORN neighborhood schools in Chicago.* Chicago: ACORN, June 2003, p. 4.

Shared Concerns among Young and Old

An intergenerational paradigm makes sense because there are many overlaps among the needs and the resources of the various generations. For example:

- ▶ **Poverty.** Over half of the poor people in this country are either under 18 or over 65.¹³ More than 2.4 million grandparents are responsible for the basic needs of grandchildren living with them, though almost 20% of these grandparents live in poverty.¹⁴
- ▶ **Health.** Good health is a reflection of genetics and health care, as well as lifelong behavior. Too many children do not receive proper health care and their behaviors are leading them to poor health as they age. Obesity¹⁵ and osteoporosis¹⁶ are just two illustrations of adult diseases that have their roots in childhood.
- ▶ **Health care.** Medicaid is now a significant source of health care for children in working families, as well as for low-income older adults.¹⁷
- ▶ **Education and training.** Education, skills develop-

ment and training are lifelong issues. The children of today must be prepared to enter a future workforce. Likewise, the parents and grandparents who are raising children must have access to affordable education and training opportunities so they can work and provide care for their families.

- ▶ **Language skills.** English language acquisition is a key aspect of education for both young and old. Work opportunities and use of public benefits and services are limited for those who do not possess adequate English skills.

Systems, Resources, and Services Integration

A new generation of Americans is growing—a “sandwich” generation—of people typically between the ages of 45 and 55 who are struggling to care for their children and their parents. (Many of these caregivers are actually part of what is being termed a “club sandwich” generation: caring for their grandchildren in addition to their parents and children.) The way members of the sandwich generation cope is dependent upon their

race and ethnic background, and cultural differences must be accounted for when developing programs, policies, and resources to support families.¹⁸ Across all races/ethnicities, however, the evidence suggests that an integrated, intergenerational life-cycle approach to development and implementation of services can be an effective way to successfully meet the needs of the upcoming diverse generations of children, as well as their parents and grandparents.¹⁹

For example, a family-centered approach to English-as-a-Second-Language (ESL) training, as described in the article by Takanishi in this journal issue, can help parents to access benefits and services and improve their workforce prospects at the same time it is helping children. By also including the older generation—the grandparents—who are often involved in care for the grandchildren, it would fulfill an unmet need for them to take advantage of solid English skills that are often required to access resources that will help them as they age. One program that illustrates this approach is Project SHINE at the Temple University Center for Intergenerational Learning in Philadelphia. The program recruits and trains college students to tutor older immigrants in English and to assist them in learning about American history and culture.²⁰ Another example is Bridges, a program provided by Interages, the Intergenerational Resource Center in Wheaton, Maryland. In this program, older adults mentor and/or tutor foreign-born elementary and middle school students who have multiple risk factors.²¹ These programs are excellent models for effectively providing much needed ESL services while engaging young and old in cultural and generational exchange.

Shared site programs are another way to facilitate the provision of services and/or programs to multiple generations and to promote intergenerational interactions through planned and/or informal activities.²² In fact, community-based, mutually beneficial shared site programs are a growing trend. They hold vast potential for improving the quality of life for both children and older adults in times of scarce resources. Facilities, staff and resources can be shared among schools, child care centers, after-school programs, senior centers, adult day health centers, nursing homes or community centers. Practitioners report this approach to be a cost-resource-effective way to work together to meet the needs of all

generations in the community.²³ Additionally, integrating systems can make it easier for family members to navigate the various systems. Indeed, when systems do not interface, many give up before they are able to find the office or program that can help. As the needs of a diverse population of children and older adults grow, systems are likely to become even more complicated unless steps are taken toward more effective integration.

The provision of cross-training to social service and health care workers about the needs, services, and benefits available to all generations is an important step toward creating better-integrated systems and networks. For example, aging practitioners may be more likely to interact with grandparents who are raising grandchildren. If trained adequately, these practitioners can effectively refer grandparents to services/benefits available for children. The same would be true for training those who primarily serve children about how to refer their parents/grandparents. In light of the growing cultural diversity in the United States, cross-training should include specific cultural sensitivity training and instruction about how to target and reach minority and immigrant populations.

