

The Health and Well-Being of Children in Immigrant Families

Jane Reardon-Anderson, Randy Capps, and Michael Fix

Children of immigrants are substantially more likely to be low-income despite the fact that they live in families with full-time workers.

Children of immigrants are the fastest-growing segment of the U.S. population under age 18 (Van Hook and Fix 2000). One in five children in the United States is the child of an immigrant, evidence of the demographic impact of recent rapid immigration. In addition, one in four low-income children is an immigrant's child (Fix, Zimmermann, and Passel 2001). But despite their demographic and policy significance, children of immigrants and their well-being are rarely studied on a national scale. In this brief, we present a number of key indicators—both positive and negative—of child well-being. The measures fall within three areas: (1) family environment, (2) physical and emotional health, and (3) access to needed services.

To gauge well-being, we compare children in immigrant families with those in native-born families. We define "children of immigrants" as those with one or more foreign-born parents, regardless of whether the child was born abroad or in the United States. "Children of natives" are defined as those with no parent born outside the United States. Because income affects well-being, we often compare children of immigrants who are low-income (i.e., in families with incomes below 200 percent of the federal poverty level [FPL]) with their native counterparts. And in some cases we compare foreign-born children with U.S.-born children of immigrants. Because U.S.-born children of immigrants are citizens, they have broader access to benefits than the foreign-born.

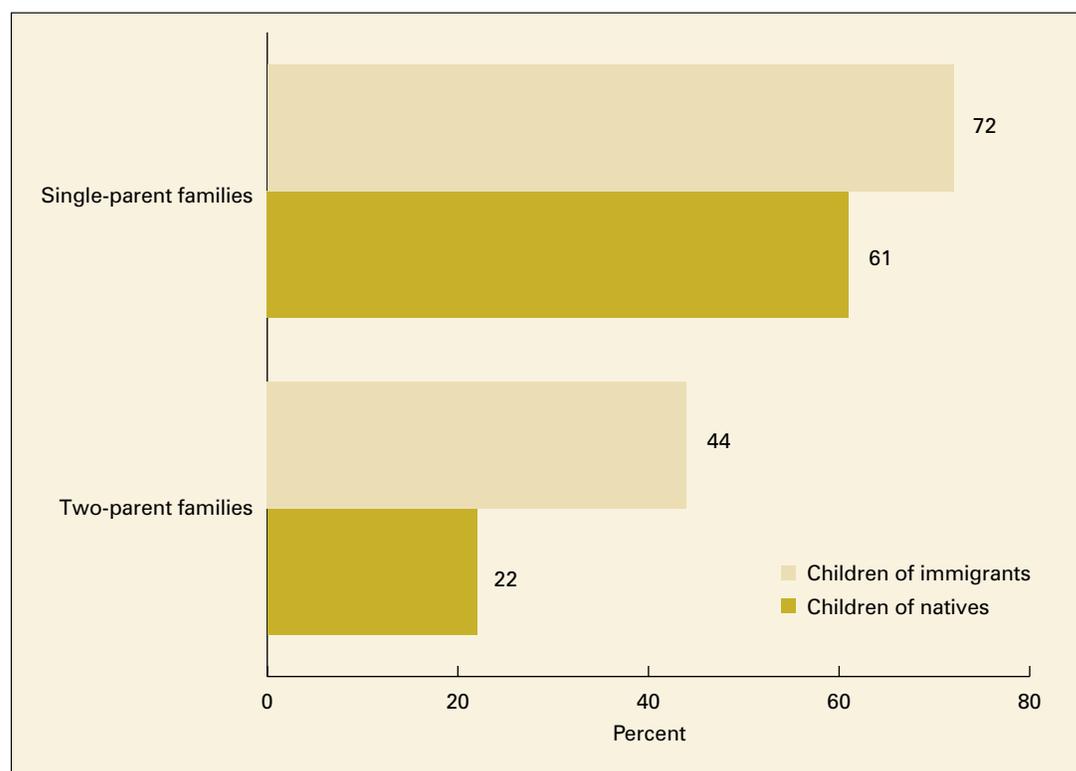
Our findings are based on the 1999 National Survey of America's Families

(NSAF), a nationally representative survey of households with persons under age 65 that includes data on 11 million children of immigrants. The NSAF makes this analysis possible because it is one of the few *national* surveys with a large number of immigrant families that include broad, detailed measures of child and family well-being. The results, then, represent some of the first national estimates comparing children in immigrant families with those in native families on these measures of well-being.

