

FOUNDATIONFORCHILDDEVELOPMENT

Children in Immigrant Families: Essential to America's Future

FCD Child and Youth Well-Being Index (CWI)
Policy Brief

June 2012

Children in Immigrant Families: Essential to America's Future

Donald J. Hernandez, Hunter College and The Graduate Center, City University of New York
Jeffrey S. Napierala, University at Albany, State University of New York

Executive Summary

America always has been a land of immigrants. Children in immigrant families today account for one of every four children (25 percent, for a total of 18.4 million), and in some places they are the majority. Nearly six in ten children with immigrant parents (57 percent) have a parent who is a United States citizen parent, and nearly all children in immigrant families (89 percent) are themselves American citizens. Well-educated and healthy children are critical to a strong, secure, and prosperous nation, because the children of today are the ones who will be joining the labor force, starting their own families, and entering voting booths for the first time during the coming decades. *Children in Immigrant Families* is the first-ever report to provide a detailed assessment of trends in the well-being of the one in four children who are the sons and daughters of immigrants, and who will play key roles in America's future.

Immigrants today, as in times past, are drawn to the U.S. by the promise of the American Dream, seeking success for themselves and their children as they contribute to the social and economic vitality of the nation. The children in immigrant families benefit, as does the nation, from the strengths that immigrants families bring. Most children in immigrant families have a parent working full-time year-round, live in two-parent families, and live in families who are putting down deep roots in their local communities by purchasing their homes. Nearly all children with immigrant parents live with parents who are learning English (95.4 percent). Children with immigrant parents often live with highly educated parents. For example, 29 percent (4.1 million) have fathers with a bachelor's degree, and, nearly as large, 26 percent have mothers who have completed college. Among the children themselves, most children with immigrant parents are born healthy, most have become

bilingual and have learned to speak English fluently (i.e., speaking English at least very well), and as they enter adulthood, they are either in school and/or working.

At the same time, children with immigrant parents are extremely diverse in their parents' countries of origin and languages spoken, and many face serious challenges. New findings calculated for this report indicate that nearly one of every three children in immigrant families (31 percent) has a mother who has not graduated from high school (5.3 million), including the one in six (17 percent) with a mother who has completed no more than eight years of education (2.8 million), with the proportions for fathers being similar. Nearly as large, one of every four children with immigrant parents (24 percent) lives in a linguistically isolated household where no one in the home over age 13 speaks English fluently. Thus, many of these children face enormous challenges, which lead to low parental wages, low family incomes, and high poverty rates. Clearly, there is great diversity among children with immigrant parents.

Children in Immigrant Families focuses on key areas where these children are advantaged, or disadvantaged, compared to children with U.S.-born parents (both parents born in the U.S.). The report is based on the Foundation for Child Development (FCD) Child and Youth Well-Being Index (CWI), the most comprehensive measure of how well America's children are faring. While the CWI is calculated as a composite of 28 key indicators in seven Quality-of-Life/Well-Being Domains (Land, Lamb, and Mustillo 2001; Land, 2011), the current report presents new findings for the smaller set of 17 indicators in five domains for which it is possible to distinguish children in immigrant families (with at least one foreign-born parent) from children with U.S.-born parents.

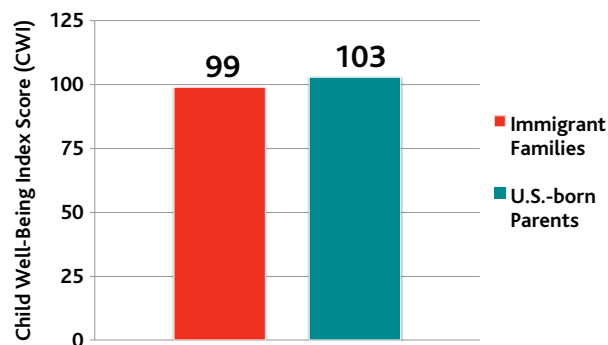
The report presents findings based on the following specific domains: family economic well-being, health, educational attainment, community engagement, and social relationships (see Appendix A for the complete list of indicators grouped by domain). Results are presented beginning with 1994, because this is the first year for which it is possible, for many indicators, to distinguish, on an annual basis, children in immigrant families and children with U.S.-born parents, and continuing through 2010 which is the most recent year available for many indicators series (see Appendix C for annual trends). The report also presents recent results for selected countries and regions of origin (See Appendix B for the list of data sets and countries and regions of origin pertaining to specific indicators). For a study comparing the circumstances of children in immigrant families and children with U.S.-born parents in the U.S. to seven other affluent nations, see Hernandez, Macartney, and Blanchard (2009).

Children in immigrant families are characterized in this report as advantaged, compared to children with U.S.-born parents, if they score more favorably on a specific measure of child well-being, on a domain of well-being, or on the overall CWI. They are characterized as disadvantaged if they score less favorably.

Key Findings

- **The CWI indicates that children in immigrant families experience a somewhat lower level of overall well-being than children with U.S.-born parents (Figure 1).**

Figure 1. Overall Child Well-Being: Children in Immigrant Families and with U.S.-born Parents, 2010



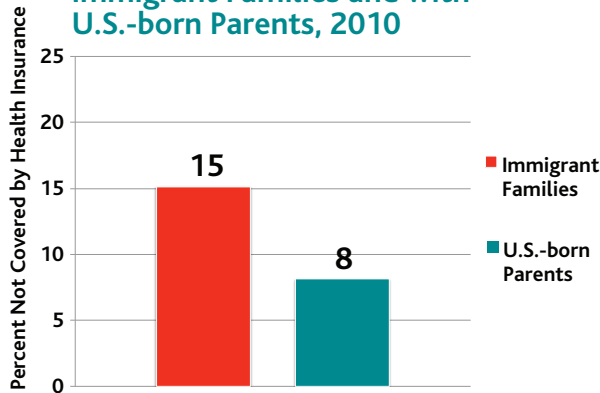
The advantage of children in immigrant families in two domains (health and social relationships) is more than counter-balanced by their disadvantage with regard to the family economic well-being domain, and the two domains (educational attainments and community engagement) that focus on the development of human capital, which is critical to success for children later in life when, as adults, they pursue the American Dream for themselves and their own children by seeking well-paid work.

- **The immigrant disadvantage in overall well-being is accounted for mainly by large disadvantages in seven specific indicators for children in immigrant families: lower health insurance coverage, lower reading and mathematics test scores, lower PreKindergarten enrollment, lower high school graduation, lower median family income, and higher poverty.**
- **Children in immigrant families are almost twice as likely as children with U.S.-born parents not to be covered by health insurance.**

In 2010, the proportion without health insurance was 15 percent for children in immigrant families, compared to 8 percent among children with U.S.-born parents, for a gap of 7 percentage points (Figure 2). Research has found that the main reasons reported by parents for lack of health insurance coverage for children are the same for those with both immigrant and U.S.-born parents: their employers do not offer coverage and they cannot afford insurance coverage. Children with immigrant parents are more likely than those with U.S.-born parents to live with parents who work in jobs that do not provide health insurance or in families with poverty-level incomes. Health insurance coverage rates will improve in the future, and the immigrant disadvantage narrow further, only if public coverage continues to expand to encompass larger numbers of children with both immigrant families and U.S.-born parents.

- **Reading test scores for children who are Dual Language Learners are much lower than for children who are English Only Learners.**

Figure 2. Children Not Covered by Health Insurance: Children in Immigrant Families and with U.S.-born Parents, 2010

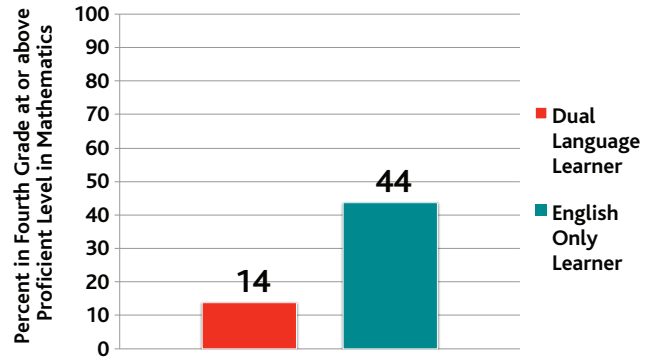


Data collection procedures for reading test scores do not make it possible to distinguish children in immigrant families from those with U.S.-born parents. Instead, based on school records, the National Assessment of Educational Progress (NAEP) distinguishes children who are Dual Language Learners and children who are English Only Learners.

NAEP distinguishes students who are performing at or above the proficient level for their grade in reading from students who are performing below grade level. In 2011, Dual Language Learners were only one-fifth as likely as English Only Learners to be proficient in reading in the Fourth Grade, at 7 percent versus 37 percent, for a Dual Language Learner disadvantage of 30 percentage points (Figure 3). Reading proficiency levels are very low in the U.S. for both Dual Language Learners and for English Only Learners, with the Dual Language Learner disadvantage growing. Children who are not reading proficiently by Fourth Grade are four times as likely as others to not graduate from high school. Children who do not graduate from high school are less well prepared to become productive workers, less able to support their families, and more likely to experience low incomes throughout their lives. If past trends continue, the gap between these two groups in reading proficiency will continue to grow.

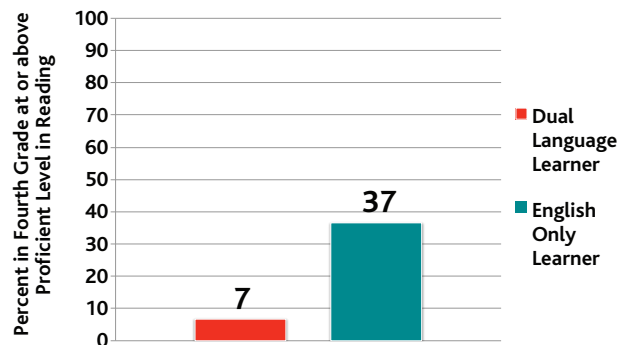
- **Mathematics test scores for children who are Dual Language Learners are much lower than for children who are English Only Learners.**

Figure 3. Children Proficient in 4th Grade Mathematics: English Language Learner Status, 2011



NAEP also distinguishes students who are performing at or above the proficient level for their grade in mathematics from students who are performing below grade level. In 2011, Dual Language Learners were only one-third as likely as English Only Learners to be proficient in mathematics in the Fourth Grade, at 14 percent versus 44 percent, for a Dual Language Learner disadvantage of 30 percentage points (Figure 4). As with reading proficiency, overall mathematics proficiency levels are extremely low in the U.S., for both of these groups, and, if past trends continue, the greater disadvantage of Dual Language Learners in mathematics knowledge and skill, compared to English Only Learners, will continue to grow.

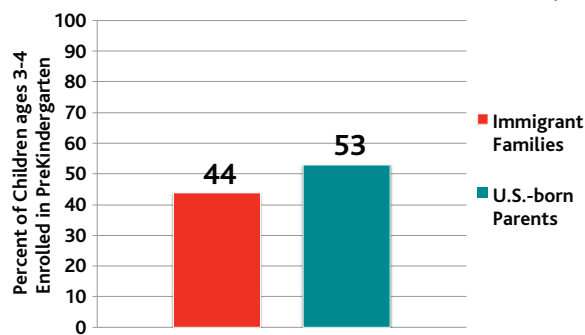
Figure 4. Children Proficient in 4th Grade Reading: English Language Learner Status, 2011



- **Children in immigrant families are substantially less likely than children with U.S.-born parents to be enrolled in PreKindergarten.**

The PreKindergarten enrollment rate for children ages three and four in 2009 was about one-sixth lower for children with immigrant parents than among children with U.S.-born parents, at 44 percent versus 53 percent, for a gap of 9 percentage points (Figure 5). PreKindergarten enrollment will improve in the future, and the narrowing of the immigrant disadvantage renewed and sustained, only if the recent trend in reduced state spending for PreKindergarten is reversed.

Figure 5. Children Enrolled in PreKindergarten: Children in Immigrant Families and with U.S.-born Parents, 2009

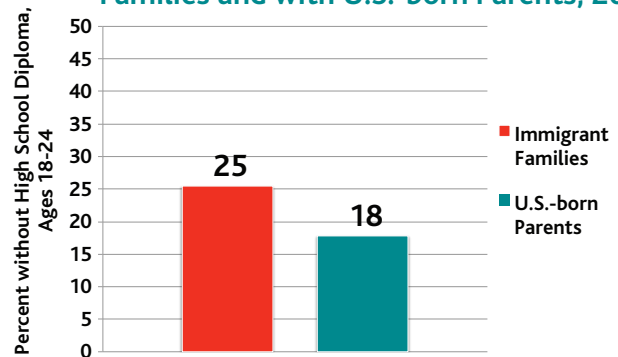


- Children in immigrant families are much less likely to graduate from high school than children with U.S.-born parents.

In 2010, one of every four children in immigrant families (26 percent) had not graduated from high school by ages 18-24, compared to 18 percent among children with U.S.-born parents, for a gap of 8 percentage points (Figure 6). Overall rates of not graduating from high school continue at very high levels for children both with immigrant families and U.S.-born parents, with the immigrant disadvantage narrowing very slowly. If this trend since 1994 continues, it will take more than 35 years for the immigrant disadvantage to disappear, but even then about 14 percent of children in both groups would not be graduating from high school.

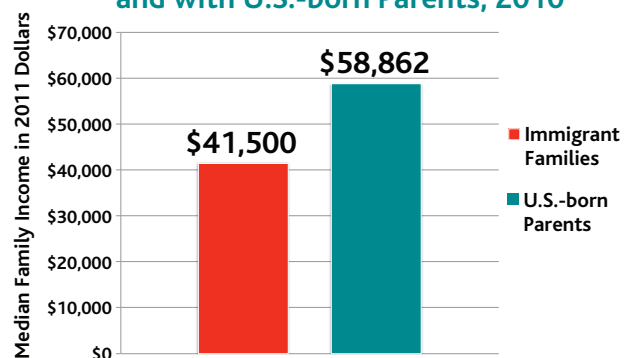
- The median family income for children in immigrant families was much lower, 29 percent lower, than for children with U.S.-born parents in 2010.

Figure 6. Persons Not Graduating from High School: Children in Immigrant Families and with U.S.-born Parents, 2010



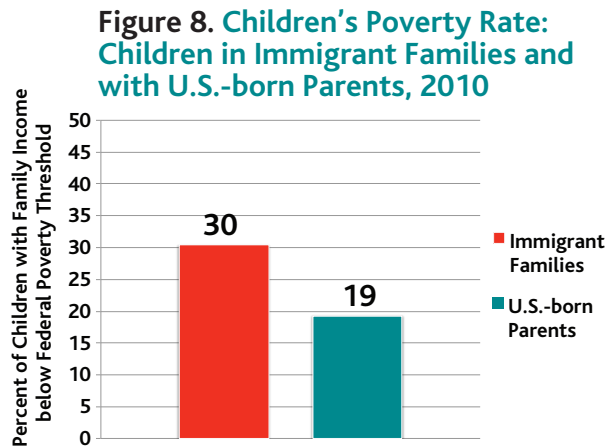
Despite similar, high levels of parental employment and secure parental employment, the median family income for children in immigrant families in 2010 was \$17,362 less than for children with U.S.-born parents, at \$41,500 versus \$58,862, respectively (Figure 7). If the trend since 2007 continues, median family income will continue to fall for children both in immigrant families and with U.S.-born parents. For children in immigrant families, who are experiencing an even sharper decline, the gap will expand still further.

Figure 7. Children's Median Family Income: Children in Immigrant Families and with U.S.-born Parents, 2010



- Children in immigrant families experience a much higher poverty rate than children with U.S.-born parents.

Again, despite high levels of parental employment and similar levels of secure parental employment, the poverty rate was 30 percent for children in immigrant families in 2010, compared to 19 percent among children with U.S.-born parents, for a gap of 11 percentage points (Figure 8). Overall, poverty rates are very high for children both in immigrant and in native-born families, and if recent trends continue, the immigrant disadvantage will grow larger in the future.



Recommendations

The promise of the American Dream has inspired immigrants to leave their country of birth in search of a better life for themselves and their children. They bring important assets to our nation—great optimism and faith in the virtues of work, family, and their adopted communities. But they face huge struggles at this time in American history. Recommendations aimed at addressing these needs are presented in the report in the following areas.

First, high-quality PreKindergarten programs represent a highly cost-effective investment for improving educational attainments, and hence, for fostering the economic productivity and life prospects of children when they reach adulthood. Federal, state, and local governments should increase their investments in this critical first stage in the education process. This should be done in a smart way by linking PreKindergarten with the elementary grades to form an integrated PreK-3rd approach with aligned curriculum, standards, and assessment from PreKindergarten through Third Grade.

Second, many children in immigrant families (and some with U.S.-born parents) are Dual Language Learners who face additional challenges in school, where English language proficiency is central to academic success. Therefore it is critical to ensure that schools receive the funding required to develop and implement accurate diagnostic procedures and effective programs and services for Dual Language Learners, as well as research-based models for how to instruct these students in particular and track their progress over time.

Third, good health is important for success in school and later in life, but many children in immigrant families are not covered by health insurance. Key health insurance laws should be revised or augmented to allow and facilitate health insurance coverage for children who are not currently covered, including all children in immigrant families, regardless of their documentation status. Specifically, both U.S. citizen and authorized immigrant children are eligible for coverage through the Affordable Care Act (ACA) health insurance exchanges. But many immigrant parents, both authorized and unauthorized, do not yet speak English fluently or may hesitate to contact authorities on their children's behalf for fear of jeopardizing their own situation. Therefore, ACA implementation should ensure consumer information is provided in a culturally and linguistically appropriate manner and the citizenship and immigrant status verification process should be streamlined.

