DOCUMENT RESUME

ED 448 221 UD 033 878

AUTHOR Koppelman, Jane, Ed.
TITLE Snapshots of America's Families II: A View of the Nation and 13 States from the National Survey of America's Families, 1997-1999.
INSTITUTION Urban Inst., Washington, DC.
SPONS AGENCY Ford Foundation, New York, NY.; John D. and Catherine T. MacArthur Foundation, Chicago, IL.; Mott (C.S.) Foundation, Flint, MI.; David and Lucile Packard Foundation, Los Altos, CA.; Commonwealth Fund, New York, NY.; Robert Wood Johnson Foundation, Princeton, NJ.; Weingart Foundation, Los Angeles, CA.; McKnight Foundation, Minneapolis, MN.; Fund for New Jersey, East Orange.; Rockefeller Foundation, New York, NY.; Joyce Foundation, Chicago, IL.; Lynde and Harry Bradley Foundation, Milwaukee, WI.
PUB DATE 2000-00-00
NOTE 61p.; Additional funding provided by the Bulova Foundation and the Stuart Foundation.
AVAILABLE FROM Assessing the New Federalism, Urban Institute, 2100 M Street, N.W., Washington, DC 20037. Tel: 202-261-5709; e-mail: paffairs@ui.urban.org; Web site: http://www.urban.org.
PUB TYPE Collected Works - General (020)
EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Adolescents; Adults; Child Behavior; Children; *Family Environment; *Family Income; *Family (Sociological Unit); Health Behavior; *Health Insurance; Poverty; Racial Differences; *Well Being
IDENTIFIERS Access to Health Care; *Health Status

ABSTRACT

This collection of snapshots examines the well-being of America's children and adults through the lens of the 1999 National Survey of America's Families. Snapshots include: "Foreword: Snapshots of America's Families II: A View of the Nation and 13 States from the National Survey of America's Families" (Alyssa Wigton and Alan Weil); "Family Economic Well-Being: Findings from the National Survey of America's Families" (Sheila Rafferty Zedlewski); "Health Insurance, Access, and Health Status of Children: Findings from the National Survey of America's Families" (Genevieve Kenney, Lisa Dubay, and Jennifer Haley); "Health Insurance, Access, and Health Status of Nonelderly Adults: Findings from the National Survey of America's Families" (Stephen Zuckerman, Jennifer Haley, and John Holahan); "Children's Behavior and Well-Being: Findings from the National Survey of America's Families" (Kristin Anderson Moore, Juliet L. Hatcher, Sharon Vandivere, and Brett V. Brown); "Children's Family Environment: Findings from the National Survey of America's Families" (Sharon Vandivere, Kristin Anderson Moore, and Martha Zaslow); and "Key Findings by Race and Ethnicity: Findings from the National Survey of America's Families" (Sarah Staveteig and Alyssa Wigton). (All papers contain references.) (SM)

SNAPSHOTS

of America's Families II

A View of the Nation

and 13 States

from the National Survey

of America's Families, 1997–1999

SNAPSHOTS

of America's Families

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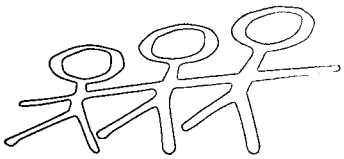
SNAPSHOTS
of America's Families II



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Foreword

Snapshots of America's Families II: A View of the Nation and 13 States from the National Survey of America's Families

***Snapshots of America's Families II* is the Urban Institute's first look at the well-being of children and adults through the lens of the 1999 National Survey of America's Families (NSAF).** *Snapshots II* presents a picture of how the experiences of American families have changed in the first few years following federal welfare reform and other major policy changes. This new information will broaden the nation's understanding of the experience of low-income families and the challenges they face. *Snapshots II* offers national and state-specific portraits of family well-being that can inform future debates on welfare, health care, and the social safety net in America.

The American economy was extremely strong between 1997 and 1999, a fact reflected in *Snapshots II*. In general, nonelderly Americans were better off financially in 1999 than in 1997, with broad-based reductions in poverty rates, more work among single parents, and more families stating that they were able to afford food. Employer-sponsored health insurance coverage expanded for adults as they moved into higher paying jobs where they were more likely to be offered health insurance.

There was a small decline in the percentage of children living in single-parent households. This change occurred in conjunction with an increase in the percentage of children living in two-parent homes, but also an increase in the percentage of children living without either of their parents.

Snapshots II also reveals the limitations of economic growth in improving the well-being of America's families. Economic strength did not reduce the percentage of children without health insurance coverage. Gains in coverage due to the new State Children's Health Insurance Program (SCHIP) seem to have been offset by losses of coverage due to welfare reform. Families did not report any improvements in their ability to afford housing.

ISSUES COVERED BY THE SURVEY

The NSAF examines a broad range of issues related to family well-being. We group the content into four major areas:

- *Economic security,* which includes income, employment, earnings, participation in education and training programs, participation in welfare programs, child support receipt and payment, food security, and housing and economic hardship.
- *Health and health care,* which includes health insurance coverage, health care use and access, health status and activity limitations, and reasons for not participating in public programs.
- *Child well-being,* which includes educational and cognitive stimulation, behavior problems, child care arrangements, school engagement, and social and other development activities.
- *Family environment,* which includes family structure and household composition, contact with non-custodial parents, parent psychological well-being, parent stress, and parent volunteer and religious activity.