We combine both native and foreign-born children in immigrant families for several reasons. In the first place, our research has found that policies such as the 1996 welfare reform law that disadvantage noncitizen adults are felt by both foreign-born and U.S.-born children in immigrant families (Fix, Zimmermann, and Passel 2001). Moreover, most children in immigrant families (78 percent) are citizens (Capps 2001). In addition, child success in immigrant families is heavily influenced by the acculturation rates and legal status of immigrant parents (Coll and Magnuson 1997). Hence policies (such as welfare reform) that may affect the pace of immigrant parents' integration will be felt by native and foreign-born children alike.

Congress is currently deliberating the reauthorization of the 1996 welfare reform law, which severely restricted noncitizens' access to a wide range of federal public benefits. Despite significant restorations in 1997 and 2002, most legal immigrants admitted to the United States after 1996 are ineligible for welfare, public health insur-

FIGURE 1. Share of Children in Low-Income Families



Source: Authors' calculations based on the 1999 National Survey of America's Families.

Note: Low-income families are those with income below 200 percent of the federal poverty level. All differences between children of immigrants and those of natives are statistically significant at $p = 0.05$.

ance, and other major federal benefits (National Immigration Law Center 2002).

While our findings of unmet need are relevant to the ongoing debate over restoring benefits to immigrants, we believe they hold broader policy implications as well. Key assumptions on which policy has been premised apply less well to immigrant than native families. As a result, the design of social welfare policy and the needs of the growing number of children of immigrants continue to be mismatched.

Family Income and Environment

Family Income and Structure

Children of immigrants live in families that are poorer than those composed solely of native citizens. In 1998, children of immigrants lived in families with substantially lower median annual incomes (\$35,900) than those living in native-born families (\$46,200).¹ Over half (52 percent) of children of immigrants lived in families with incomes below 200 percent of FPL, compared with 37 percent of children of

natives. Nearly one-quarter (24 percent) of all children of immigrants lived in families with incomes below FPL, compared with only 15 percent for children of natives.

Living in a single-parent family has been linked to poor outcomes in test scores, educational attainment, and behavioral and psychological problems (Vandivere, Moore, and Brown 2000). The NSAF reveals that children of immigrants are more likely to live in two-parent families (80 percent) than are children of natives (70 percent). However, children in two-parent, immigrant families are twice as likely to be low-income as children in two-parent, native families (44 percent versus 22 percent; see figure 1). These findings indicate that the presence of a second parent does not lift incomes in immigrant families to the same extent that it does in native families.

Employment and Wages

Employment levels and, to a greater extent, wage differences among parents appear to account for many of the income disparities

cited above. With regard to employment, children of immigrants are somewhat less likely than those of natives to live in families with at least one full-time worker (77 percent versus 81 percent) or with two full-time workers (20 percent versus 24 percent). Equal shares (6 percent) of children of immigrants and of natives live in families where no parent works.

However, when we consider only low-income families, differing employment patterns emerge. Children of low-income immigrants are *more likely* to live in families with full-time workers than children of low-income natives (64 percent versus 58 percent). And children of low-income immigrants are *less likely* to live in families where no parent works than their counterparts in native families (11 percent versus 15 percent).