In addition, one million unauthorized immigrant children are currently ineligible for public coverage and from obtaining coverage even at full cost through the exchanges. To cover all children, health insurance must be provided regardless of their immigration status, including unauthorized children.

Fourth, children in low-income families tend to experience a variety of negative developmental outcomes, including less success in school, lower educational attainment, and earning lower incomes during adulthood. Policies increasing the educational opportunities for immigrant parents would help improve their job skills and increase their potential for earning incomes that would lift their

families out of poverty. Particularly promising are dual-generation programs that link high-quality PreK-3rd education for children with programs for parents to develop skills for jobs in high-demand industries.

Fifth, the Child Tax Credit, which was designed to help working parents manage the costs of raising their children, should be increased in value, indexed to inflation, and made fully refundable. The Earned Income Tax Credit (EITC), an important work-support program, should be increased in value and broadened in the number of families that are

eligible to substantially increase the economic resources available to children and parents in immigrant families. Similarly, Temporary Assistance for Needy Families (TANF), a key safety-net program, should be reformed to allow both documented and undocumented non-citizen immigrants who are down on their luck to benefit from this program. Current investments in work-support, nutrition, and other safety-net programs are critical to the economic well-being of many children and parents in immigrant families. These programs must not be cut.

The Child and Youth Well-Being Index (CWI) Children in Immigrant Families: Essential to America's Future

Donald J. Hernandez, Hunter College and The Graduate Center, City University of New York

Jeffrey S. Napierala, University at Albany, State University of New York

The future of America rests with its children. Children with immigrant parents are a major part of that future because today they account for one of every four children, and during the coming decades they will be one-fourth of the persons entering the labor market, starting new families, and joining the voting-age population. This report focuses on the current well-being, and hence the future prospects, of the large and growing population of children in immigrant families.

Overall Child Well-Being from 1994 to 2010

- **Children in immigrant families experience lower levels of overall well-being than children with U.S.-born parents.**

The Foundation for Child Development Child and Youth Well-Being Index (CWI) value of 99 for children in immigrant families in 2010 was 4 percent lower than the value of 103 for children with U.S.-born parents. Between 1994 and 2003, the immigrant disadvantage narrowed from 8.6 percent to 1.5 percent because children with immigrant parents experienced a much larger increase than children with U.S.-born parents but the subsequent declines also were larger for children in immigrant families. Since 2003, the gap has more than doubled, reaching 4.2 percent. If recent trends continue, the immigrant disadvantage will continue to grow in the future.

- **The immigrant disadvantage in overall well-being is accounted for mainly by disadvantages in seven indicators for children in immigrant families: lower health insurance coverage, lower mathematics and reading test scores, lower PreKindergarten enrollment, lower high school graduation, lower median family income, and higher poverty.**

The Family Economic Well-Being Domain

- **The family economic well-being domain value for children in immigrant families was very low at 84 in 2010, compared to 108 among children with U.S.-born parents, for a gap of 24 points.**

Sixteen years earlier in 1994, the gap was slightly larger at 27 points. During the intervening years, the gap had narrowed to as little as 15 points in 2006, because children in immigrant families experienced much larger increases than children with U.S.-born parents. But the post-2006 declines in family economic well-being were much larger for children with immigrant parents. If trends since 2006 continue, the immigrant disadvantage will continue to grow.

- **The immigrant disadvantage in family economic well-being is accounted for mainly by three indicators for children in immigrant families: median family income, poverty, and health insurance coverage.**

Secure Parental Employment

- **Two-thirds of children in immigrant families in 2010 (66 percent) lived with at least one securely employed parent, nearly the same as among children with U.S.-born parents (69 percent), for a small gap of 3 percentage points.**

The earlier gaps in 1994 and 1995 were somewhat larger at 6 to 8 percentage points, but since 1996 the gap has remained within the narrow range of zero to 4 percentage points.

The proportions with a securely employed parent, which were 64 and 71 percent, respectively, for children with immigrant and U.S.-born parents in 1994, increased to

peaks of 75 and 78 percent, respectively, in 2000. The subsequent small declines were followed by increases as of 2006 to 78 percent for children with immigrant parents and 75 percent for children with U.S.-born parents. But then secure parental employment declined for both groups, particularly with the Great Recession between 2007 and 2009, to 66 percent in 2010 for children with immigrant parents and 69 percent for children with U.S.-born parents.

The vast majority of children with both immigrant and U.S.-born parents with a father in the home has a father who works in the paid labor force for at least part of the year. In fact, the proportion is slightly higher for children in immigrant families at 93 versus 92 percent. Still, many parents do not find full-time, year-round employment, with the consequence that many children in both immigrant families (34 percent) and native-born families (31 percent) do not have a “securely employed” parent in the home, that is, a parent who works full-time year-round.

This general pattern holds true for children with most specific immigrant origins as well. For example, among children in 14 major country and region of origin groups, the proportion with an employed father was in the narrow and high range of 82 to 99 percent.

Still, there are large differences in secure parental employment, which in 2000 ranged from a high of 78 to 87 percent for children with immigrant parents from East Asia (except Indochina), Pakistan and Bangladesh, other South Central Asia, and Western Europe, Canada, and Australia, to a low of 57 to 71 percent for children with parents from Mexico and Central America, the Dominican Republic, Haiti, other Caribbean, the Middle East, and Blacks from Africa. The declines for five of these six groups (excluding the Dominican Republic), compared to four years earlier in 2006 prior to the economic recession, ranged from 7 to 12 percentage points, while the declines for the groups with the highest rates of secure parental employment were comparatively small at 2 to 5 percentage points.

Median Family Income

- **Despite only small differences in secure parental employment overall for children with immigrant and U.S.-born parents, median family income for children**

- in immigrant families was 29 percent lower than for children with U.S.-born parents in 2010, at \$58,900 versus \$41,500, for a gap of \$17,362.**

During most years between 1994 and 2007, median family income for children in immigrant families fell short of the median for children with U.S.-born parents by 24 to 26 percent. After 2006 the decline in median family income was greater for children with immigrant families and U.S.-born parents, and the gap expanded from 24 to 29 percentage points. Family income for children in immigrant families was harder hit by the economic recession than for children with U.S.-born parents. If the trend since 2007 continues, median family income will continue to fall for children with immigrant and U.S.-born parents. For children in immigrant families, who are experiencing an even sharper decline, the gap will expand still further.

Across 14 major country and region of origin immigrant groups, there are enormous differences in median family income. The highest median family incomes for children in immigrant families are found for those with origins in other South Central Asia (mainly India) at \$98,000; Western Europe, Canada, and Australia (\$89,900); and East Asia, except Indochina (\$86,000). The lowest median family incomes were for Black children in immigrant families from Africa (\$35,900), Haiti (\$41,500), the Dominican Republic (\$33,800), and Mexico and Central America (\$31,400). Despite the high incomes of families of children with some origins, children in immigrant families, overall, experience median family incomes substantially below the level of children with U.S.-born parents.

Poverty

- **Children in immigrant families experience a much higher poverty rate than children with U.S.-born parents. Consistent with their median family income, and despite high levels of parental employment and similar levels of secure parental employment, children in immigrant families overall experienced a federal poverty rate of 30 percent, compared to 19 percent for children with U.S.-born parents in 2010, for a difference of 11 percentage points.**

The gap separating children in immigrant families and with U.S.-born parents was 12 percentage points in 1994, and this narrowed greatly to 7 to 8 percentage points in 1999-2005 because of greater poverty declines for children in immigrant families. But then the gap expanded rapidly from 5 percentage points in 2006 to 11 percentage points in 2010, because children in immigrant families experienced greater poverty increases, reflecting their greater decline in secure parental employment during the economic recession. If trends since 2006 continue, the immigrant disadvantage will continue to grow.

Poverty rates for children in immigrant families vary greatly across countries and regions of origins. Children in immigrant families with origins in East Asia (except Indochina), in other South Central Asia (mainly India), in Western Europe, Canada, and Australia, and in Central and Eastern Europe and the former Soviet Union had poverty rates of 9 to 11 percent in 2010; however, this rate increased to 22 to 31 percent for children with origins in Indochina, the Middle East, Haiti, and other Caribbean countries (excluding the Dominican Republic), and for Black children and for white children with African origins, and to 33 percent for the Dominican Republic, and 39 percent for Mexico and Central America.

The U.S. Census Bureau recently released a supplemental poverty measure that adjusts the official measure to account for various factors, including the disposable income that families receive from key government programs, the expenses that are necessary for parents to hold a job and earn income, and the rising levels and standards of living that have occurred since 1965 (Short, 2011). We did not use this measure because, unfortunately, the Census Bureau has not (as of the writing of this report) released a public-use data file for the Current Population Survey (CPS) with a data codebook that would allow these factors to be calculated separately for children in immigrant families and children with U.S.-born parents.

Another alternative to the official federal poverty rate that often is used in public policy discussions is a measure identifying “low-income families” that calculates the proportion of children who live in families with incomes

below 200 percent of the federal poverty threshold (Annie E. Casey Foundation, 2009; Child Trends, 2009; Kneebone and Garr, 2010; Nilsen, 2007). Results using this threshold are much less affected than is the official federal poverty rate when disposable income from key federal programs is taken into account, because these programs are mainly for families with incomes near the official poverty threshold, and they do not provide enough income to lift such families above the 200% poverty threshold (Hernandez, Denton, and Macartney, 2007). Results using this measure indicate that the gaps separating children in immigrant families and children with U.S.-born parents are even larger than suggested by the federal poverty measure.

- **In 2010, the proportions with family incomes below 200 percent of the federal poverty threshold for children in immigrant families and children with U.S.-born parents were 57 percent and 39 percent, respectively, for a gap of 18 percentage points.**

Specifically, the proportion of children in immigrant families with family incomes below 200 percent of the federal poverty threshold was higher than among children with U.S.-born parents for children with origins including Pakistan and Bangladesh at 42 percent; the Middle East and Indochina at 47 to 48 percent; Haiti at 52 percent, and Blacks from Africa at 59 percent. However, the Dominican Republic, and Mexico and Central America (combined) had even higher rates, at 64 and 73 percent, respectively.

Health Insurance Coverage

- **Children in immigrant families are almost twice as likely as children with U.S.-born parents not to be covered by health insurance.**
- **In 2010, the proportions not covered by health insurance were 15 percent for children in immigrant families and 8 percent among children with U.S.-born parents, for a gap of 7 percentage points.**

This 7 percentage point gap is much smaller than the gap of 10 to 12 percentage points that existed for most of the years between 1994 and 2007. During this time, the gap in health insurance coverage separating children in immigrant families and children with U.S.-born parents was fairly

steady, as these two groups experienced declines of 5 to 7 percentage points in the proportions not covered by health insurance. Still, less than one-half of the 12 percentage point gap in 1994 had been eliminated by 2010.

More than one in ten children were not covered by health insurance in 2010 if their origins were Pakistan and Bangladesh (13 percent), South America (14 percent), Haiti (20 percent), or Mexico and Central America (21 percent). Eight of the remaining 10 countries and regions of origin studied in this report have rates of not being covered by health insurance in the range of 7 to 12 percent.

The Health Domain

- **Children in immigrant families experience higher levels of overall health than children with U.S.-born parents. The health domain value for children in immigrant families was 102 in 2009, versus 83 among children with U.S.-born parents, for a gap of 19 points.**

Five indicators in the CWI health domain are combined here to form this measure: the infant mortality rate, the low birthweight rate, the proportion in very good or excellent health, the proportion with activity limitations, and the proportion overweight.

Both groups experienced large declines in the health domain value between 1994 and 2009, because of large increases in obesity. The decline in the value of the health index was slightly smaller, overall, for children in immigrant families, than for children with U.S.-born parents (a 12- versus 14-point decline).

- **The immigrant advantage in the health domain is accounted for mainly by advantages in three indicators for children in immigrant families: infant mortality, low birthweight, and activity limitations.**

The advantage of children in immigrant families in various health indicators, compared to children with U.S.-born parents, is sometimes referred to as the immigrant paradox because it would be expected, based on their lower socioeconomic status and more limited access to health care, that they would experience lower levels of health on

various indicators. The social, economic, or cultural factors that may be responsible for providing this protection to children in immigrant families are not well understood.

Low Birthweight

- **Children in immigrant families are less likely than children with U.S.-born parents to experience the health disadvantages associated with a low birthweight. The proportion of experiencing a low birthweight in 2009 was 7 percent for children in immigrant families, and 8.5 percent among children with U.S.-born parents, for a gap of 1.5 percentage points.**

Low birthweight information is obtained from the vital statistics system, where it is possible to distinguish births to immigrant (foreign-born) mothers from those of U.S.-born mothers. The gap of 1.5 percentage points separating children with immigrant and U.S.-born mothers in 2009 was about the same as in 1994, at 1.4 percentage points, when the low birthweight rates were somewhat lower at 6.1 and 7.5 percent, respectively. These gaps are in the middle of the narrow range of 1.3 to 1.8 percentage points that separated these children in various specific years between 1994 and 2009. Children with both immigrant and U.S.-born mothers experienced increases in the low birthweight rate of 0.9 to 1.0 percentage points between 1994 and 2009.

The specific immigrant origins for which vital statistics data are available are somewhat different than those presented in most sections of this report, based mainly on the CPS. Among specific origin groups, the highest rates of low birthweight in 2009 were for children with immigrant mothers from India, the Caribbean, and Blacks from Africa (9.4 to 9.7 percent), whereas the lowest were for children with immigrant mothers from Europe and Australia, China, Korea, Mexico, Cuba, and Central and South America (5.7 to 6.6 percent). Intermediate rates of low birthweight were found for children with immigrant mothers from Japan, Philippines, Vietnam, and other Asia-Pacific (7.8 to 8.4 percent). Little change was experienced between 1994 and 2009 by children with immigrant mothers from India, the Caribbean, and Blacks from Africa, whereas other groups experienced increases ranging from 0.4 to 1.5 percentage points.

Infant Mortality

- **Children with immigrant mothers are less likely than children with U.S.-born mothers to die during the first year of life. The infant mortality rates in 2007 were 5 and 7 deaths per 1,000 live births, respectively, among children with immigrant mothers and children with U.S.-born mothers, respectively, for a gap of 2 points.**

Between 1995 and 2007, the gap remained in the narrow range of 1.9 to 2.2 points. The groups experienced declines in infant mortality of 0.7 to 0.8 deaths per 1,000 live births between 1995 and 2007.

Infant mortality rates vary greatly across specific country and region of origin groups. The highest infant mortality rates in 2007 were for children with immigrant mothers from the Caribbean and for Blacks from Africa (9.9 per 1,000 births), followed by Cuba (5.3 per 1,000 births), and other Asia-Pacific origins (5.1 per 1,000 births). The lowest rates are half as large, or smaller, for children with immigrant mothers from Vietnam, China, and Japan (1.8 to 2.6 per 1,000 births). The infant mortality rates for children with mothers born in Europe or Australia, the Philippines, India, Korea, Mexico, and Central and South America (3.6 to 4.6 per 1,000 births) are intermediate. There were substantial declines of 0.9 to 1.7 per 1,000 births for children with mothers from the Caribbean and Blacks from Africa, and China. There were still larger declines for children with mothers from Vietnam and Japan of 2.9 to 3.4 births per 1,000, while other groups experienced little change.

Activity Limitations

- **Children in immigrant families are less likely than children with U.S.-born parents to have an activity limitation.**
- **The activity limitations rate for children in immigrant families was 5.5 percent, compared to 9.2 percent among children with U.S.-born parents, for a gap of 3.7 percentage points.**

The activity limitations indicator is based on questions asking parents whether their children experience physical limitations in their capacity to walk, run, or play, and

whether or not the physical impairment is expected to last a year or more (CDC, 2010).

Children in immigrant families and children with U.S.-born parents experienced similar overall deterioration in the activity limitation indicators of 1 to 2 percentage points after 1994, whereas the gaps separating them held steady in the range of 3 to 4 percentage points in most years between 1994 and 2009.

Data from the National Health Interview Survey can be used to calculate results for 10 immigrant origin groups that correspond fairly well to the groups reported elsewhere in this report based on the CPS. The activity limitations rate for these 10 groups all are lower than for children with U.S.-born parents. They range from highs of 6.1 to 7.8 percent for East Asia, the former Soviet Union, and Western Europe, to a range of 1.6 to 4.6 percent for Mexico and Central America, South America, the Middle East, the Indian Subcontinent, and Southeast Asia, and for Blacks and Whites from Africa.

Obesity

- **Obesity rates for children in immigrant families and children with U.S.-born parents are nearly identical. In 2009, the obesity rates for children in immigrant families and children with U.S.-born parents were 18.0 and 17.9 percent, respectively, for a tiny gap of 0.1 percentage points.**

Obesity rates have increased substantially since 1994, from 11.4 percent for children in immigrant families and 12.7 percent for children with U.S.-born parents. With broadly similar increases through time, the difference between these groups in most years was not more than 2 percentage points. Results comparing country or region of origin groups are not available due to data limitations.

Very Good or Excellent Health

- **Children in immigrant families are more likely than children with U.S.-born parents to be reported by their parents as not having very good or excellent health.**
- **In 2010, 21 percent of children in immigrant families were reported to not have very good or excellent health, compared to 15 percent among children with U.S.-born parents, for a gap of 6 percentage points.**

These groups have experienced similar overall improvements of 5 to 7 percentage points since 1994, and the gaps separating them held steady in the range of 5 to 7 percentage points in most years between 1994 and 2009.