Conclusion

America faces a tremendous challenge in meeting the needs of its generationally and culturally diverse society. The nation must approach this challenge from a perspective of continuity, not conflict, as every life stage is equally important. Both the eldest and the youngest members of society require support, regardless of their economic or cultural background. The children of today are the workforce and the caregivers of tomorrow. The parents today are the elders of tomorrow. The elders of today are often also caregivers, and many comprise a significant segment of our economic base. Society must promote both interpersonal and policy-driven interdependence among the generations through the intergenerational and intercultural cycle of support, service, and caregiving.

Policymakers and advocates have a choice. They can create generational competition and conflict by setting up a divisive “either/or” scenario about meeting the growing needs of a rapidly changing, diverse nation. Or they can acknowledge the commonalities and address a continuum of services, resources, and care over the

lifetime. It is the ultimate false choice to pit one deserving cause against another. Instead, the nation must take an intergenerational approach to advocating for all generations concerning health care, financial assistance, education, work, housing and social supports.

The advocacy, policy, and programmatic services and

resources mentioned in this commentary all require a creative, integrated life-cycle approach. Policymakers, advocates, and practitioners at the federal, state, and local levels must work together collaboratively to evaluate and implement these intergenerational approaches. If they do so, all generations, regardless of cultural background, will benefit as the future unfolds.

ENDNOTES

- Administration on Aging. *A Profile of older Americans: 2002*. Washington, DC: U.S. Department of Health and Human Services, AoA, 2002. Available online at http://research.aarp.org/general/profile_2002.pdf.
- See note 1, AoA.
- Kidsave International. *Violent kids: The case for family*. Washington, DC: Kidsave International, April 2002. Also, according to the Centers for Disease Control and Prevention, children in the United States under the age of 15 are 12 times more likely to die from gunfire, and 16 times more likely to be murdered with a gun, than children in 25 other industrialized countries combined. See National Center for Injury Prevention and Control. *Injury fact book 2001-2002*. Atlanta, GA: Centers for Disease Control and Prevention, 2001.
- AARP. *The grandparent study 2002 report*. Washington, DC: AARP, 2002.
- Smith, K. *Who's minding the kids? Child care arrangements: Spring 1997*. Current Population Reports, P70-86. Washington, DC: U.S. Census Bureau, July 2002.
- AARP. *Census 2000: Tables for grandparent-headed households*. Washington, DC: AARP, 2000. Available online at <http://www.aarp.org/contacts/grandparents/census2000.html>.
- AARP. *Lean on me: Support and minority outreach for grandparents raising grandchildren*. Washington, DC: AARP, September 2003.
- Freedman, M. *Prime time: How baby boomers will revolutionize retirement and transform America*. New York: Public Affairs, 1999, p. 174.
- Putnam, R., and Feldstein, L. *Better together: Restoring the American community*. New York: Simon & Schuster, 2003.
- AARP. *Multicultural study 2003 time and money: An in-depth look at 45+ volunteers and donors*. Washington, DC: AARP, 2003.
- Newman, S., and Smith, T. Developmental theories as the basis for intergenerational programs. In *Intergenerational programs: Past, present and future*. C. Williams and K. Sheedy, eds. Washington, DC: Taylor and Francis, 1997.
- Kaplan, M. The benefits of intergenerational community service projects: Implications for promoting intergenerational unity, community activism, and cultural continuity. In *Intergenerational approaches in aging*. K. Brabazon and R. Disch, eds. New York: The Haworth Press, Inc., 1997.
- U.S. Census Bureau. *Poverty in the United States: 2002*. Current Population Survey. Washington, DC: U.S. Census Bureau, 2002. Available online at <http://www.census.gov/hhes/www/poverty02.html>.
- Simmons, T., and Dye, J. *Grandparents living with grandchildren: 2000*. Census 2000 brief. Washington, DC: U.S. Census Bureau, 2003, p. 1.
- A third (or more) of the entire population is obese. See National Center for Health Statistics. *Health: United States 2003, with chartbook on trends in the health of Americans*. Washington, DC: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, NCHS, 2003. Available online at <http://www.cdc.gov/nchs/hus.htm>. Lack of exercise and fast food are two of the key culprits. See Schlosser, E. *Fast food nation: The dark side of the all-American meal*. New York: Houghton Mifflin, 2002; and AARP. *Exercise attitudes and behaviors: A survey of midlife and older adults*. Washington, DC: AARP, May 2002.
- It is now commonplace for researchers at the National Institute of Child Health and Human Development (NICHD) to observe that osteoporosis is a pediatric disease with geriatric consequences. See NICHD. "Calcium crisis" affects American youth. Press release. Washington, DC: National Institutes of Health, December 10, 2001. Available online at http://www.nichd.nih.gov/new/releases/calcium_crisis.cfm.
- Centers for Medicare and Medicaid Services. *A profile of Medicaid: Chartbook 2000*. Washington, DC: U.S. Department of Health and Human Services, 2000. Quote by Duane Alexander, Director, NICHD. Available online at <http://cms.hhs.gov/charts/medicaid/2Tchartbk.pdf>.
- AARP. *In the middle: A report on multicultural boomers coping with family and aging issues*. Executive summary. Washington, DC: AARP, 2001. Available online at <http://www.aarp.org/inthemiddle/>.
- Calhoun, G., Kingson, E., and Newman, S. Intergenerational approaches to public policy: trends and challenges. In *Intergenerational programs: Past, present and future*. C. Williams and K. Sheedy, eds. Washington, DC: Taylor and Francis, 1997.
- See "Program descriptions" on the Temple University Center for Intergenerational Learning Web site at <http://www.temple.edu/CIL/index.htm>.
- See the program description for "Interages: Bridges intergenerational mentoring" on the Montgomery County Intergenerational Resource Center Web site at <http://www.interages.com/index.htm>.
- Goyer, A., and Zuses, R. *Intergenerational shared site project: A study of co-located programs and services for children, youth and older adults*. Washington, DC: AARP, 1998.
- Goyer, A. Intergenerational shared-site programs. *Generations* (Winter 1998-1999) 22(4):79-80.