Income disparities between immigrant and native families with full-time workers are especially pronounced. Forty-three percent of children of immigrants—versus 26 percent of natives' children—live in low-income families with at least one full-time worker. Eighteen percent of children of immigrants live in low-income families with two full-time workers, a rate twice that for children of natives. Presumably, low incomes in these working families can be ascribed to low wages.

Parent-Child Involvement

How often parents read to their children and take them on outings help measure parent-child interaction, which in turn bears on children's cognitive stimulation and development (Ehrle and Moore 1999). Differences between children in immigrant and native families are modest: 85 percent of natives' children age 5 and younger are taken on outings several times per week compared with 77 percent of immigrants' children. Children of natives are slightly more likely to be read to by their parents three or more times a week (81 percent versus 70 percent).

Parental Community Involvement

Children of immigrants are less likely than those of natives to have parents engaged in social activities outside of the family. This may mean that immigrants are less able to advocate for their children in school or to

navigate other complex social institutions. Children of immigrants are less likely to have parents who volunteer at least a few times a month through a religious, school, or community group (24 percent versus 40 percent). Low-income children are also consistently less likely to have parents who volunteer.

Parent Mental Health and Aggravation

Parent mental health is a critical feature of the family environment, affecting child behavior, social and academic competence, and child physical health (Downey and Coyne 1990). Parental aggravation is linked to poor cognitive and socioemotional development in young children (McGroder 1996). Overall, there is no difference between the share of children of immigrants and those of natives whose parents report being in poor mental health (18 percent versus 16 percent) or feeling aggravated (11 percent versus 10 percent). Children of low-income natives, however, are more likely than those of immigrants to have parents who are aggravated (15 percent versus 11 percent).

Child Physical and Emotional Health

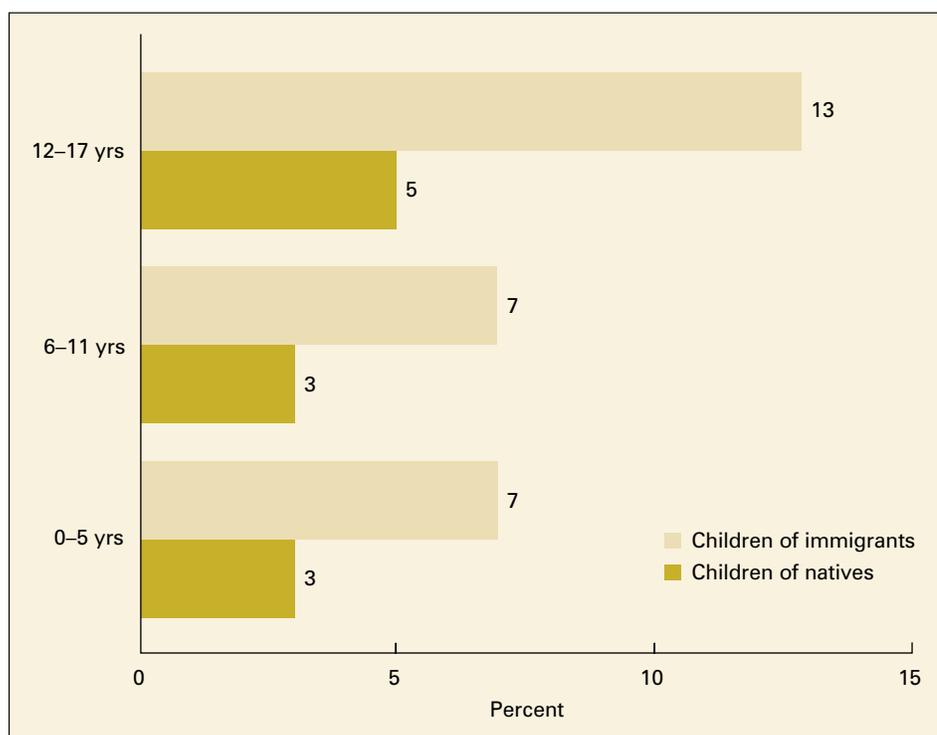
Child Physical Health

Children of immigrants are more than twice as likely as children of natives to be in "fair" or "poor" health (9 percent versus 4 percent).² (These responses are to be contrasted with reports that children are in "good," "very good," or "excellent" health.) Moreover, the health of children of immigrants declines more rapidly as they age than does the health of natives' children. Seven percent of immigrants' children under age 11 are reported to be in fair or poor health, but among 12- to 17-year-olds this share rises to 13 percent for children of immigrants. By contrast, the difference between younger and older children of natives is only 2 percentage points (see figure 2).