Contrary to findings for low birthweight, infant mortality, and activity limitations, which indicate that children with immigrant parents have better health than children with U.S.-born parents, this indicator suggests the opposite. This indicator may tap into other aspects of health in which children with immigrant parents experience a disadvantage compared to children with U.S.-born parents, or immigrant groups may interpret the question asked to obtain this indicator somewhat differently than the U.S.-born group for reasons of language or culture.

There are, however, substantial differences among immigrant groups in the proportions reported to not have very good or excellent health. Children in immigrant families most likely to not have very good or excellent health are those with origins in Mexico and Central America (28 percent), followed by the former Soviet Union (21 percent), and then South America, the Middle East, East Asia, and Southeast Asia (15-17 percent). Children with immigrant parents least likely to be reported as not having very good or excellent health have origins in Europe or the Indian subcontinent or are Blacks or Whites from Africa (7-12 percent).

The Educational Attainment Domain

- **Students who are Dual Language Learners experience educational attainment domain values much lower than children who are English Only Learners.**

The two educational attainment indicators in the CWI are reading test scores and mathematics scores from the National Academy of Educational Progress (NAEP), which also is known as “The Nation’s Report Card.” Data collection procedures for reading test scores do not make it possible to distinguish between children in immigrant families and children with U.S.-born parents. Instead, based on school records, NAEP distinguishes children who are Dual Language Learners and children who are English Only

Learners (National Assessment of Educational Progress, 2012, where they are referred to as English Language Learners and not English Language Learners). We, therefore, use the distinction Dual Language Learners versus English Only Learners here. It should be noted that this approach to identifying Dual Language Learners is not based on nationally recognized standards or tests, and, therefore, is not consistent from one district or state to the next.

- **The educational attainment domain value for Dual Language Learner students was much lower than among students who were English Only Learners in 2010, at 88 versus 104, for a gap of 16 points.**
- **The disadvantage in the educational attainment domain for Dual Language Learner students is accounted for by disadvantages in both reading and mathematics scores.**

The gap was nearly unchanged from 1996, but both groups experienced small improvements of 3 points between 1996 and 2010.

Reading Test Scores

- **Dual Language Learners have much lower reading test scores than English Only Learners. Dual Language Learners had an average reading test score in 2010 of 216, which was 44 points (17 percent) lower than the score of 260 for English Only Learners.**

Both groups have experienced small increases in reading test scores since 1998, with increases of 4 points for Dual Language Learner students and 3 points for English Only Learners. Thus, the gap separating the two groups narrowed slightly from 45 points in 1994 to 44 points in 2010. Results for country or region of origin groups are not available.

Reading Proficiency in Fourth Grade

The importance of early reading skills is highlighted in the 2011 first-ever study to calculate high school graduation rates for children not reading proficiently in Third Grade. This study is based on the 1979 National Longitudinal Survey of Youth (NLSY79), the only national

survey following children from Third Grade through early adulthood that collects data required to calculate such estimates (Hernandez, 2011). The results indicate that one in six children (16 percent) who are not reading proficiently by Third Grade fail to graduate from high school on time, which is four times the rate (4 percent) for children with proficient Third Grade reading skills. Children who do not graduate from high school are less well prepared to become productive workers, less able to support their families, and more likely to experience low incomes throughout their lives. NAEP reported for 2011 that only 34 percent of children nationally scored at or above the proficient level in Fourth Grade (National Center for Education Statistics, 2011).

- **Among Dual Language Learner students, a tiny 7 percent read proficiently in Fourth Grade, and even among English Only Learners students, fewer than four in ten (37 percent) read proficiently.**

Among Dual Language Learners, the percentage reading proficiently or above in Fourth Grade has varied within the narrow range of 5 to 7 percent for every year of testing since 1998, except in 2000. Meanwhile, the percentage reading proficiently increased somewhat for English Only Learners from 30 to 31 percent in 1998 and 2000, to 33 to 35 percent between 2002 and 2007, with additional small increases to 36 percent in 2009, and 37 percent in 2011. Thus, the gap widened by 6 percentage points, from 24 to 30 percentage points, between 1998 and 2011.

Looking to the future, if the education system were to eliminate the current gap between Dual Language Learners and English Only Learners, the average Fourth Grade reading score for the U.S. would rise from 221 to 225 (out of a possible 500). If improvements for Dual Language Learners had closed the 2011 gap of 37 points compared to English Only Learners, the overall average improvement would have doubled the increase that actually occurred between 1998 and 2011.

Similar or even greater opportunities for improvement are possible in states with large to moderate numbers of Dual Language Learners and large to moderate gaps in reading proficiency for these two groups. The largest

potential improvement in the overall state-wide average is for California, at 12 points, followed by Alaska, Arizona, Colorado, Nevada, New Mexico, Oregon, and Washington with potential increases of 6 to 8 points. Substantial increases of 3 to 5 points also are possible for Connecticut, Florida, Hawaii, Illinois, Massachusetts, Minnesota, New York, North Carolina, Rhode Island, Texas, and Virginia. In fact, Dual Language Learners are distributed so widely across the U.S., and differences in test scores compared to English Only Learners are so common that there are only six states in which the average test scores would not rise by as much as 1 point: Kentucky, Louisiana, Mississippi, South Carolina, and West Virginia.

If a specific state were to set, and to succeed at achieving, the goal of bringing Fourth Grade reading levels of Dual Language Learners to the level of other students, that state's ranking among all states would climb substantially. If, for example, the following states had achieved this goal in 2011, California would have climbed from 46th to tie for 17th-18th, Arizona would have climbed from 45th to 36th, Texas would have climbed from 36th to tie for 17th-18th, and North Carolina would have climbed from 23rd-29th to tie for 14th-16th.

Mathematics Test Scores

- **Dual Language Learners have much lower mathematics test scores than English Only Learners. Dual Language Learners had an average mathematics test score in 2010 of 241, which was 39 points (14 percent) lower than the score of 280 for English Only Learners.**

Both groups have experienced increases in mathematics test scores since 1996, with increases of 10 points for Dual Language Learners and 14 points for English Only Learners. Thus, the gap separating the two groups has expanded somewhat from 35 points in 1994 to 39 points in 2010.

Results for country or region of origin groups are not available.

Mathematics Proficiency in Fourth Grade

NAEP also distinguishes between students who are performing at or above the proficient level for their grade in mathematics from students who are performing below grade level.

- **In the Fourth Grade, Dual Language Learners in 2011 were only one-third as likely as English Only Learners to be proficient in mathematics, at 14 percent versus 44 percent, for an immigrant disadvantage of 30 percentage points.**

Overall mathematics proficiency levels are extremely low in the U.S., for both Dual Language Learners and for English Only Learners. If past trends continue, the greater disadvantage of Dual Language Learners in mathematics knowledge and skill compared to English Only Learners will continue to grow.

The Community Engagement Domain

- **The community engagement domain value for children in immigrant families was substantially lower than for children with U.S.-born parents in 2010, at 105 and 117 respectively, for a gap of 12 points.**

The four community engagement indicators from the CWI are the rate of PreKindergarten enrollment at ages three and four; the rate of persons ages 18 to 24 with a high school diploma, the rate of youth ages 16 to 19 not in school and not working, and the proportion of persons ages 25 to 29 with a bachelor's degree.

Sixteen years earlier in 1994, the gap was substantially larger at 20 points. During 12 of the years between 1994 and 2010, the gap in the community engagement domain values for children in immigrant families and children with U.S.-born parents has trended downwards from 20 points, to a low of 7 points, before increasing again in the most recent year.

- **The immigrant disadvantage in the community engagement domain is accounted for mainly by the substantial disadvantages in two indicators for children in immigrant families: PreKindergarten enrollment and persons who have received a high school diploma. These indicators reflect the human capital children in immigrant families are acquiring, beginning at an early age and by the end of high school.**

PreKindergarten Enrollment

The indicator used here is the percentage of children ages three and four enrolled in PreKindergarten. Because of the small sample size, results in this report are based on three-year moving averages for 1995 to 2009.

- **Children in immigrant families are substantially less likely than children with U.S.-born parents to be enrolled in PreKindergarten. The PreKindergarten enrollment rate for children in immigrant families was 44 percent in 2009, which was 9 percentage points less than the rate of 53 percent for children with U.S.-born parents.**

The gap in Prekindergarten enrollment rates narrowed from 13 to 9 percentage points between 1995 and 2009, because the increase in PreKindergarten enrollment for children in immigrant families was somewhat larger than the increase for children with U.S.-born parents, at 9 and 5 percentage points, respectively.

PreKindergarten enrollment rates reached a peak of 46 percent for children in immigrant families in 2005, and 55 percent for children with U.S.-born parents in 2003. Since then, PreKindergarten enrollment rates have declined slightly by 1 to 2 percentage points for these two groups.

PreKindergarten enrollment rates differ greatly for children in the 14 country and region of origin groups in this report. The PreKindergarten enrollment rates were lowest for children in immigrant families with origins in Haiti (50 percent), Central and Eastern Europe and the former Soviet Union (46 percent), Indochina (40 percent), and Mexico and Central America (36 percent). On the high end of the continuum are children in immigrant families with origins in Western Europe and Canada, other South Central Asia (mainly India), other Caribbean (excluding the Dominican Republic and Haiti), and Whites from Africa (62-64 percent).

PreKindergarten enrollment increased between 1990 and 2010 for a majority of the 14 immigrant origin groups by 21 to 27 percentage points. These improvements occurred mainly between 1990 and 2000. Smaller increases in percentage points were experienced by children in immigrant families

from Mexico and Central America (18), the Middle East (13), Haiti (10), and Blacks from Africa (4).

Two publicly funded policies that contributed to these increases in PreKindergarten enrollment are Head Start programs and state funding for PreKindergarten. Between 1990 and 2001, enrollment in Head Start grew by an average of 33,000 students per year, compared to 500 per year between 2001 and 2007 (U.S. Census Bureau, 2010). These increases were impressive, until 2000, when enrollment growth nearly stalled. Beginning in the mid-1990s, states initiated and expanded PreKindergarten programs, and 39 states currently fund such programs (NIEER, 2011).

High School Graduation

- **Children in immigrant families are much less likely to graduate from high school than children with U.S.-born parents. In 2010, one of every four children in immigrant families (25 percent) had not graduated from high school by ages 18 to 24, compared to 18 percent among children with U.S.-born parents, for a gap of 7 percentage points.**

The gap in not graduating from high school narrowed between 1994 and 2010 from 11 to 7 percentage points because improvements were slightly greater for children in immigrant families than for children with U.S.-born parents, at 5 and 2 percentage points, respectively. If the trend since 1994 trend continues it will take more than 35 years for the immigrant disadvantage to disappear. Even then, about 14 percent of children both in immigrant families and with U.S.-born parents would not be graduating from high school.

Children in immigrant families with diverse countries of origin differ greatly in the proportion not graduating from high school by ages 18 to 24. Least likely to graduate from high school are children with origins in Mexico and Central America (36 percent), followed by the Dominican Republic, Haiti, and Blacks from Africa (23-24 percent). The lowest rates of not graduating from high school are for children with origins in other Caribbean countries, South America, East Asia, Southeast Asia, Indochina, Pakistan and Bangladesh, other South Central Asia, the Mideast, Central and Eastern Europe and the former Soviet Union, and

Western Europe, and Whites from Africa 7 to 16 percent). The four countries and regions of origin for which it is least likely that children with immigrant parents graduate from high school also tend to have comparatively high poverty rates and high proportions with fathers and mothers who have not graduated from high school (Hernandez, et al, forthcoming).

Bachelor's Degree

- **Children in immigrant families are about likely as children with U.S.-born parents to have a bachelor's degree. In 2010, 29 percent of children in immigrant families had a bachelor's degree by ages 25 to 29, compared to 33 percent among children with U.S.-born parents, for a small gap of 4 percentage points.**

But there are large differences across various countries of origin, related to the educational attainments of immigrant parents and family economic resources.

The gap in obtaining a bachelor's degree was changed little between 1994 and 2010 because both groups similarly experienced increases of 7 to 9 percentage points. The gap remained within the narrow range of zero to 4 percentage points in every year between 1994 and 2010. Children in immigrant families from various countries differ enormously in the proportion not graduating from high school by ages 18 to 24.

Those most likely to have a bachelor's degree by ages 18 to 24 are children with origins in other South Central Asia (mainly India) (82 percent), followed by children with origins in East Asia (excluding Indochina), Pakistan and Bangladesh, the Middle East (55 percent), and Central and Eastern Europe and the former Soviet Union, and Europe, Australia, and Canada (50-51 percent), followed by Whites from Africa (48 percent). The proportions with a bachelor's degree are lowest for children with origins in Mexico and Central America (9 percent), the Dominican Republic (21 percent), and South America (25 percent), and similar to or slightly higher than children with U.S.-born parents (32 percent) for those with origins in Indochina, Haiti, other Caribbean countries, and South America, and for Blacks from Africa (33-37 percent). The six countries or regions of

origin for which it is most likely that children with immigrant parents have a bachelor's degree also tend to have poverty rates that are low and proportions with fathers and mothers with bachelor's degrees that are high, compared to children with U.S.-born parents (Hernandez, et al, forthcoming).

Idle or Disconnected Youth

Youth ages 16 to 19 who are not in school and not working, and as a consequence are disconnected from both educational and work institutions, are described as idle. Because of small sample sizes, results reported here are based on three-year moving average for 1995 to 2010.

- **In 2010, the proportions idle were the same for youth in immigrant families and youth with U.S.-born parents, at 8.5 percent.**

The decline that occurred in the proportion of idle youth since 1995 was about 1 percentage point for youth in immigrant families and for youth with U.S.-born parents.

The Social Relationships Domain

- **Children in immigrant families experience much greater well-being in the social relationships domain than children with U.S.-born parents. The social relationships domain value for children in immigrant families is substantially higher than among children with U.S.-born parents at 114 versus 102, for a gap of 12 points.**

In 1994, the social relationships domain values for children in immigrant families and children with U.S.-born parents were about the same at 100-101 points.

The two CWI indicators of social relationships combined to form a single overall measure are one-parent families and residential mobility.

- **The immigrant advantage in social relationships is accounted for the substantial advantage among children in immigrant families in the proportion living in two-parent families.**

One-Parent Families

- **Children in immigrant families are less likely than children with U.S.-born parents to live in a one-parent family. Twenty-five percent of children with immigrant parents live in a one-parent family, compared to 32 percent among children with U.S.-born parents, for a gap of 7 percentage points.**

The gap in one-parent family living between children in immigrant families and children with U.S.-born parents changed little between 1994 and 2010.

Children in immigrant families with various origins differ greatly in one-parent family living. Least likely to live in a one-parent family, at only 6 to 7 percent, are children with origins in Pakistan and Bangladesh, and other South Central Asia, followed at 11 percent by the Middle East. East Asia, Indochina, Whites from Africa, Central and Eastern Europe and the former Soviet Union, and Western Europe, Canada, and Australia all ranged 16 to 10 percent. Somewhat higher proportions living with one parent are found for children with origins in South America at 24 percent and Mexico at 28 percent.

The highest rates of living in one-parent families are found for children in immigrant families from the Dominican Republic (53 percent), Haiti (37 percent), other Caribbean countries (43 percent), and Blacks from Africa (34 percent). The Caribbean groups come from a region with a long-standing tradition where many children live in one-parent families.

Residential Mobility

Residential mobility can be difficult for children, as they change to schools with new teachers and different curricula, and try to make new friends. Children can benefit, however, from increased economic resources, if the move involves improved jobs and incomes for parents.

- **Children in immigrant families and children with U.S.-born parents in 2010 were equally likely to have moved during the past year, at 13 percent. Both groups experienced declines between 1994 and 2010, from 20 percent children in immigrant families and 17 percent for children with U.S.-born parents.**

Among children in immigrant families with 14 different countries or regions of origin, the proportions moving during the past year are in the fairly narrow range of 9 to 17 percent.

Recommendations for Public Investments in the Next Generation

The promise of the American Dream has inspired immigrants to leave their country of birth in search of a better life for themselves and their children. They bring important assets to our nation—great optimism and faith in the virtues of work, family, and their adopted communities. But they face huge struggles at this time in American history.

The following recommendations are aimed at addressing these needs.

Investing in Education

First, start at the beginning. High-quality PreKindergarten programs are a highly cost-effective investment for improving educational attainments, and hence for fostering the economic productivity and life prospects of children when they reach adulthood. Federal, state, and local governments should increase their investments in this critical first stage of education. This should be done in a smart way. The effect of good PreKindergarten programs can “fade out.” But gains for students are sustained if high-quality PreKindergarten is linked with the elementary grades, to create a common structure and coherent sets of academic and social goals.

The integrated PreK-3rd approach to education, if fully developed and effectively implemented, involves six components: 1) align curriculum, standards, and assessment from PreKindergarten through Third Grade; 2) consistent instructional approaches and learning environments; 3) the availability of Prekindergarten for all children ages three and four, as well as full-day Kindergarten for older children; 4) classroom teachers who possess at least a bachelor’s degree and are certified to teach grades PreK-3rd; 5) small class sizes; and 6) partnership between the school and families.

Expanded and improved education from PreKindergarten through Third Grade will provide students with a strong foundation for later educational success. It is also important for the education system to identify new approaches to improving the education provided to children during the middle and high school years in a fashion that is aligned with the experience of children in the early years of school. Very low rates of reading and mathematics proficiency among English Only Learners, and even lower rates of proficiency among Dual Language Learners, highlight the importance of enhancing the educational experience of children at all levels, and especially of attending to the needs of children in immigrant families.