List of Acronyms

AddHealth	National Longitudinal Study of Adolescent Health
AFDC	Aid to Families with Dependent Children
BLS	Bureau of Labor Statistics
CASA	Court Appointed Special Advocate
CCDBG	Child Care and Development Block Grant
CCDF	Child Care and Development Fund
CDF	Children’s Defense Fund
CLASP	Center for Law and Social Policy
COPLA	Comité de Padres Latinos
ECLS-K	Early Childhood Longitudinal Study of Children
ECS	Education Commission of the States
EITC	Earned Income Tax Credit
ESL	English as a second language
GED	General Equivalency Diploma
GPA	Grade point average
GSS	General Social Survey
ICHIA	Immigrant Child Health and Improvement Act
IDEA	Individuals with Disabilities Education Act
IT	Information technology
LEP	Limited English proficient
NCES	National Center for Education Statistics
NCLB	No Child Left Behind Act
NCLR	National Council of La Raza
NELS:88	National Educational Longitudinal Study: 1988
NHANES	National Health and Nutrition Examination Survey
NICHD	National Institute of Child Health and Human Development
NLSY97	National Longitudinal Survey of Youth, 1997
NRTA	National Retired Teachers Association
NSAF	National Survey of America’s Families
PTSD	Post-traumatic stress disorder
PUMS	Public Use Microdata Sample
SCHIP	State Children’s Health Insurance Program
SES	Socioeconomic status
SIPP	Survey of Income and Program Participation
SSI	Supplemental Security Income
TANF	Temporary Assistance for Needy Families
WIA	Workforce Investment Act
YRBS	Youth Risk Behavior Survey