Differences in health outcomes between children of natives and those of immigrants widen when we focus on the low-income population: 12 percent of immigrants' children age 5 and younger are in fair or poor health, compared with

Children of immigrants are more than twice as likely as children of natives to be in fair or poor health.

FIGURE 2. Share of Children in Fair or Poor Health



Source: Authors' calculations based on the 1999 National Survey of America's Families.

Note: All differences between children of immigrants and those of natives are statistically significant at $p = 0.05$.

only 5 percent of children of natives, and for age 12 to 17, these figures are 19 and 9 percent, respectively. These results may be explained by factors other than income, for instance, segregation within poor neighborhoods, high levels of overcrowding in immigrant households, and noncitizens' more limited access to Medicaid and other forms of health insurance (Capps 2001; Ruiz-de-Velasco and Fix 2002).

Child Behavioral and Emotional Problems

Child behavioral problems have been linked to lower literacy scores and poorer outcomes in later development (Baydar, Brooks-Gunn, and Furstenberg 1993). The NSAF reveals that children of immigrants are no more likely to have behavioral problems than are children of natives. The share of children of immigrants who exhibit high behavioral problems (6 percent)³ is almost exactly the same as for children of natives (7 percent).

Low-income children of immigrants age 6 to 11 are substantially *less* likely to exhibit high behavioral problems than children of natives (5 percent versus 10 percent). However, these advantages appear to erode over time, as there is no difference in behavioral problems among low-income children age 12 to 17.

Involvement in School

School Engagement

Engagement in school leads to better school performance and has been found to be the product of stable parental employment. As Moore, Vandivere, and Ehrle (2000) write, school engagement can be seen as "a miner's canary"—a measure "that might change rapidly in response to changes in societal incentives and norms."⁴

Children of immigrants are no more likely than children of natives to demonstrate low school engagement (19 percent for both groups), results

that hold for children in low-income families. Moreover, children of immigrants are somewhat more likely to "do their homework most of the time" (88 percent versus 81 percent).