The high rate at which children are not graduating from high school, particularly among children in immigrant families, points to both the need and the opportunity to improve the education system for our children and for future generations of children.

Many children in immigrant families (and some with U.S.-born parents) are Dual Language Learners who face additional challenges in school, where English language proficiency is central to academic success. Therefore, it is critical to ensure that schools receive the funding they require to provide Dual Language Learners with effective programs and services that ensure they develop the language skills needed for academic success. It also is essential that schools implement an accurate diagnostic process that identifies children who are not proficient in English. Finally, schools should implement specific curricula to meet the needs of Dual Language Learner students, as well as research-based models for how to instruct these students and track their progress over time.

The reauthorization of the Elementary and Secondary Education Act (ESEA) should address these issues. It also should include culturally and linguistically appropriate outreach for early learning programs, as well as regulations that incorporate bilingual education strategies. Such legislation would specifically address the academic challenges facing children with immigrant parents while simultaneously building on their strengths.

In addition, since all children growing up in America should have the opportunity to achieve their full potential regardless of immigration status, all policies and programs aimed at serving vulnerable children should also be extended to unauthorized children. Another policy, the Development, Relief, and Education for Alien Minors (DREAM) Act, should also be adopted to provide unauthorized youth who have grown up in the U.S. with increased access to higher education. This would provide children who are highly motivated to achieve in school the opportunity to do so. It would also provide an incentive to succeed in elementary and high school, with the aim of achieving a bachelor's degree.

Investing in Health

Children and families require good health to succeed in school and in work. All children require access to health services to ensure that preventive services are provided as recommended, acute and chronic conditions are diagnosed and treated in a timely manner, and health and development are adequately monitored so that minor health problems do not escalate into serious and costly medical emergencies. It is important that public policies and funding be expanded to provide health insurance coverage for all children. Because children in immigrant families are especially likely not to have health insurance coverage, these children merit special attention.

Health insurance can greatly reduce out-of-pocket health costs for families. It is an essential investment in the current well-being of our children and the productivity of the future labor force. The largest increases in health insurance coverage occurred for children with U.S.-born parents between 1998 and 2000, whereas the largest increase occurs for children in immigrant families between 1999 and 2004, and between 2006 and 2010. The first period includes the year immediately following passage of the State Children's Health Insurance Program (SCHIP), known now as the Children's Health Insurance Program (CHIP).

These results indicate that publicly supported investments in health insurance have made a big difference for many children in both immigrant families and with U.S.-born parents, particularly for those least likely to be covered in 1998. But there is still a long way to go as the U.S. follows the

path of the health care reform initiated by the Affordable Health Care Act (ACA). In fact, there is a substantial way to go not only for children in immigrant families, 15 percent of whom were uninsured in 2010, but also for children with U.S.-born parents, among whom one in twelve (8 percent) were not covered.

During recent years, the Children's Health Insurance Reauthorization Act (CHIPA) and Medicaid expansions have expanded and simplified health insurance coverage for children generally, including children in immigrant families. The Immigrant Child Health Improvement Act (ICHIA) has done the same for documented immigrant children and pregnant women. Under current law, additional states could restore health insurance coverage to authorized immigrant children using provisions of the ICHIA; but only about half of the states currently do so.

ACA promises to create effective health insurance exchanges and tax subsidies aimed at low- and moderate-income families to enhance their ability to purchase private insurance, helping both children and adults. However, the health reform law does not allow undocumented immigrants to participate in insurance exchanges. This may create a chilling effect that undermines the willingness of unauthorized parents to purchase health insurance for their U.S. citizen children. (For an in depth study of challenges confronting undocumented parents with U.S. citizen children, see Yoshikawa, 2011.)

In 2009, 62 percent of children in immigrant families were U.S. citizens with parents who were authorized immigrants or born in the U.S., and an additional 8 percent were authorized immigrants who were not U.S. citizens and who had authorized parents who were not U.S. citizens. These children and parents qualify to purchase insurance from the health insurance exchanges created by the ACA. However, the nearly one-fourth (24 percent) of children in immigrant families who are U.S. citizens with an unauthorized parent (4.1 million children) are at risk of not gaining access to health insurance under the ACA because their parents may be reluctant to seek health benefits for which U.S. citizen children are entitled out of fear for jeopardizing their own situation in the U.S. The same may be true of many parents

who are authorized immigrants and do not want to place their opportunities for citizenship at risk. This chilling effect flows from legislated differences in program eligibility for children and parents.

In addition, although a very large 79 percent of children with an unauthorized parent are themselves U.S. citizens, the remaining 21 percent, or one million children who account for 6 percent of all children with immigrant parents, are themselves unauthorized. Under current law, unauthorized children will continue to be ineligible for public health insurance coverage and also will be prohibited from obtaining coverage even at full cost through the exchanges. As a result, many children and parents in immigrant families will have to rely on emergency room care as well as public hospitals, health centers, and other clinics that provide affordable care regardless of an individual's insurance coverage or ability to pay.

To improve access to health insurance for children with immigrant parents, all consumer information provided through the ACA and other health programs should be culturally appropriate and accessible to persons who are not yet fluent English speakers, and the process for verifying citizenship or immigration status for coverage should be streamlined to minimize the burden of providing documentation.

In addition, to truly provide coverage for all children, health insurance coverage must eventually be provided to children regardless of their immigration status, including unauthorized children. (For additional, detailed recommendations regarding education, health, and immigrant circumstances see Hernandez and Cervantes, 2011.)

Investing in the Economic Well-Being of Children and Families

Children in low-income families tend to experience a variety of negative developmental outcomes, including less success in school, lower educational attainments, and earning low incomes during adulthood. Children with immigrant parents are especially likely to live in families with poverty-level incomes. Most children in immigrant families have working parents, but limited English skills and educational attainments undermine the capacity of many parents to find

well-paid work, which leads to family incomes below the poverty level.

Policies and programs that provide substantial income or work support, or other essential resources for children and families, include the Child Tax Credit, EITC, TANF, the Supplemental Nutrition Assistance Program (SNAP) also known as Food Stamps, the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), the National School Lunch Program (NSLP), the School Breakfast Program (SBP), and the Healthy, Hunger Free Kids Act. Research shows that these and various in-kind transfer programs substantially reduce child poverty, yet child poverty rates remain high. In view of the harmful consequences for children that are associated with living in low-income families, policymakers should review the full range of income and work-support programs to identify the most appropriate vehicles for reducing child poverty in America. Three major opportunities and one cautionary note follow.

The Child Tax Credit (CTC) was designed to help working parents manage the costs of raising children. Recent proposals would deny the refundable portion of the CTC to children with immigrant parents with parents who file federal tax returns using an Individual Taxpayer Identification Number (ITIN), instead of a Social Security Number. The CTC should be maintained for children with parents using the ITIN. In addition, key improvements that have been made by increasing the value and the refundability of the CTC should not be allowed to expire in 2012. Finally, the value of the CTC should be indexed to inflation and made fully refundable to all families.

The Earned Income Tax Credit (EITC), a work-support policy, increases the economic resources available to children and families with working parents whose incomes are quite limited. A key recent improvement in the EITC, the "third tier," which provides as much as \$629 per year for families with three or more children, is scheduled to expire in 2012. This provision should be made permanent. In addition, the EITC should be increased in value and broadened in the number of families that are eligible to further reduce child poverty.

The Temporary Assistance for Needy Families (TANF) program, a safety-net program, should also be revised. The 1996 welfare reform drew, for the first time, a sharp distinction between citizens and non-citizen documented immigrants, with the latter becoming ineligible for important public benefits and services, including TANF. Insofar as exclusion of some immigrant parents from eligibility for welfare programs acts to deprive their U.S. citizen children of important public benefits and services, and insofar as most immigrant children and parents are or will become U.S. citizens (Ku, 2009), the elimination of eligibility exclusion rules for non-citizen immigrants, including undocumented immigrants, is in the interest not only of immigrant children and families, it is in the interest of all Americans, in particular, members of the baby-boom generation who will benefit from having a healthy and productive labor force to support them during retirement.

The cautionary note derives from the current policy environment with a focus on budget-cutting. There is a risk that children with immigrant parents, including U.S. citizen children, will lose access to safety-net programs such as SNAP because these programs are at risk at the federal or state level. These programs must not be cut. Current investments in work-support, nutrition, and other safety-net programs are critical to the economic well-being of many children and parents in immigrant families.

In addition, insofar as poverty rates are especially high among children in immigrant families, all programs should be reviewed to evaluate the quality and effectiveness of their outreach to children and parents who have not yet become fluent speakers of English.

Immigrant parents are learning English as they go about their day-to-day lives, but policies and programs to provide them with formal opportunities to improve their English literacy skills would allow them to become fluent in English more quickly. Better English language skills would increase

the capacity of parents both to find well-paid work and to communicate more effectively with schools and other institutions and organizations that improve the well-being and development of their children. Particularly promising are dual-generation programs that link high-quality PreK-3rd education for children with programs for parents to develop skills for jobs in high-demand industries.

Conclusion

The vast majority of children in immigrant families are U.S. citizens who speak English fluently, and who live in hardworking two-parent families with parents who are learning English. However, jobs held by many immigrant parents provide no access to health insurance and pay the low wages that keep families in poverty. In addition, children with immigrant parents are, consequently, disadvantaged early on in their PreKindergarten enrollment, then in their mathematics and reading proficiency, and ultimately in their chances of graduating from high school. Since 2005 – 2006, and the more recent economic recession, most of these gaps have been growing.

Public investments in the education of children are falling across the country, and the fate of publicly funded health insurance is uncertain. Yet many children are not receiving the education they need for academic success, and many have no health insurance coverage, particularly children in immigrant families. The future of the nation rests with its children, and the failure to invest adequately in the educational opportunities and the health of children today places the nation's future in jeopardy. This includes all children, but there is a need to focus especially on the one of every four children who lives in an immigrant family, and who, as a whole, experiences substantial disadvantages in their opportunities for an effective education, for health insurance coverage, and in access to basic economic resources.

References

Annie E. Casey Foundation. (2009). Kids Count Indicator Brief: Reducing the Child Poverty Rate. Baltimore, MD: Annie E. Casey Foundation.

Centers for Disease Control and Prevention. (2010). Health Measures in the 1997 Redesigned National Health Interview Survey (NHIS). Retrieved December 2010 from http://www.cdc.gov/nchs/nhis/nhis_redesign.htm.

Child Trends (2009). Children in Poverty. Retrieved July 2009, from www.childtrendsdatabank.org/?q=node/221.

Hernandez, D.J. (2011). Double Jeopardy: How Third-Grade Reading Skills and Poverty Influence High School Graduation. Baltimore, MD: The Annie E. Casey Foundation.

Hernandez, D.J., & Cervantes, W.D. (2011). Children in Immigrant Families: Ensuring Opportunity for Every Child in America. Washington, D.C.: First Focus and Foundation for Child Development.

Hernandez, D.J., Denton, N.A., & Macartney, S.E. (2007). Child Poverty in the U.S.: A New Family Budget Approach with Comparison to European Countries. In H. Wintersberger, L. Alanen, T.Olk, and J. Qvortrup (eds.) *Childhood, Generational Order and the Welfare State: Exploring Children's Social and Economic Welfare, 1*, (pp.109-140).

Hernandez, D.J., Macartney, S., & Blanchard, V.L. (2009). Children in Immigrant Families in Eight Affluent Countries: Their Family, National and International Context. Florence, Italy: UNICEF Innocenti Research Centre.

Hernandez, D.J., Denton, N.A., Macartney, S., & Blanchard, V.L (forthcoming). Children in Immigrant Families Learning English: A Key to America's Future. Baltimore: Annie E. Casey Foundation.

Ku, L. (2009, January). Restoring Medicaid and SCHIP Coverage to Legal Immigrant Children and Pregnant Women: Implications for Community Health and Health Care for Tomorrow's Citizens. *Geiger Gibson/RCHN Community Health Foundation Research Collaborative Policy Research Brief No. 7*. Washington, DC: School of Public Health and Health Services, The George Washington University.

Kneebone, E., & Garr, E. (2010). The Suburbanization of Poverty: Trends in Metropolitan America, 2000-2008. Washington, DC: The Brookings Institution.

Land, K.C. (2011). 2011 Child and Youth Well-Being Index (CWI). New York: Foundation for Child Development.

Land, K.C, Lamb, V., & Mustillo, S.K. (2001). Child and Youth Well-Being in the United States, 1975-1998: Some Findings from a New Index. *Social Indicators Research, 56*, 241-320.

National Assessment of Educational Progress. (2012). How Results are Reported. Retrieved April 2012 from <http://nces.ed.gov/nationsreportcard/about/nathowreport.asp>.

National Center for Education Statistics. (2011). The Nations Report Card: Reading 2011. *Institute of Education Sciences, U.S. Department of Education*. Retrieved May 2011 from <http://nces.ed.gov/nationsreportcard/pubs/main2011/2012457.asp>.

National Institute for Early Education Research (NIEER). (2011). The State of Preschool 2011. New Jersey: Rutgers School of Education.

Nilsen, S.R. (2007). Poverty in America, Consequences for Individuals and the Economy [Testimony before the Chairman, Committee on Ways and Means, House of Representatives.] Washington, DC: U.S. Government Accountability Office.

Short, K. (2011, November). The Research Supplemental Poverty Measure, 2010: Consumer Income. *Current Population Reports*, 60-241. Washington, DC: U.S. Census Bureau.

U.S. Census Bureau. (2010). The 2010 Statistical Abstract. Retrieved July 19, 2010. <http://www.census.gov/compendia/statab/2010/tables/10s0562.pdf>.

Yoshikawa, H. (2011). *Immigrants Raising Citizens: Undocumented Parents and Their Young Children*. New York: Russell Sage Foundation.

Appendix A. CWI Domains, Indicators, and Data Sources (See Appendix C for annual trends)

Family Economic Well-Being Domain

Child Poverty (Current Population Survey, March)
Secure Parental Employment (Current Population Survey, March)
Median Family Income of Children (Current Population Survey, March)
Health Insurance (Current Population Survey, March)

Health Domain

Infant Mortality (Vital Statistics)
Low Birthweight (Vital Statistics)
Very Good or Excellent Health (National Health Interview Survey)
Activity Limitations (National Health Interview Survey)
Obesity (ages 6-17) (National Health and Nutrition Examination Survey)

Educational Attainments Domain

Mathematics Test Scores (grades 4, 8, and 12) (National Assessment of Educational Progress)
(Assessment procedures for 12th graders changed in 2005. To create a consistent time series, change occurring across the new assessment scores (2005-2009) was used to extrapolate from the old scores into the new assessment period.)

Reading Test Scores (grades 4, 8, and 12) (National Assessment of Educational Progress)
(Results for 1994 were adjusted for accommodations based on the difference between results with and without accommodations in 1998.)

Community Engagement Domain

High School Completion (ages 18-24) (Current Population Survey, March)
(Immigrants who arrived after the age of 17 are not included.)

Bachelor's Degree (ages 25-29) (Current Population Survey, March)
(Immigrants who arrived after the age of 17 are not included.)

PreKindergarten Enrollment (ages 3-4) (Current Population Survey, October)
(A 3-year moving average is used due to substantial sampling variability.)

Idle Youth (ages 16-19) (Current Population Survey, March)
(A 3-year moving average is used due to substantial sampling variability. Immigrants who arrived after the age of 17 are not included.)

Social Relationships Domain

One-Parent Family (Current Population Survey, March)
Residential Mobility (Current Population Survey, March)
(Data for 1994 are not available. The value reported here for 1994 is the average of the values recorded for 1993 and 1995.)

Appendix B. Detailed Countries and Regions of Origin in this Report, for Specific Data Sources and Indicators

Data Source: Current Population Survey

(March CPS, except for PreKindergarten Enrollment which is October CPS)

Indicators (3-year moving averages):

Child Poverty
Secure Parental Employment
Median Family Income of Children
Health Insurance Coverage

High School Completion
Bachelor's Degree
PreKindergarten Enrollment
Idle Youth

One-Parent Family
Residential Mobility

Countries/Regions of Origin:

Mexico and Central America
Dominican Republic
Haiti
Other Caribbean (all countries except Dominican Republic and Haiti)
South America

East Asia (including Southeast Asia, except Indochina)
Indochina (including Cambodia, Laos, Thailand, Vietnam)
Pakistan and Bangladesh
Other South Central Asia (all countries except Pakistan and Bangladesh)
Middle East (including Afghanistan)

Africa, Black children
Africa, White children (including other non-Black children)
Central and Eastern Europe, and the former Soviet Union
Western Europe, Canada, Australia, New Zealand (and other Oceania)

(For detailed list of countries in each region see http://cps.ipums.org/cps-action/variables/BPL#codes_section)

Data Source: Vital Statistics

Indicators:

Infant Mortality
Low Birthweight

Countries/Regions of Origin:

Mexico
Central and South America
Cuba
Other Caribbean (except Cuba) and Black children from Africa

China
Japan
Philippines
Vietnam
Other Asia-Pacific
Europe and Australia

Data Source: National Health Interview Survey

Indicators (calculated as 3-year moving averages):

Very Good or Excellent Health
Activity Limitations

Countries/Regions of Origin:

Mexico, Central America, Caribbean Islands
South America
Russia (and former Soviet Union areas)
Europe
Africa, Black Children
Africa, White Children (including other non-Black children)
Middle East (comprised of Aden, Arab Palestine, Arabia, Armenia, Bahrain, Cyprus, Gaza Strip, Iran, Iraq, Israel, Jordan, Kuwait, Syria, Lebanon, "Middle East," Oman, Palestine, Persia, Qatar, Saudi Arabia, Syria, Turkey, United Arab Emirates, West Bank, Yemen)
Indian Subcontinent (includes Afghanistan, Bangladesh, Bhutan, British Indian Ocean Territory, East Pakistan, India, Maldives, Nepal, Pakistan, Sri Lanka or Ceylon, Tibet, and West Pakistan)

Asia (comprised of Asia, Asia Minor, China, Japan, Mongolia, North Korea, South Korea)

South East Asia (comprised of Borneo, Brunei, Burma or Myanmar, Cambodia, Christmas Island, Hong Kong, Indonesia, Laos, Malaysia, Philippines, Singapore, Taiwan, Thailand, Vietnam)

Data Source: National Health and Nutrition Examination Survey

Indicator:

Obesity

Information on country of birth is very limited in the National Health and Nutrition Examination Survey and is not presented in this report.