Selected Bibliography

- Booth, A., Couter, A., and Landale, N., eds. *Immigration and the family: Research and policy on U.S. immigrants*. Mahwah, NJ: Lawrence Erlbaum, 1998.
- Capps, R. *Hardship among children of immigrants: Findings from the 1999 National Survey of America's Families. Assessing the new federalism, policy brief B-29*. Washington, DC: Urban Institute, 2001.
- Capps, R., Fix, M., and Passel, J. *A profile of the low wage immigrant workforce. Immigrant families and workers*, brief no. 4. Washington, DC: Urban Institute, 2003.
- Children's Defense Fund. *2002 facts on child poverty in America*. Washington, DC: CDF, November 2003.
- Cooper, C.R., García Coll, C.T., Bartko, T., et al., eds. *Hills of gold: Rethinking diversity and contexts as resources for children's developmental pathways*. Mahwah, NJ: Lawrence Erlbaum Associates, in press.
- Copple, C., ed. *A world of difference. Readings on teaching young children in a diverse society*. Washington, DC: National Association for the Education of Young Children, 2003.
- Fix, M., and Passel, J. *U.S. immigration, trends and implications for schools*. Washington, DC: Urban Institute, 2003.
- Fremstad, S. *Immigrants, persons with limited proficiency in English, and the TANF program: What do we know?* Washington, DC: Center for Budget and Policy Priorities, 2003.
- Fuligni, A.J., and Yoshikawa, H. Socioeconomic resources, parenting, and child development among immigrant families. Socioeconomic status, parenting, and child development. M. Bornstein and R. Bradley, eds. Mahwah, NJ: Lawrence Erlbaum Associates, Inc., 2003, pp. 107-124.
- García Coll, C.T., Lamberty, G., Jenkins, R., et al. An integrative model for the study of developmental competencies in minority children. *Child Development* (1996) 67:1891-1914.
- Hernandez, D.J., ed. *Children of immigrants: Health, adjustment, and public assistance*. Washington, DC: National Academy Press, 1999.
- Hernandez, D.J., and Charney, E., eds. *From generation to generation: The health and well-being of children in immigrant families*. Washington, DC: National Academy Press, 1998.
- Kaplan, M. The benefits of intergenerational community service projects: Implications for promoting intergenerational unity, community activism, and cultural continuity. In *Intergenerational approaches in aging*. Brabazon, K. and Disch, R., eds. New York: The Haworth Press, Inc., 1997.
- Lee, V.L. and Burkam, D.T. *Inequality at the starting gate. Social background differences in achievement as children begin school*. Washington, DC: Economic Policy Institute, 2002.
- Leighley, J.E., and Vedlitz, A. Race, ethnicity and political participation: Competing models and contrasting explanations. *Journal of Politics* (1999) 61:4:1068-1091.
- McDonnell, L.M., and Hill, P.T. *Newcomers in American schools: Meeting the educational needs of immigrant youth*. Santa Monica, CA: RAND Corporation, 1993.
- Ogbu, J., and Simmons, H. Voluntary and involuntary minorities: A cultural-ecological theory of school performance with some implications for education. *Anthropology and Education Quarterly* (1998) 29:155-188.
- Pedraza, S., and Rumbaut, R.G., eds. *Origins and destinies: Immigration, race, and ethnicity in America*. Belmont, CA: Wadsworth, 1996.
- Pérez, S.M. *U.S. Latino children: A status report*. Washington, DC: National Council of La Raza, 2000.
- Portes, A., and Rumbaut, R.G. *Legacies: The story of the immigrant second generation*. Berkeley and Los Angeles, CA: University of California Press, 2001.
- Reardon-Anderson, J., Capps, R., and Fix, M. *The health and well-being of children in immigrant families. Assessing the new federalism, survey brief B-52*. Washington, DC: Urban Institute, 2002.
- Rumbaut, R.G., and Portes, A., eds. *Ethnicities: Children of immigrants in America*. Berkeley and Los Angeles, CA: University of California Press, 2001, pp. 57-90.
- Suárez-Orozco, C., and Suárez-Orozco, M.M. *Children of immigration*. Cambridge, MA: Harvard University Press, 2001.
- Zhou, M. Contemporary immigration and the dynamics of race and ethnicity. In *America becoming: Racial trends and their consequences*, vol. I. N.J. Smelser, W.J. Wilson, and F. Mitchell, eds. Washington, DC: National Academy Press, 2001, pp. 200-242.
- Zhou, M., and Gatewood, J.V., eds. *Contemporary Asian America: A multidisciplinary reader*. New York, NY: New York University Press, 2000.