Skipping School, Suspensions, and Expulsions

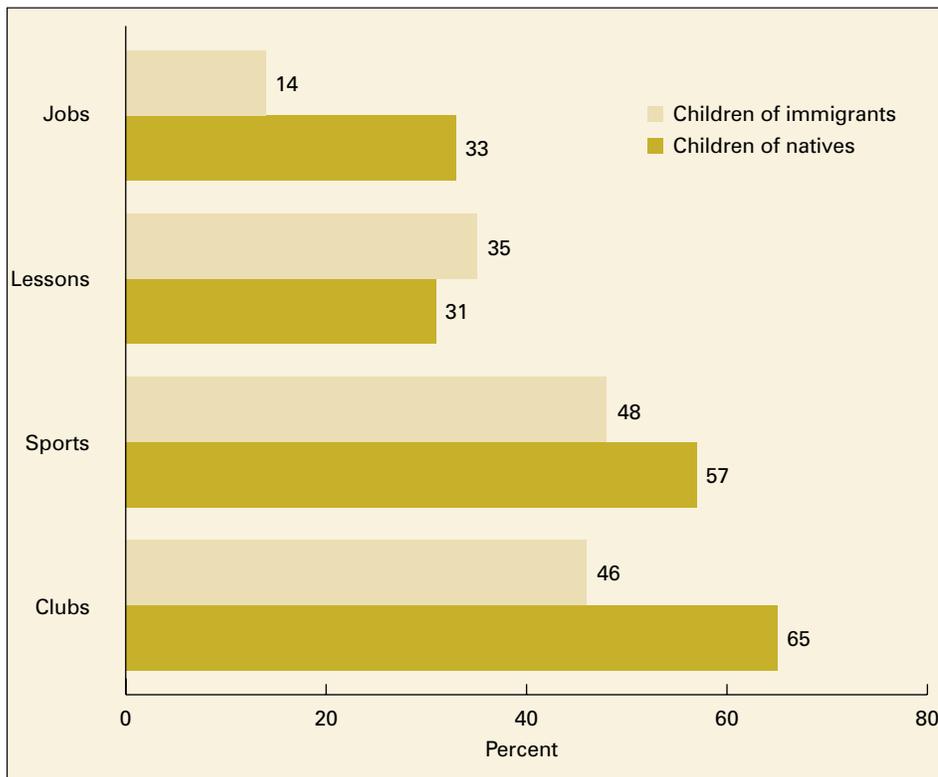
Overall, immigrants' children are more likely to skip school than natives' children (19 percent versus 15 percent), but they are not more likely to be suspended or expelled than children of natives (12 percent versus 14 percent). These patterns shift, however, when we focus on the low-income population; children of immigrants are no more likely to skip school than those of natives, and they are substantially *less* likely to be suspended or expelled.

Participation in Extracurricular Activities

Participation in extracurricular activities such as sports and clubs helps children build social and skill competencies and has been linked to later childbearing (Moore and Halle 1997). Immigrants' children age 12 through 17 are substantially less likely than their counterparts in native families to participate in extracurricular clubs (46 percent versus 65 percent; see figure 3). When we focus on low-income children, these wide differences between children of immigrants and those of natives persist (38 percent versus 52 percent, respectively). Thus, unlike school engagement and poor behavior, significant differences in extracurricular activity participation remain between children of immigrants and those of natives, even when controlling for income.

A different picture emerges regarding after-school lessons. Overall, there is no statistical difference between immigrants' children age 12 through 17 and those of natives in the share that take after-school lessons (35 percent versus 31 percent; see figure 3). But low-income children of

FIGURE 3. After-School Activities for Children Age 12–17



Source: Authors' calculations based on the 1999 National Survey of America's Families.

Note: All differences between children of immigrants and those of natives are statistically significant at $p = 0.05$ except for participation in lessons.

immigrants are more likely to take lessons than natives (32 percent versus 22 percent).

It might be expected that children of immigrants—especially those who are low-income—would be more likely to work than children of natives. NSAF data show that work is more common among natives' children, however, and it is also more common among families with higher incomes. Thirty-three percent of children of natives have a job, compared with 14 percent of children of immigrants. For the low-income population, the shares fall to 21 percent for children of natives and 13 percent for children of immigrants. Thus, paid work among older children may be more a byproduct of greater social capital (i.e., parental networks and resources) than a response to financial need. Here, as in the case of extracurricular activities, children of immigrants appear to be relatively

isolated and disadvantaged, regardless of income.

Access to Needed Benefits and Services

Health Care Access for Children

Overall, few children who are in fair or poor health either lack health insurance or turn to hospital emergency rooms for their usual source of medical care. Foreign-born children, however, are much more likely than U.S.-born children of immigrants or the children of natives to have limited access to health benefits. That is, they are substantially more likely to be in poor or fair health and at the same time lack insurance or a usual source of care. These differences persist when only low-income children are considered, suggesting that access among foreign-born children may be limited by a number of factors beyond income, including language

barriers, lack of outreach, parental concerns about the immigration consequences of applying for benefits, and restrictions on noncitizen eligibility for Medicaid and the State Children's Health Insurance Program (Capps, Ku, and Fix 2002; Hagan, Rodriguez, and Capps forthcoming).