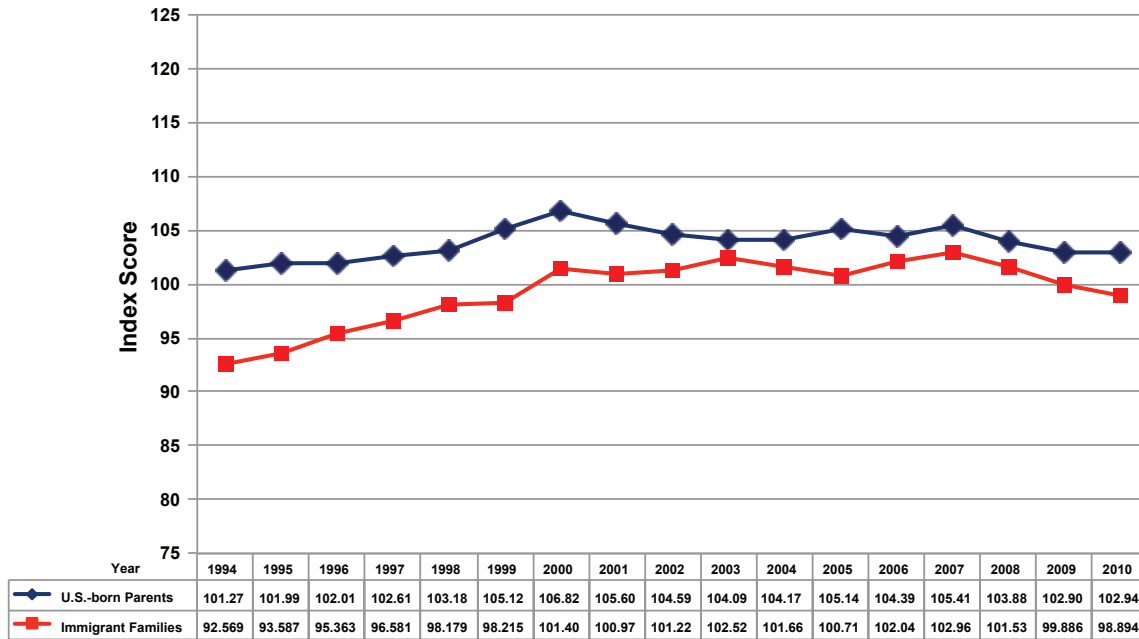
Countries/Regions of Origin:

Data Source: National Assessment of Educational Progress

Information on country of birth is not available in the National Assessment of Educational Progress (NAEP).

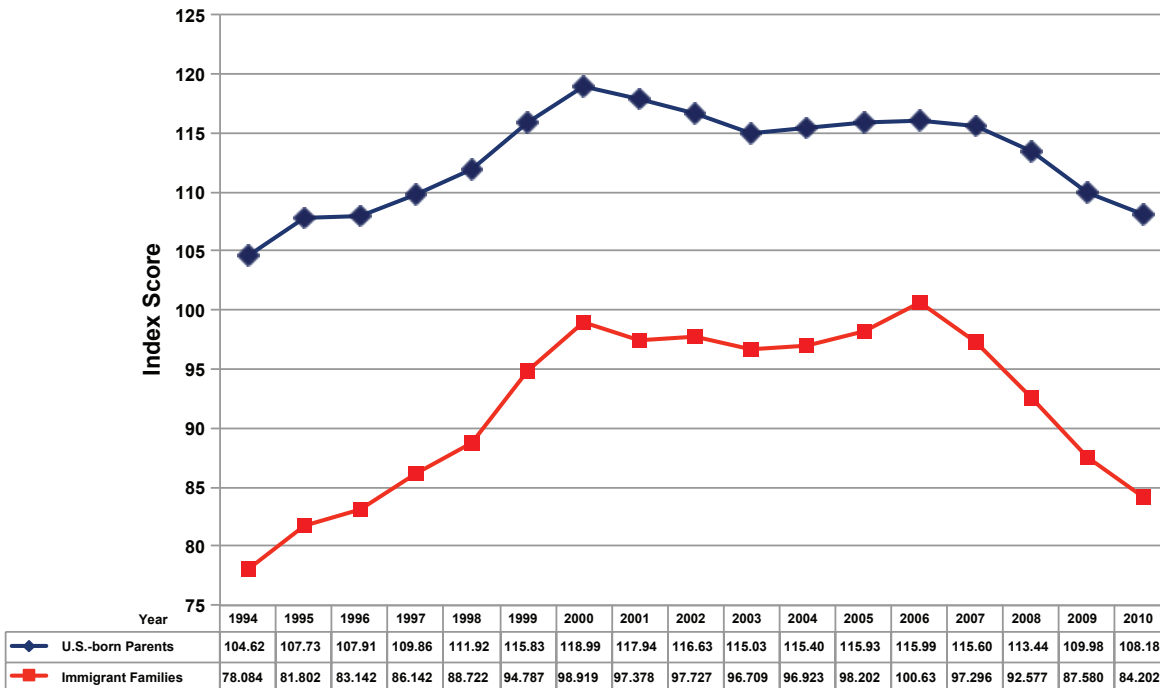
Appendix C. Annual Trends

Figure 1. Child Well-Being Index (CWI): Children in Immigrant Families and Children with U.S.-born Parents, Five Domains with 17 Indicators



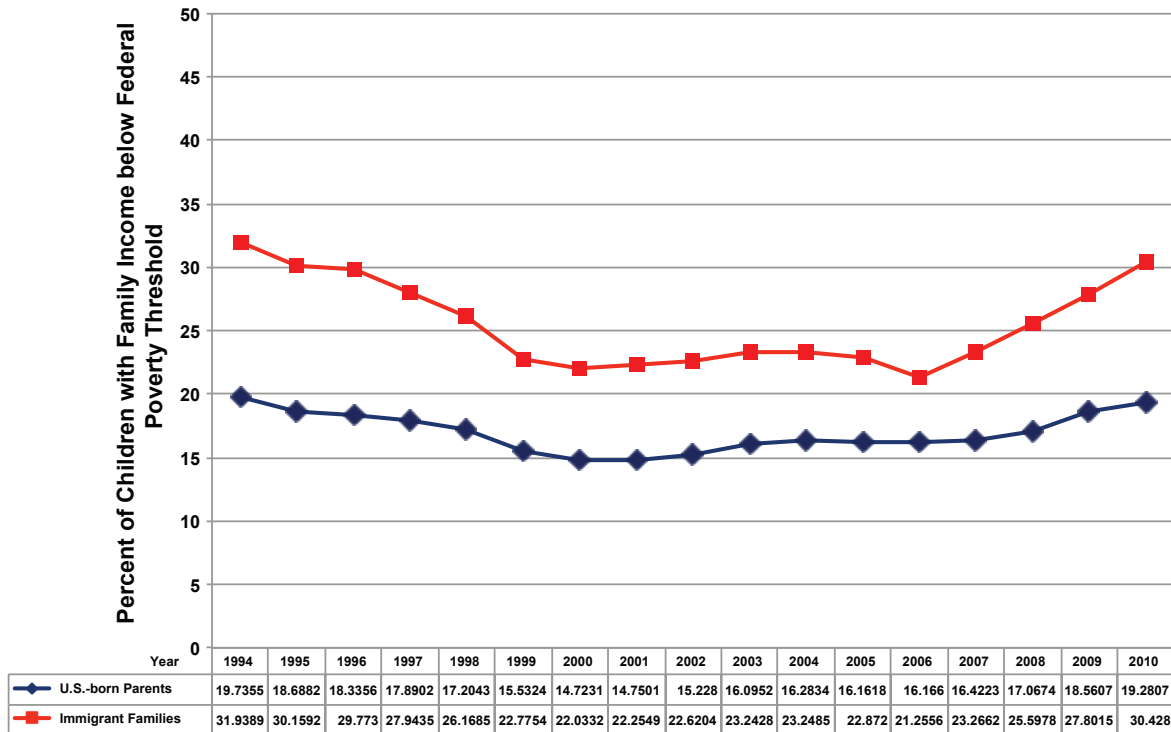
Family Economic Well-Being Domain

Figure 2. CWI Family Economic Well-Being Domain: Children in Immigrant Families and Children with U.S.-born Parents, Four Indicators



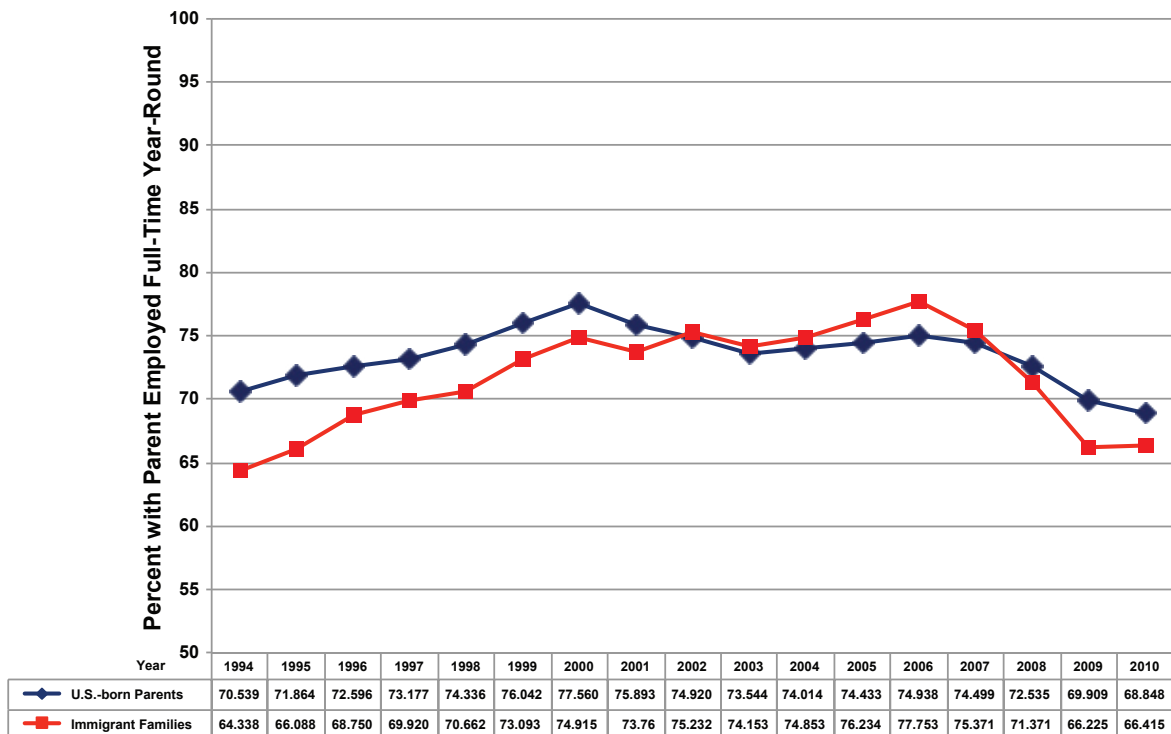
Appendix C. Annual Trends

Figure 3. Children's Poverty Rate: Children in Immigrant Families and Children with U.S.-born Parents (CWI Family Economic Well-Being Domain)



Child Poverty (Current Population Survey, March)

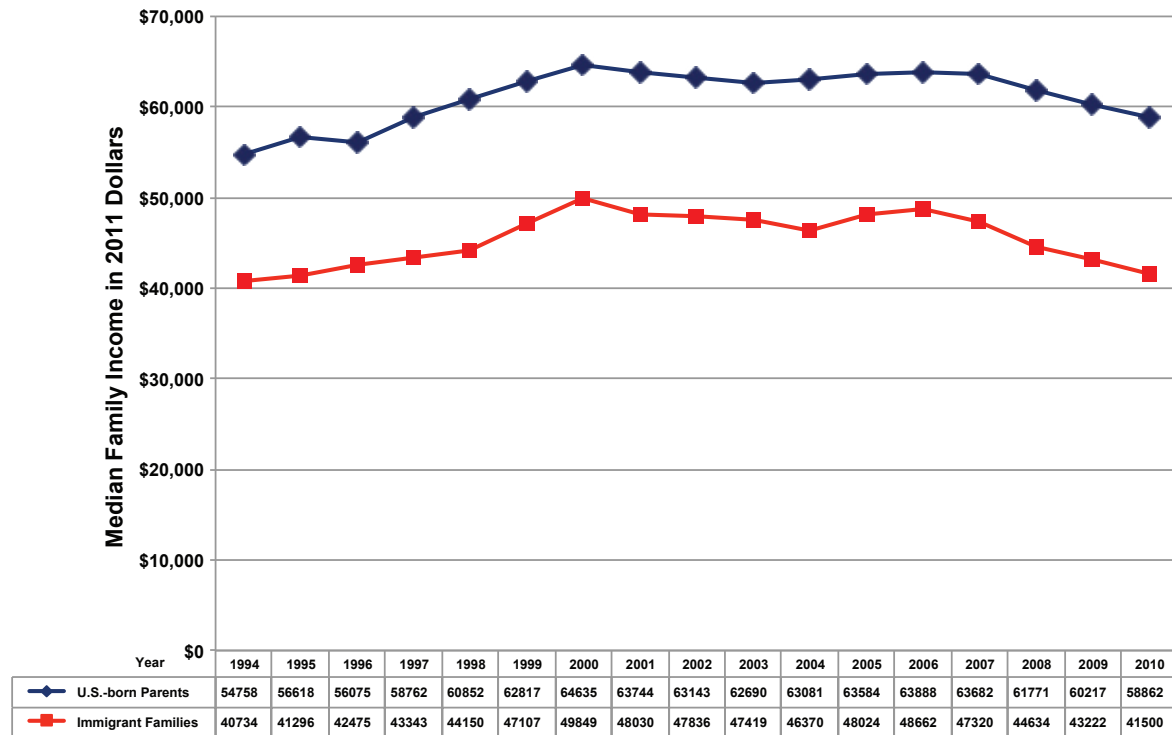
Figure 4. Children with Securely Employed Parent: Children in Immigrant Families and Children with U.S.-born Parents (CWI Family Economic Well-Being Domain)



Secure Parental Employment (Current Population Survey, March)

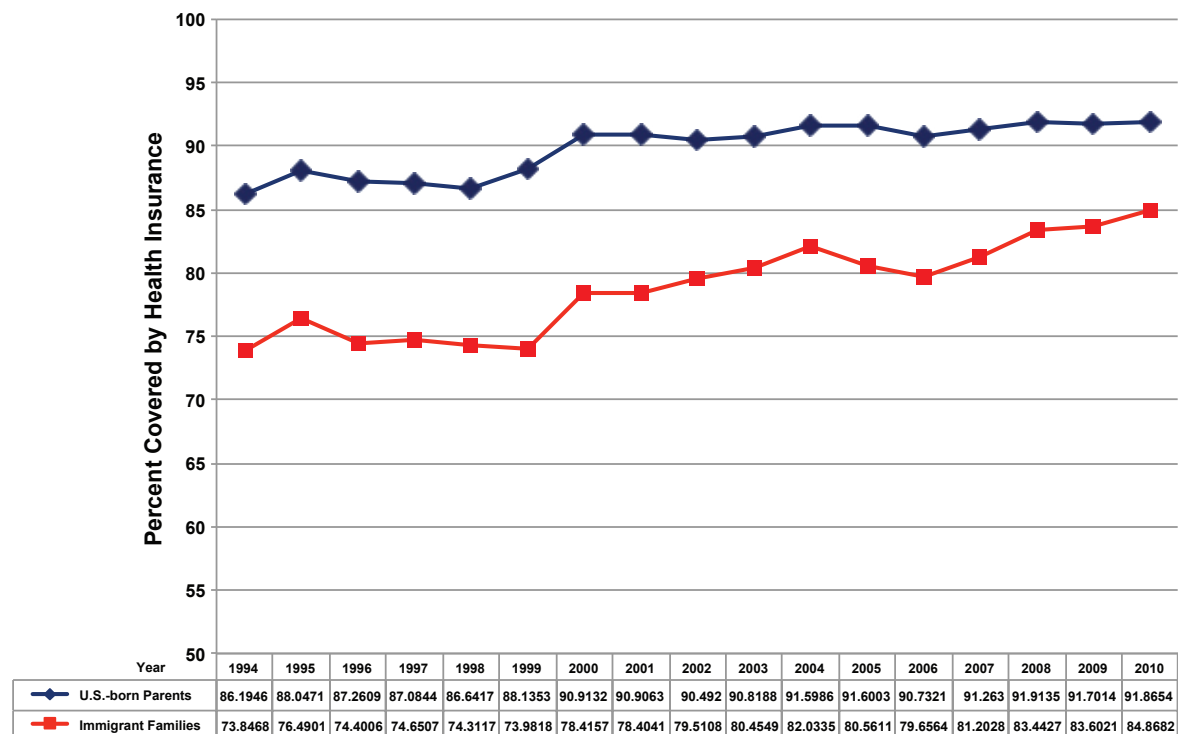
Appendix C. Annual Trends

Figure 5. Children's Median Family Income: Children in Immigrant Families and Children with U.S.-born Parents (CWI Family Economic Well-Being Domain)



Median Family Income of Children (Current Population Survey, March)

Figure 6. Children's Health Insurance Coverage: Children in Immigrant families and Children with U.S.-born Parents (CWI Family Economic Well-Being Domain)



Health Insurance (Current Population Survey, March)

Appendix C. Annual Trends

Health Domain

Figure 7. CWI Health Domain: Children in Immigrant Families and Children with U.S.-born Parents, Five Indicators

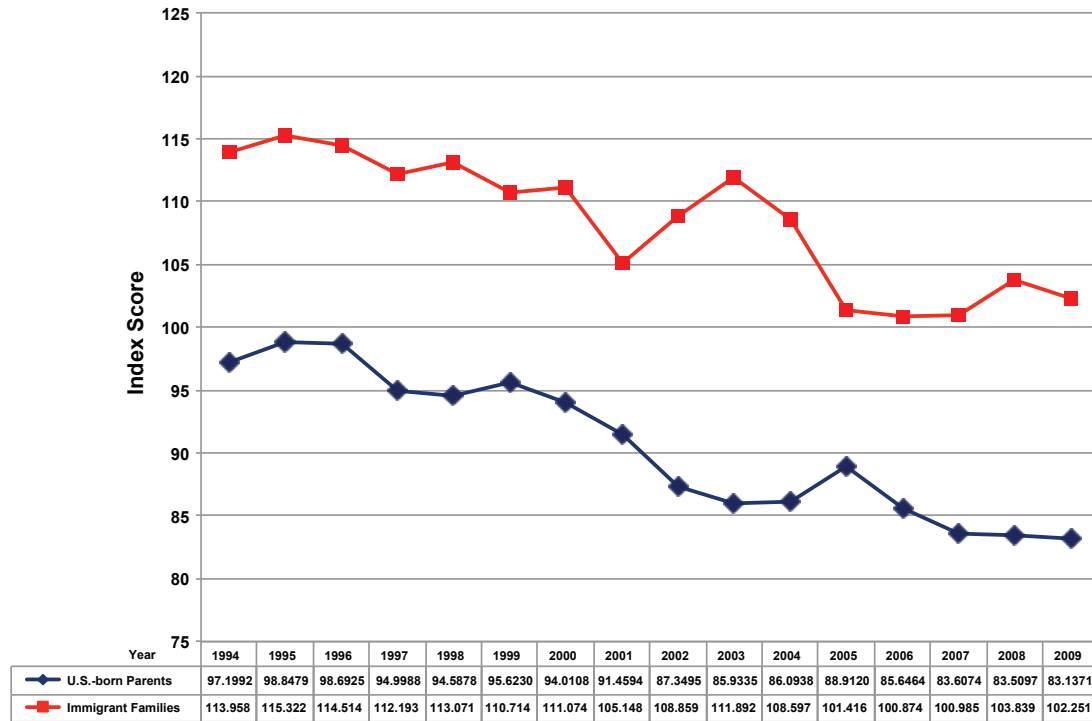
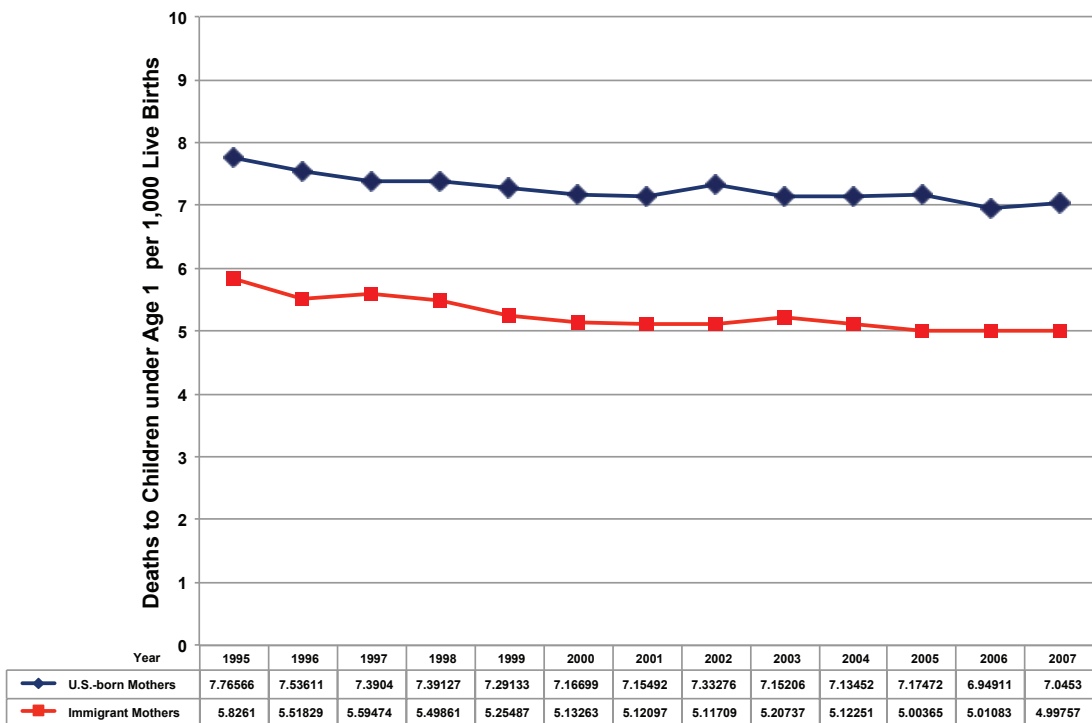


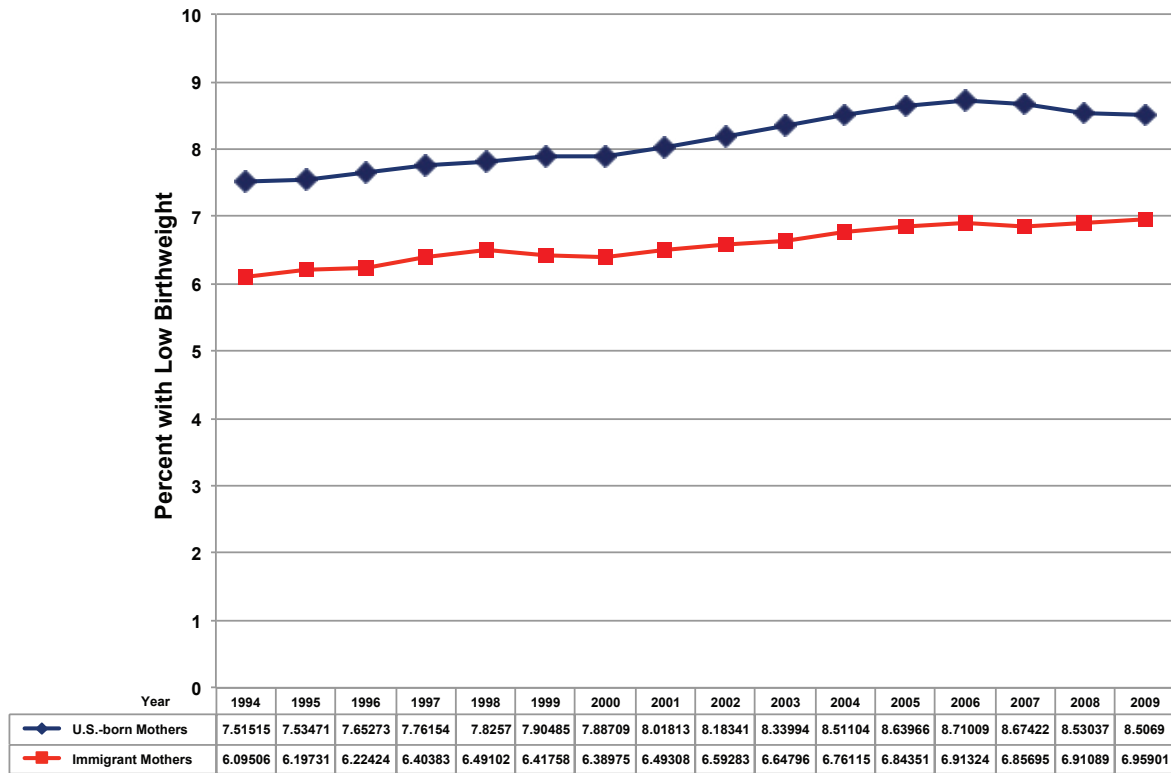
Figure 8. Infant Mortality Rate: Children with Immigrant and U.S.-born Mothers (CWI Health Domain)



Infant Mortality (Vital Statistics)

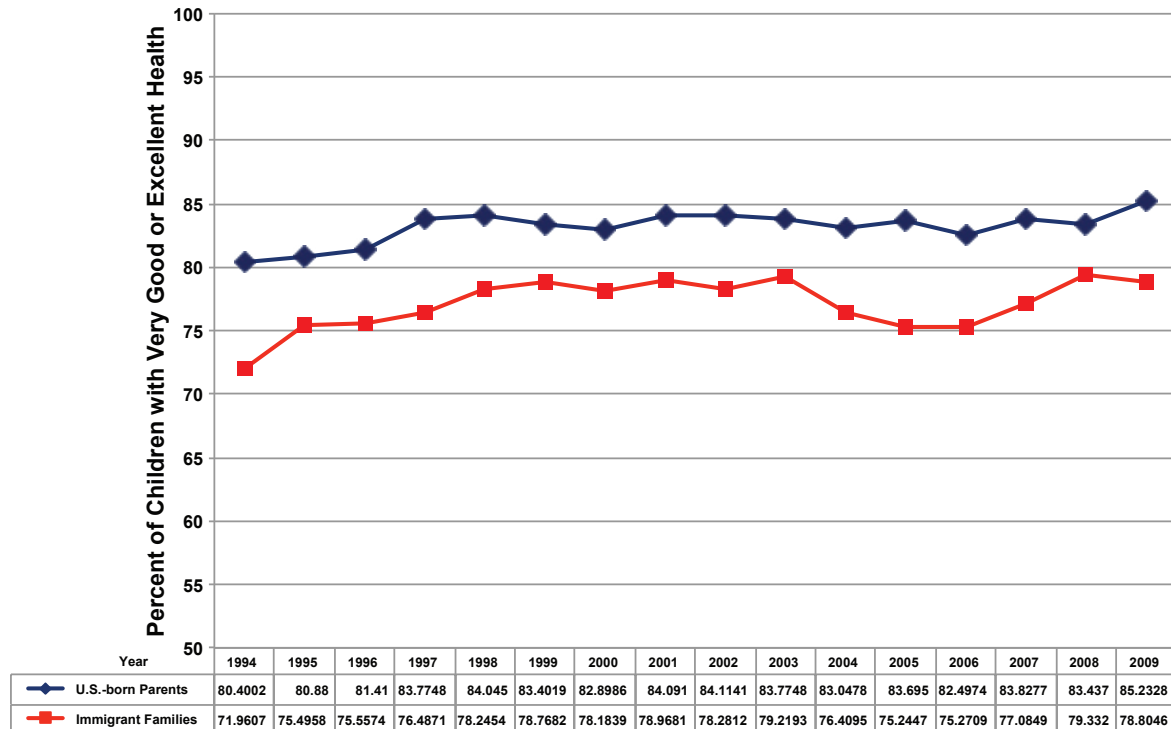
Appendix C. Annual Trends

Figure 9. Children with Low Birthweight: Children with Immigrant and U.S.-born Mothers (CWI Health Domain)



Low Birthweight (Vital Statistics)

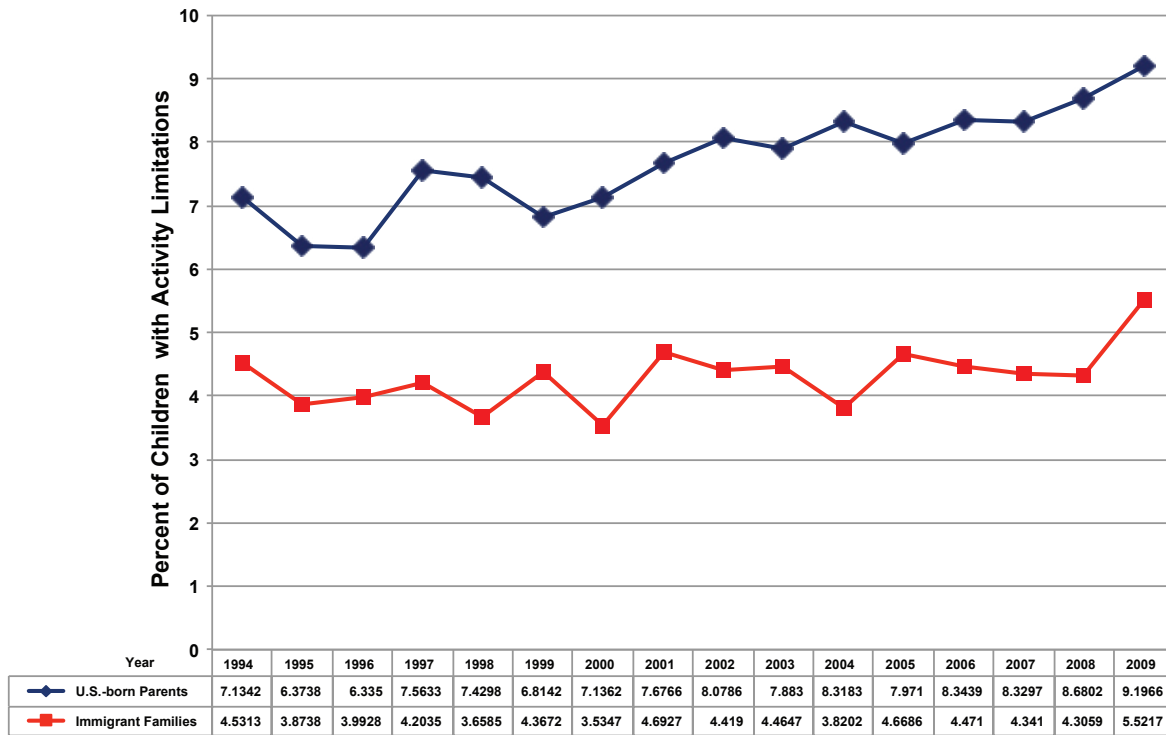
Figure 10. Children with Very Good or Excellent Health: Children in Immigrant Families and Children with U.S.-born Parents (CWI Health Domain)



Very Good or Excellent Health (National Health Interview Survey)

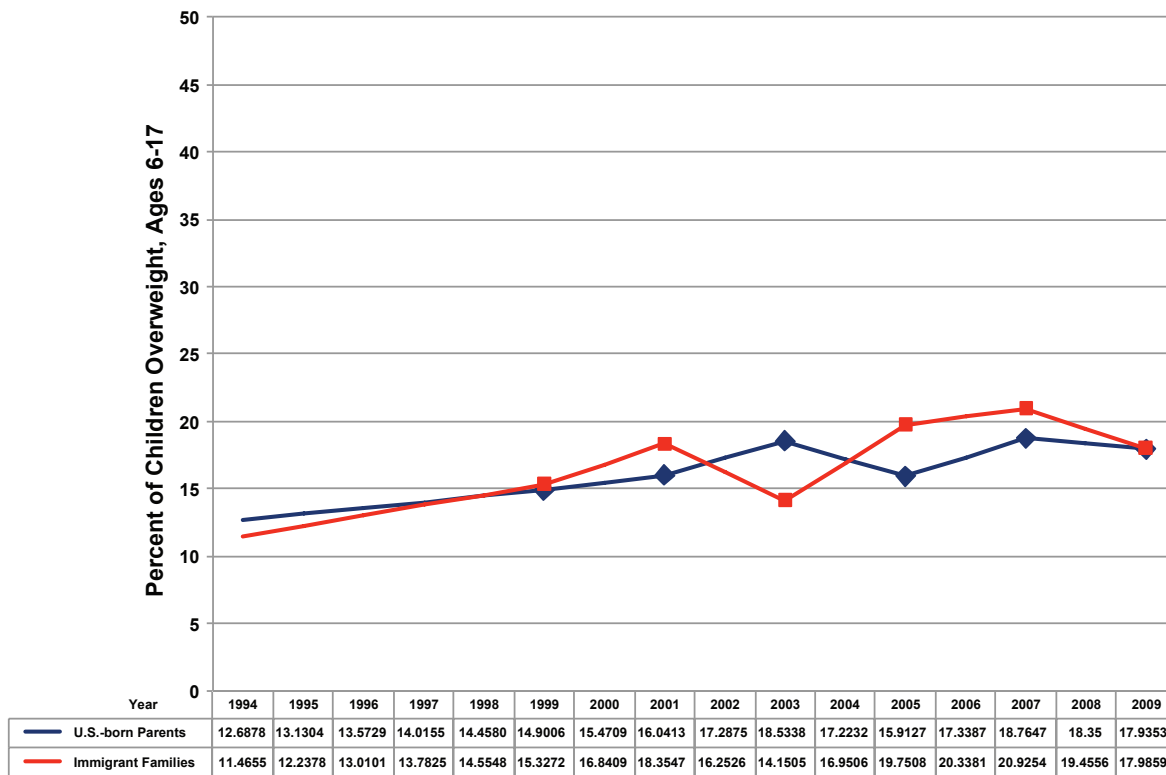
Appendix C. Annual Trends

Figure 11. Children with Activity Limitations: Children in Immigrant Families and Children with U.S.-born Parents (CWI Health Domain)