Health Care and Mental Health Access for Parents

Children of immigrants and those of natives have parents with equivalent levels of fair or poor physical health, poor mental health, and feelings of aggravation.⁵ Children of immigrants, however, are more likely to have parents who are aggravated but do not know a place to go for help. They are also more likely to have parents in poor mental health who receive no mental health services, or who are in fair or poor health and lack insurance (figure 4). However, when we look only at low-income families, there is less variation in access to care between immigrants and natives, suggesting that income does partly explain the discrepancy between the groups.

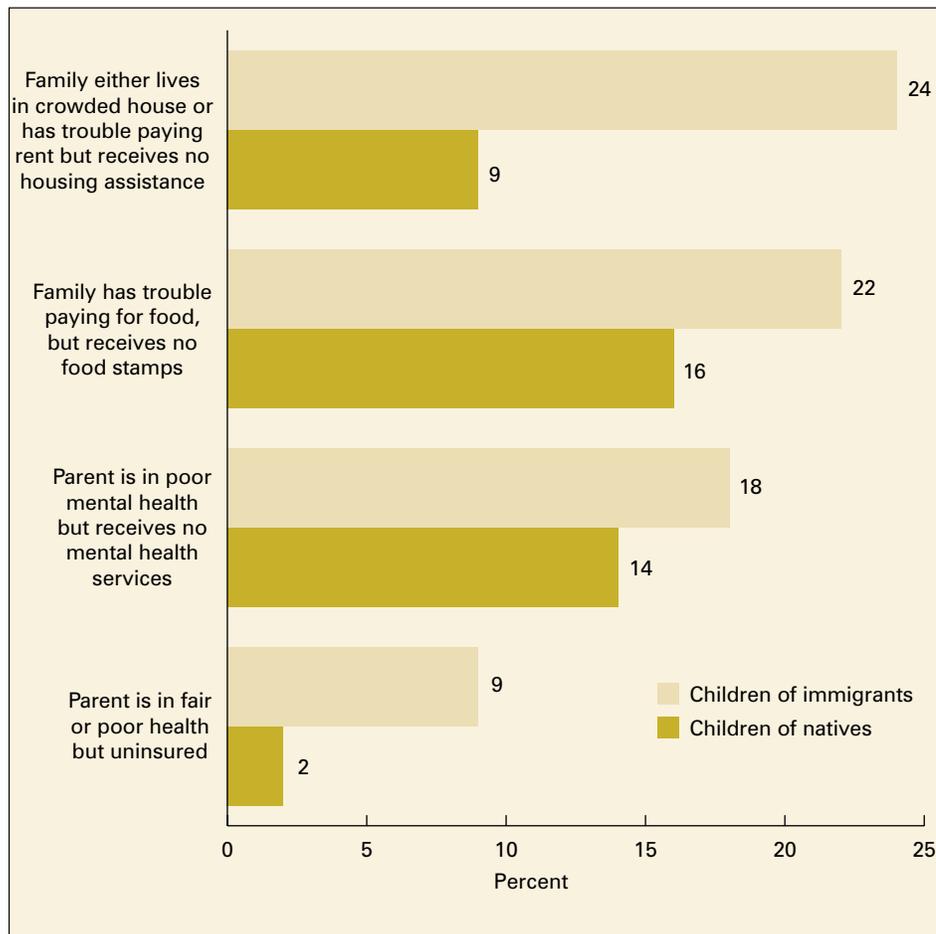
Housing and Food Assistance for Families

Children in immigrant families are also more likely than those in native families to experience economic hardship but receive no benefits. Children of immigrants are more likely to live in families with problems affording food but receiving no food stamps (22 percent versus 16 percent) and to live in crowded housing or in families with trouble paying rent but receiving no housing assistance (24 percent versus 9 percent; see figure 4).

Conclusion

Even though children of immigrants are more likely to live in two-parent families than children of natives, they are still poorer than natives' children. In fact, one of this brief's most striking

FIGURE 4. Unmet Needs for Parents and Families, All Children



Source: Authors' calculations based on the 1999 National Survey of America's Families.