Activity Limitations (National Health Interview Survey)

Figure 12. Children's Obesity: Children in Immigrant Families and Children with U.S.-born Parents (CWI Health Domain)



Obesity (ages 6-17) (National Health and Nutrition Examination Survey)

Appendix C. Annual Trends

Educational Attainments Domain

Figure 13. CWI Educational Attainment Domain, by English Language Learner Status, Two Indicators

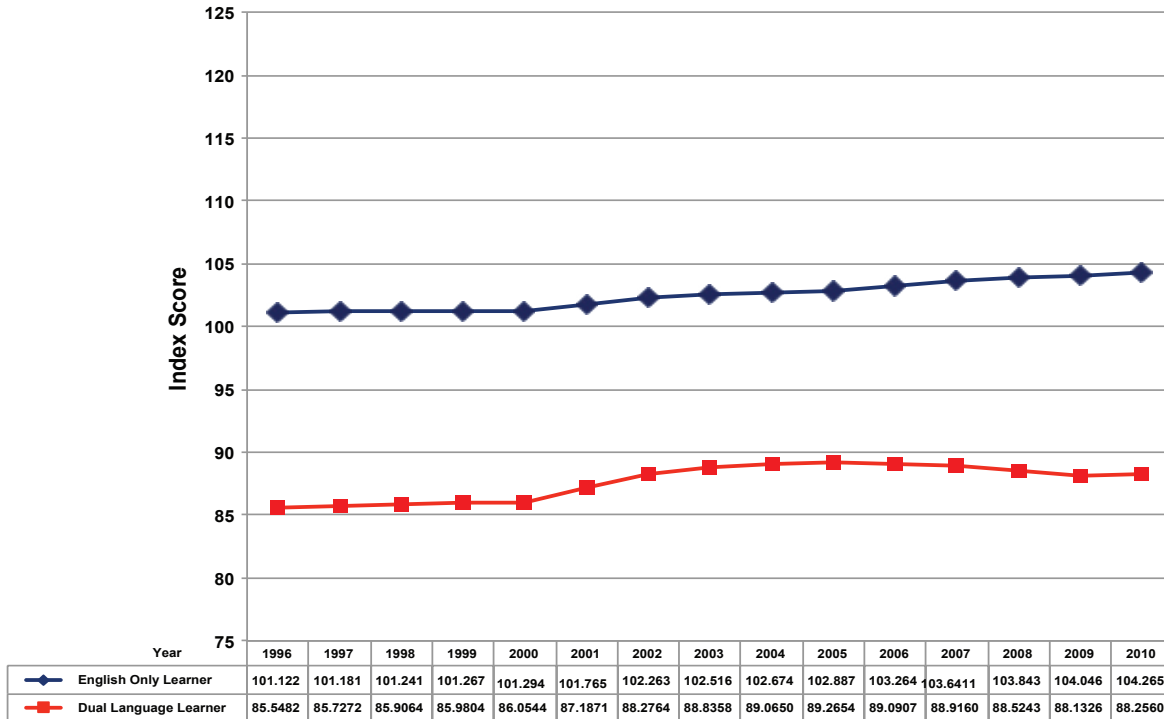
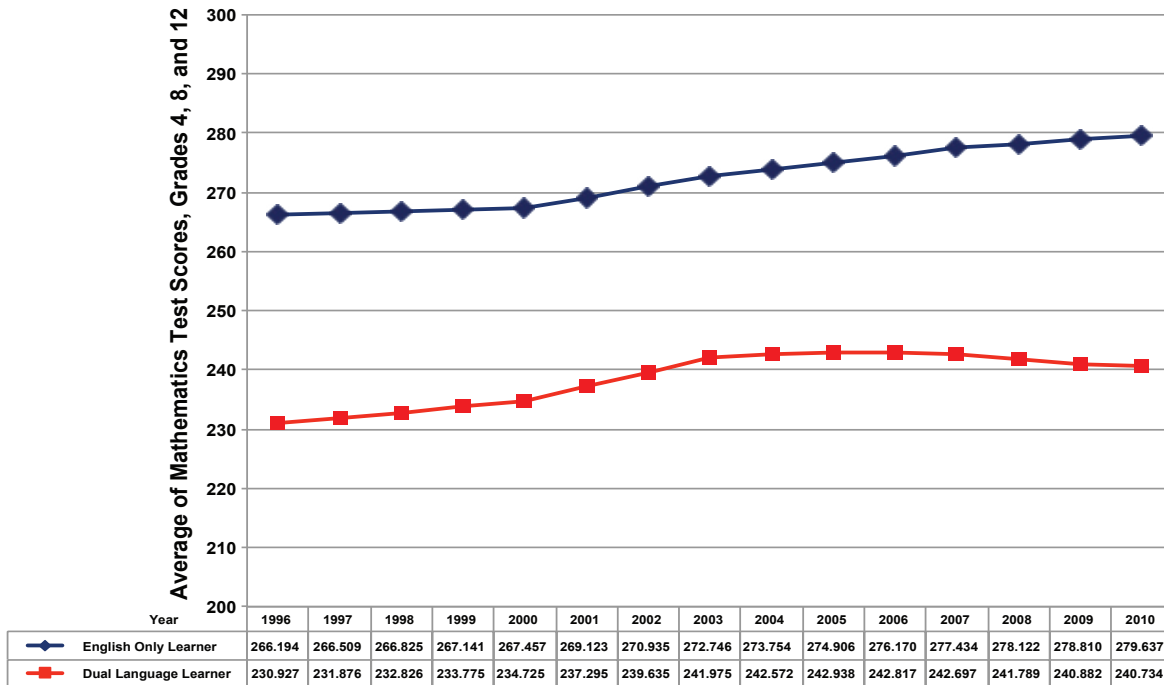


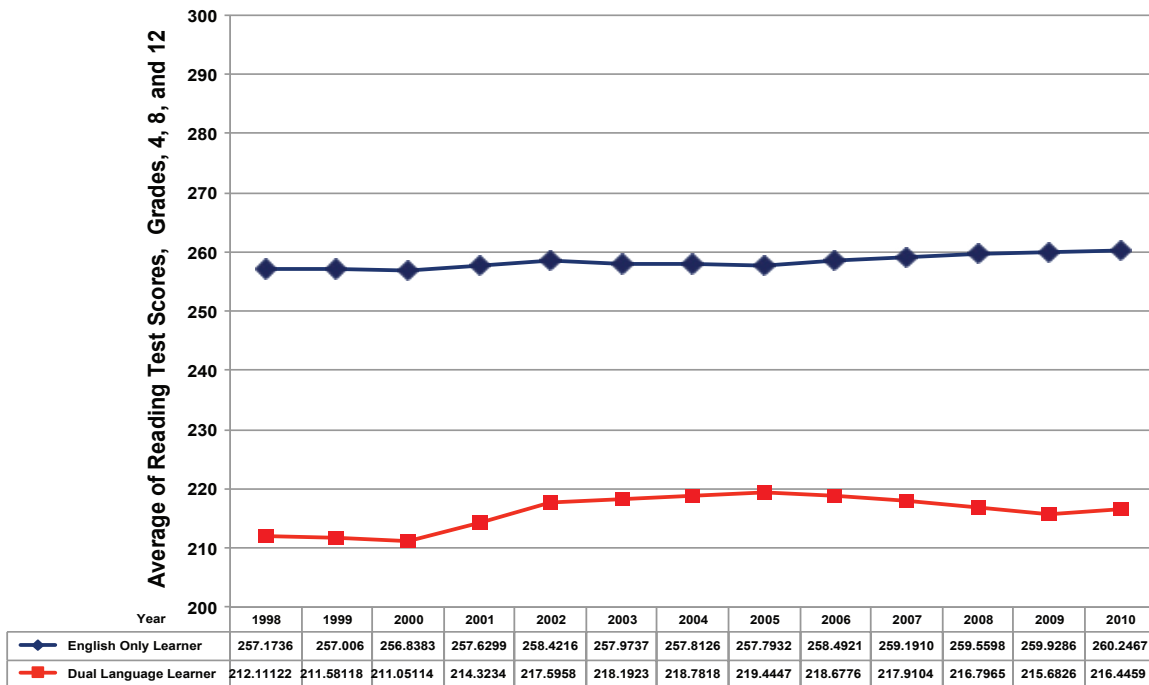
Figure 14. Children's Mathematics Test Scores, by English Language Learner Status (CWI Educational Attainment Domain)



Mathematics Test Scores (grades 4, 8, and 12) (National Assessment of Educational Progress)(Assessment procedures for 12th graders changed in 2005. To create a consistent time series, change occurring across the new assessment scores (2005-2009) was used to extrapolate from the old scores into the new assessment period.)

Appendix C. Annual Trends

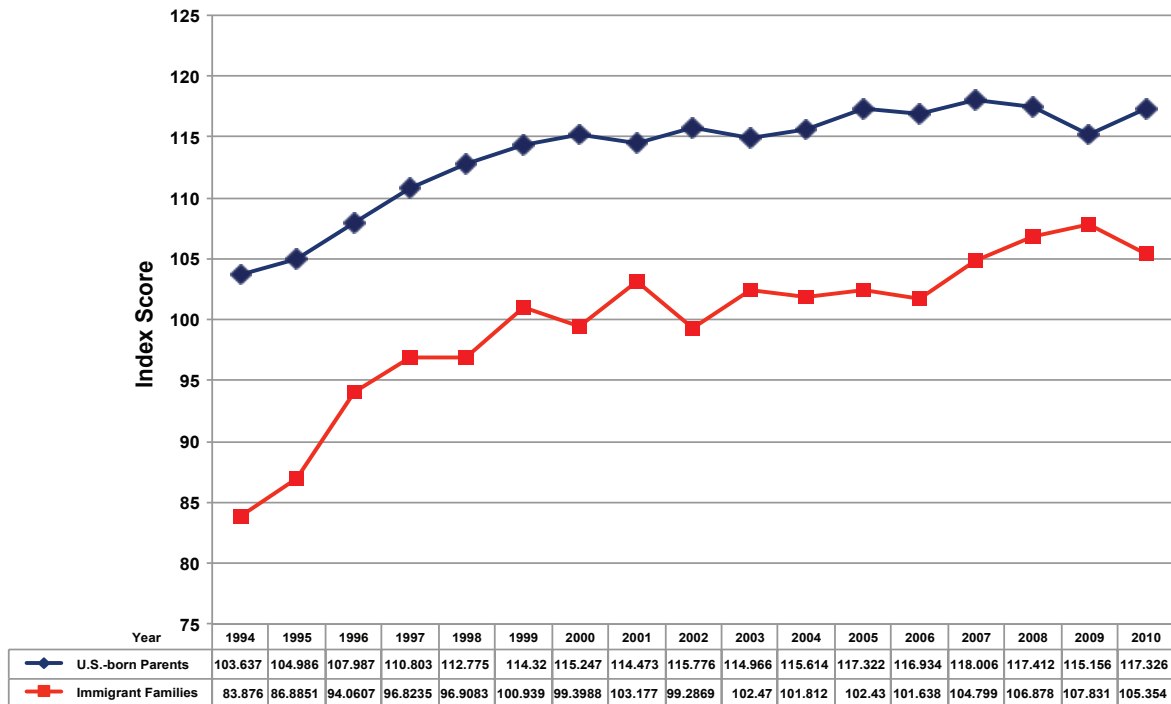
Figure 15. Children’s Reading Test Scores, by English Language Learner Status (CWI Educational Attainment Domain)



*Reading Test Scores (grades 4, 8, and 12) (National Assessment of Educational Progress)
(Results for 1994 were adjusted for accommodations based on the difference between results with and without accommodations in 1998.)*

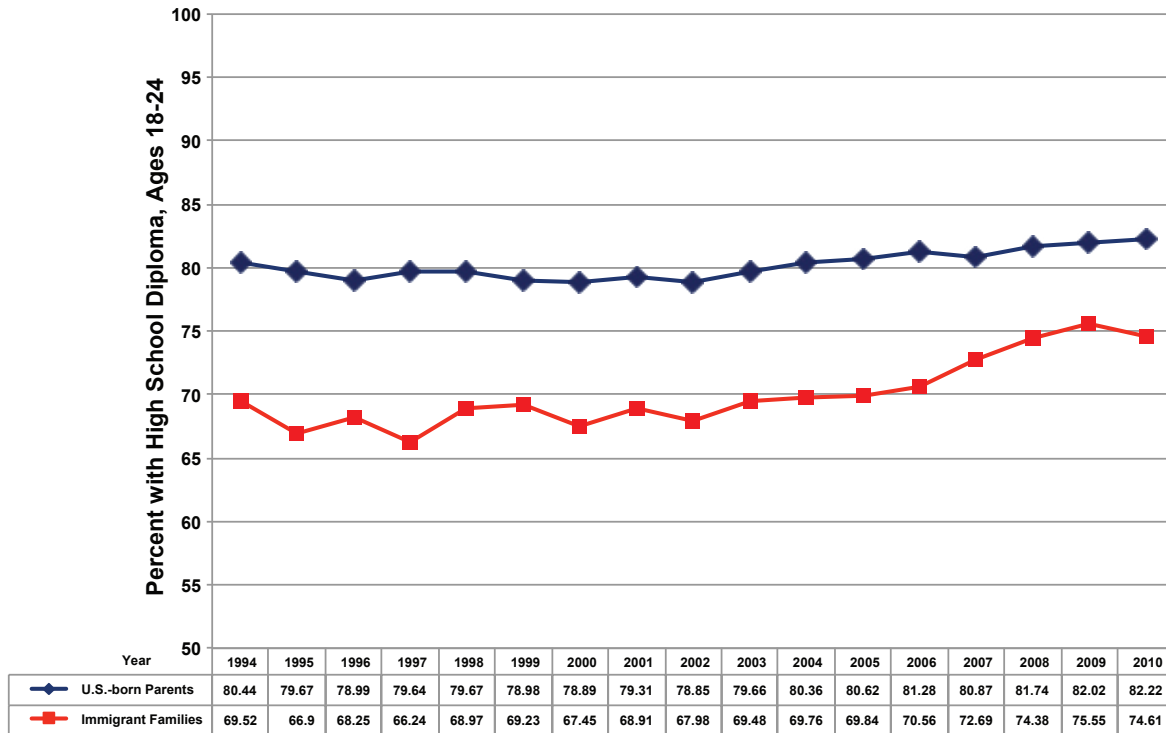
Community Engagement Domain

Figure 16. CWI Community Engagement Domain: Children in Immigrant Families and Children with U.S.-born Parents, Four Indicators



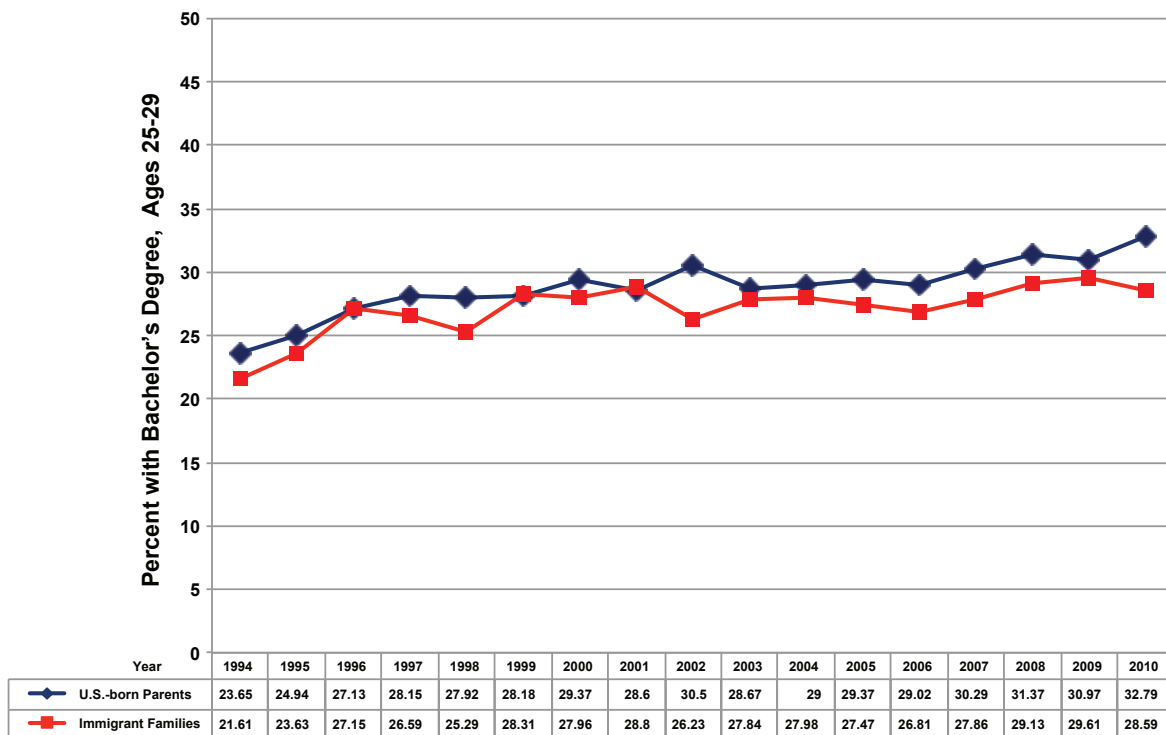
Appendix C. Annual Trends

Figure 17. Persons who have Received a High School Diploma: Children in Immigrant Families and Children with U.S.-born Parents (CWI Community Engagement Domain)



*High School Completion (ages 18-24) (Current Population Survey, March)
(Immigrants who arrived after the age of 17 are not included.)*

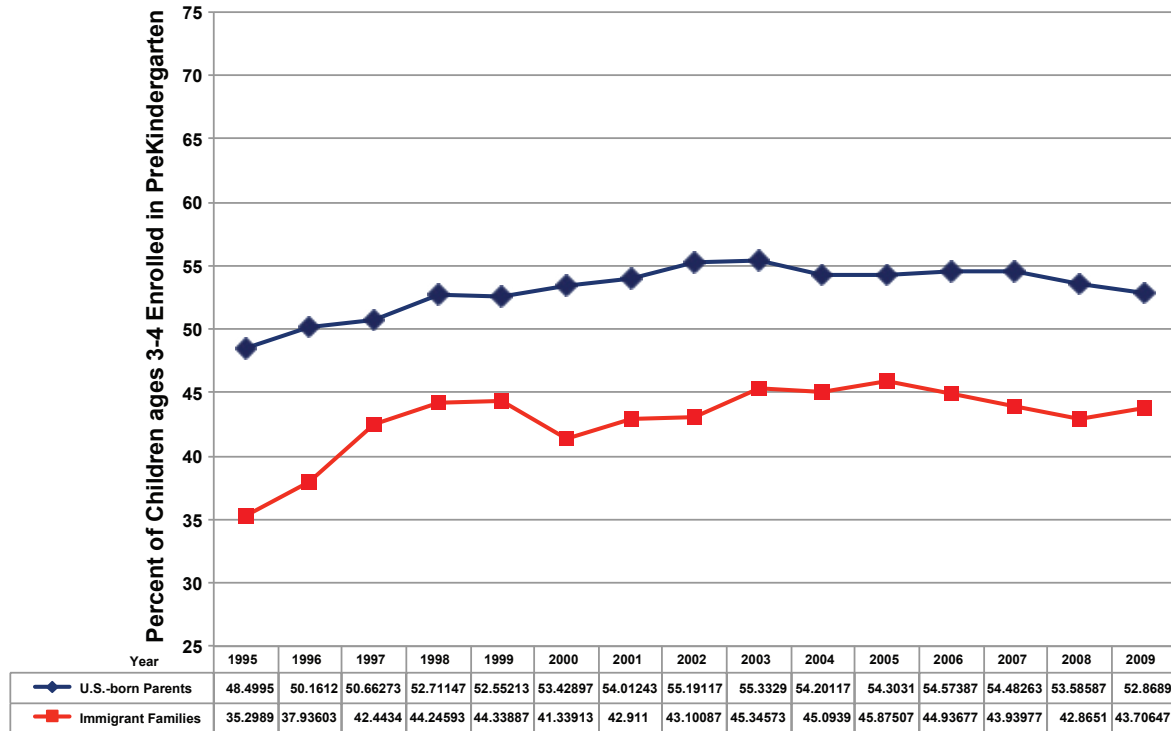
Figure 18. Persons who have Received a Bachelor's Degree: Children in Immigrant Families and Children with U.S.-born Parents (CWI Community Engagement Domain)



*Bachelor's Degree (ages 25-29) (Current Population Survey, March)
(Immigrants who arrived after the age of 17 are not included.)*

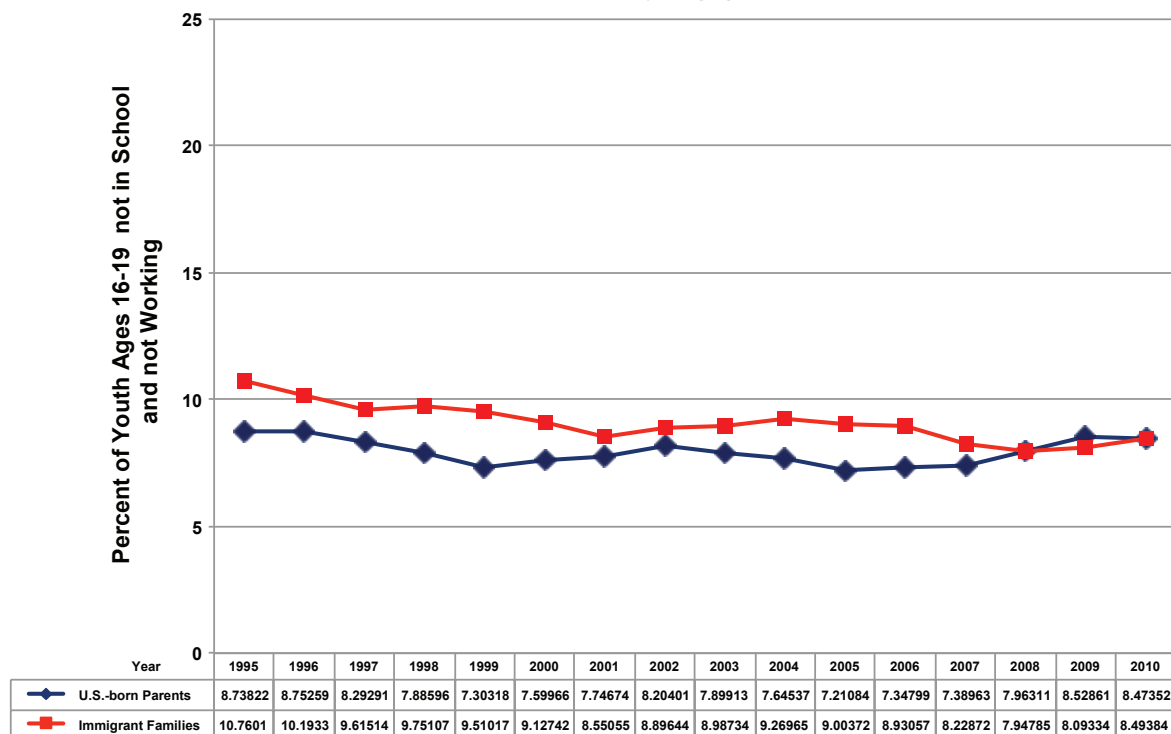
Appendix C. Annual Trends

Figure 19. Children Enrolled in PreKindergarten: Children in Immigrant Families and Children with U.S.-born Parents (CWI Community Engagement Domain)



*PreKindergarten Enrollment (ages 3-4) (Current Population Survey, October)
(A 3-year moving average is used due to substantial sampling variability.)*

Figure 20. Youth, Idle or Disconnected: Children in Immigrant Families and Children with U.S.-born Parents (CWI Community Engagement Domain)



Idle Youth (ages 16-19) (Current Population Survey, March) (A 3-year moving average is used due to substantial sampling variability. Immigrants who arrived after the age of 17 are not included.)

Appendix C. Annual Trends

Social Relationships Domain

Figure 21. CWI Social Relationships Domain: Children in Immigrant Families and Children with U.S.-born Parents, Two Indicators

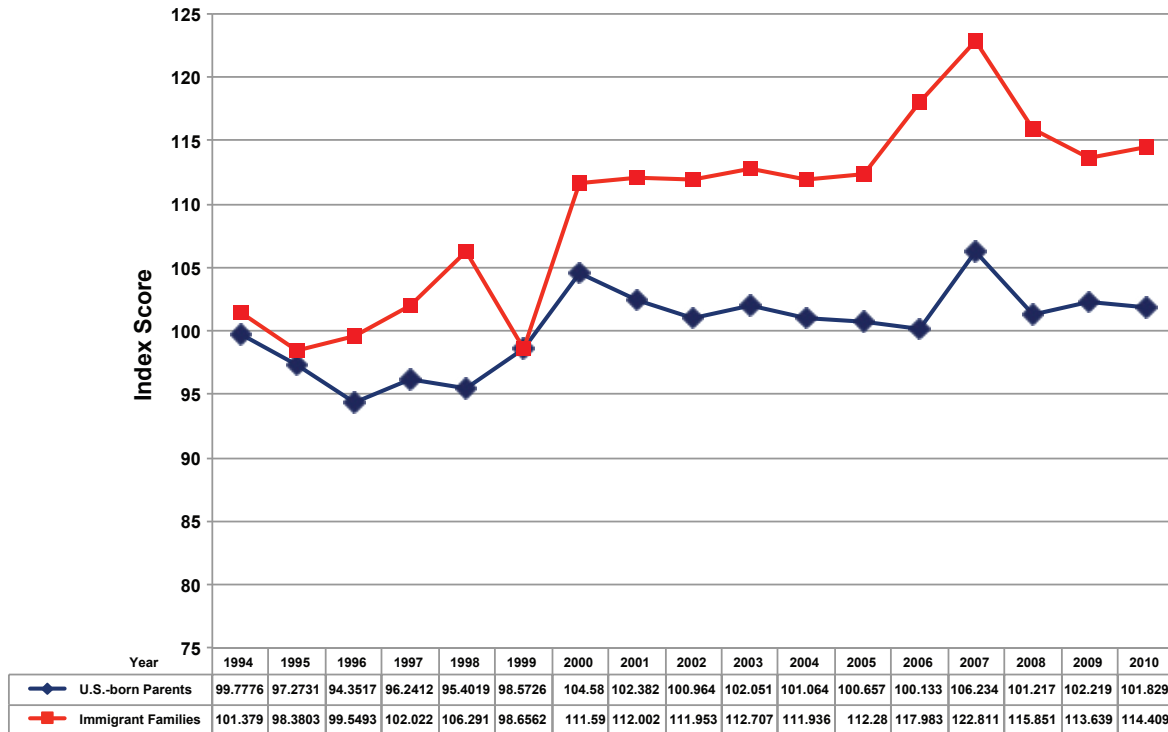
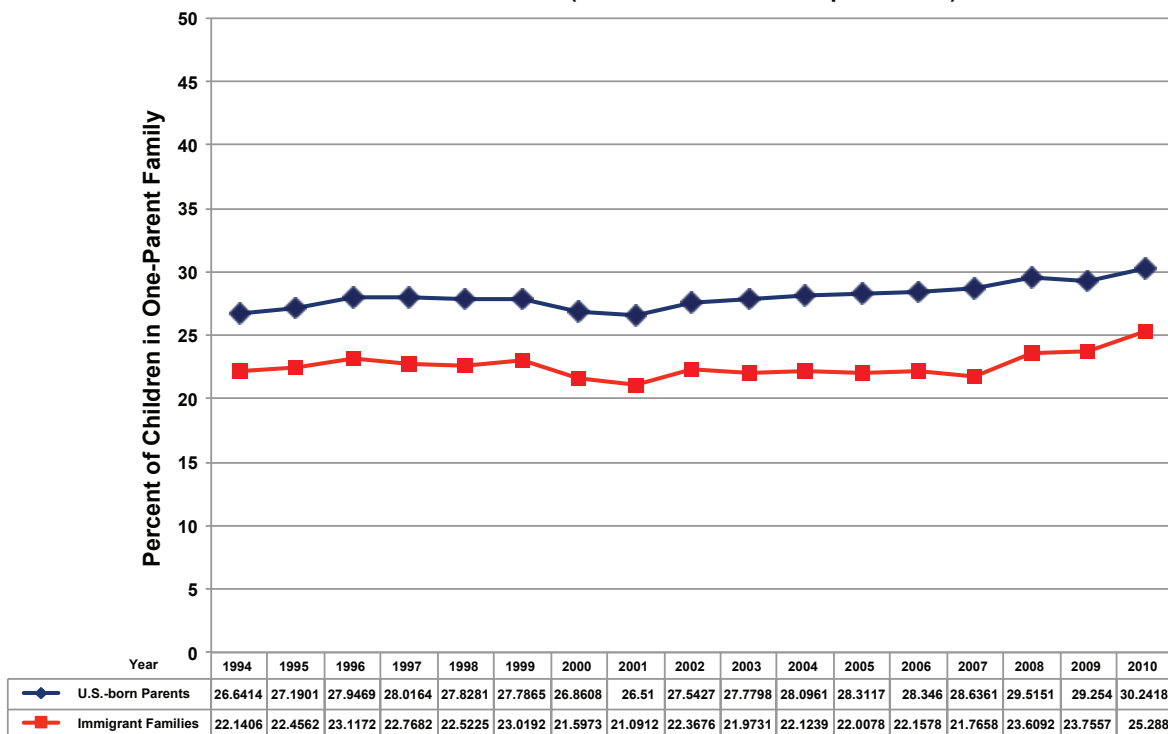


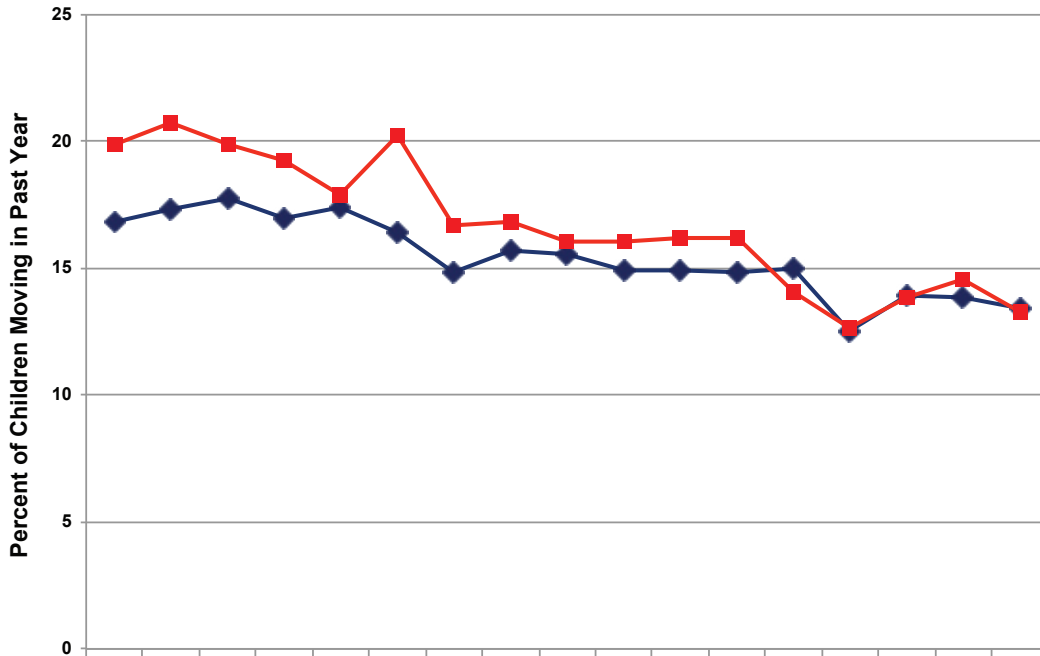
Figure 22. Children in One-Parent Families: Children in Immigrant Families and Children with U.S.-born Parents (CWI Social Relationships Domain)



One-Parent Family (Current Population Survey, March)

Appendix C. Annual Trends

Figure 23. Residential Mobility among Children: Children in Immigrant Families and Children with U.S.-born Parents (CWI Social Relationships Domain)



| Year | 1994 | 1995 | 1996 | 1997 | 1998 | 1999 | 2000 | 2001 | 2002 | 2003 | 2004 | 2005 | 2006 | 2007 | 2008 | 2009 | 2010 |
|--------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| U.S.-born Parents | 16.8628 | 17.3415 | 17.7826 | 17.0029 | 17.3797 | 16.4006 | 14.8222 | 15.7283 | 15.5319 | 14.8862 | 14.9323 | 14.8542 | 15.0187 | 12.5263 | 13.9178 | 13.8411 | 13.3954 |
| Immigrant Families | 19.8691 | 20.707 | 19.8681 | 19.2353 | 17.9094 | 20.2431 | 16.6691 | 16.8563 | 16.0394 | 16.0347 | 16.2047 | 16.1606 | 14.0773 | 12.6523 | 13.8709 | 14.5455 | 13.276 |

*Residential Mobility (Current Population Survey, March)
 (Data for 1994 are not available. The value reported here for 1994 is the average of the values recorded for 1993 and 1995.)*

Child Well-Being Index (CWI)

The Foundation for Child Development (FCD) Child and Youth Well-Being Index (CWI) is a national, research-based composite measure that describes how young people in the United States have fared since 1975. Updated annually, the CWI is the nation's most comprehensive measure of trends in the quality of life of children and youth. It combines national data from 28 indicators across seven domains into a single number that reflects overall child well-being. The seven quality-of-life domains are Family Economic Well-Being, Health, Safe/Risky Behavior, Educational Attainment, Community Engagement, Social Relationships, and Emotional/Spiritual Well-Being.

The goal of the CWI is to provide a tool, similar to the Consumer Price Index, that helps policymakers and the public monitor how well children are doing over time. Kenneth Land, a social demographer at Duke University, provides the annual updates of the CWI. The CWI was released publicly for the first time in 2004, after publication in a [peer-reviewed journal](#).

Please visit the FCD web site (www.fcd-us.org) for [Annual Releases](#) of the CWI; [Critical Reviews](#) on its construction, implications, and use; and [Related Studies](#) which include analyses of gender issues, the relationship of the CWI to state indicators, the well-being of African-American children over the past 30 years, and a focus on racial/ethnic inequalities.

For more information on *Children in Immigrant Families: Essential to America's Future*, please contact Donald J. Hernandez, FCD Senior Advisor, at don@fcd-us.org.

For media and press inquiries, contact Mark Bogosian, FCD Communications and Grants Officer, at mark@fcd-us.org.

Foundation for Child Development

295 Madison Avenue, 40th floor
New York, NY 10017

p: 212-867-5777

f: 212-867-5844

www.fcd-us.org
twitter.com/fcdusorg