Note: All differences between children of immigrants and those of natives are statistically significant at $p = 0.05$.

ing findings is that children of immigrants living in two-parent families are substantially more likely to be low-income than their native counterparts. The prevalence of these low-income, two-parent families suggests that antipoverty policies intended to promote marriage—including those being discussed within the context of welfare reform's reauthorization—may be less successful for immigrant than for native families.

The data also indicate that wages, not employment levels, account for much of the income disparity between immigrant and native families with children. These findings suggest that policies intended to promote work may be less successful in eliminating poverty among immigrants than among natives. Policies intended to boost wages through work supports (such as food stamps

or the Earned Income Tax Credit) and the development of post-employment language, literacy, and job skills may hold greater promise.

NSAF data also reveal that children of immigrants are more likely to be in poor health than children of natives. Even when we control for the greater likelihood of family poverty, we see worse health among children of immigrants. Moreover, our results indicate that the health of children of immigrants declines more rapidly as they age than does the health of children of natives.

The picture is brighter, however, when we look inside immigrant families at other indicators of well-being. On NSAF measures of behavioral problems, parental aggravation, school engagement, lessons taken after school, and the likelihood of being disciplined at school, children

of immigrants fare as well or better than their native counterparts. These positive indicators may reflect the family values and other resources that immigrant families contribute to U.S. communities.

At the same time, though, our results reveal that, with a few exceptions, the families of immigrant children appear less able to draw on community resources than natives. Children of immigrants participate in fewer extracurricular activities, and they are less likely to work after school. Their parents are less involved in community activities, and their families are less able to draw on food, health, mental health, and housing assistance in times of need. These unmet needs are particularly pronounced among the foreign-born who are the most likely to remain ineligible for public benefits—in part as a result of the immigrant exclusions that are now being debated as part of welfare reform's reauthorization.

Notes

1. In the text, all comparisons between children of immigrants and those of natives are statistically significant at $p = 0.05$ unless noted otherwise.
2. There may be, however, some bias in the measure, as Latinos tend to be more likely than other groups to report fair or poor health, even when they have similar outcomes on objective health measures (Shetterly et al. 1996).
3. The NSAF measures child behavior using scales with separate scores for age 6 to 11 and age 12 to 17, based on questions regarding how well the child gets along with other children; how well the child can concentrate or pay attention; and whether the child feels unhappy or depressed. Caregivers for 6- to 11-year-olds were also asked whether the child feels worthless or inferior; has been nervous, high-strung, or tense; or acts too young for his or her age. Caregivers for 12- to 17-year-olds were asked whether the child has trouble sleeping, lies or cheats, or does poorly on schoolwork (Ehrle and Moore 1999).
4. NSAF's school engagement scale (for children age 6 to 17) is based on questions probing how often the child cares about doing well in school; only works on schoolwork when forced to; does just enough school-

work to get by; and always does homework (Ehrle and Moore 1999).

5. Parent aggravation is measured by a scale of four items: (1) how often in the past month the parent felt the child was much harder to care for than most; (2) how often the child did things that really bothered the parent; (3) how often the parent was giving up more of his or her life to meet the child's needs than expected; and (4) how often the parent felt angry with the child. Parent mental health is assessed with a five-item scale based on how often the respondent (1) felt calm or peaceful, (2) was a happy person, (3) was a very nervous person, (4) felt downhearted, and (5) felt that nothing could cheer him or her up (Ehrle and Moore 1999).

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This series presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states (Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin). As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on the NSAF can be obtained at <http://newfederalism.urban.org>.

The NSAF is part of **Assessing the New Federalism**, a multiyear project to monitor and assess the devolution of social programs from the federal to the state and local levels. Alan Weil is the project director. The project analyzes changes in income support, social services, and health programs. In collaboration with Child Trends, the project studies child and family well-being.

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