Several, although not all, of these issues are reviewed in *Snapshots II*. Further reports based on the 1999 data will explore these issues in more depth, along with other topics. As in 1997, data related to child care are not included in *Snapshots II* because more time is needed to analyze these more complex variables.

Broad economic gains and small shifts in family structure have not yet translated into greater well-being for children overall. Family environment measures, such as parents reading to children and taking them on outings, are unchanged. Children's well-being, as measured by behavioral or emotional problems and various school-related behaviors, also remains the same. Possibly, these conditions are slow to change, or perhaps they are responsive only to much larger economic and social shifts.

National trends relating to well-being may mask different effects for specific groups. For example, little evidence points to greater well-being for blacks, even where overall trends for the nation are positive. Health insurance coverage for Hispanics remains substantially less common than it is for whites or blacks.

In 1997 we showed that the circumstances low-income families face differ markedly from those faced by families with higher incomes. The 1999 data show that this continues to be the case, although on some measures of child well-being, conditions are improving for low-income children while they are worsening slightly for those with higher incomes. We also documented vast differences across states in the well-being of children and adults in 1997. This continues to be true in 1999.

All in all, data from the 1999 NSAF paint a picture of economic strength among America's families, but provide limited evidence of either broad improvement or deterioration in other measures of well-being. *Snapshots II* shows that neither the greatest fears nor the greatest hopes of dramatic social change due to devolution, welfare reform, the new SCHIP program, and other recent initiatives have been realized. Additional analyses will explore the relationship between recent policy changes and the data presented here. A third round of the NSAF, planned for 2002, will shed additional light on these issues.

Measuring Change

Snapshots II focuses on changes that took place between the two rounds of the NSAF conducted in 1997 and 1999. Apart from the broader methodological issues discussed below, one aspect of the complications of analyzing change deserves particular attention.

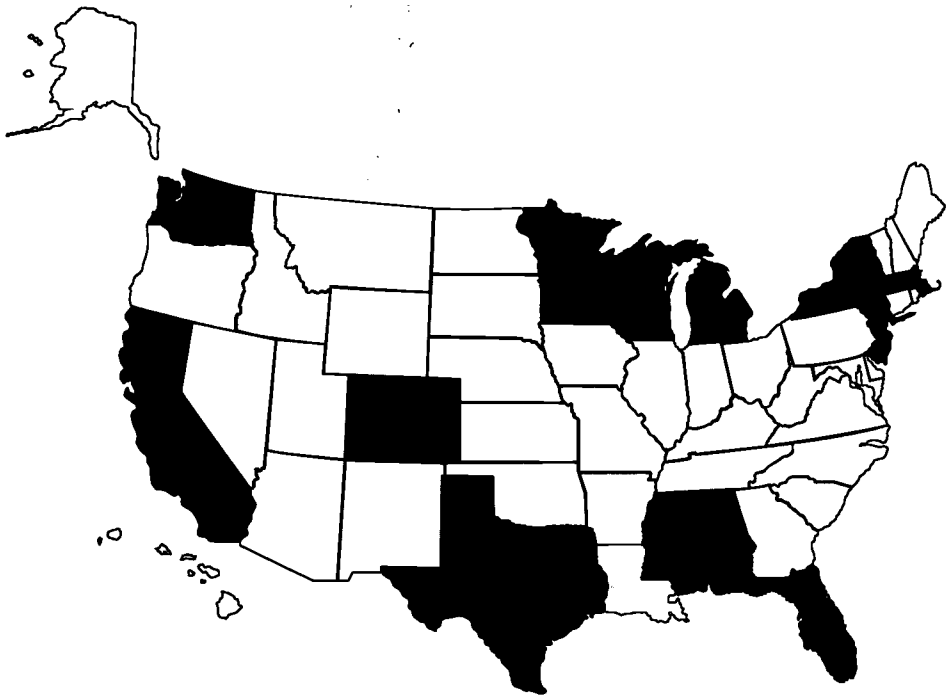
Survey estimates are imprecise. Thus, there are always two possible reasons why we report the absence of change from one period to another. One possibility is that there was no change — that is, the underlying rate of a certain characteristic, such as the absence of insurance coverage, remained the same. The other possibility is that the rate did change, but the survey did not have sufficient power to detect it. For national measures, sample sizes are large, estimates are fairly precise, and the likelihood the NSAF will detect change when it takes place is reasonably high. However, when looking at a sub-group within a state — for example, parents in Michigan — sample sizes shrink and estimates have greater error.

Our goal is to be as clear as possible about how we report change or its absence. Where we report no change, or a change that is not statistically significant, we mean only that we could not state confidently that a change had taken place. In addition, a "statistically significant" change is not necessarily an important change. Whether a shift of a few percentage points in an indicator signals a meaningful change in how America's families are faring is a matter of judgment.

Survey Design

The NSAF is one of only a few surveys to provide reliable estimates for selected states as well as for the nation as a whole. The survey highlights the experiences of low-income families (those with incomes at or below 200 percent of the federal poverty threshold, or about $33,000 in 1998 for a family of two parents and two children) and allows comparisons between low-income and higher-income families.

The 1999 survey was conducted from February to October 1999. Some questions covered the family's circumstances at the time of the survey; others were about the previous 12 months or about calendar year 1998. Detailed information was obtained on over 73,000 adults under age 65 and almost 36,000 children in more than 42,000 households.



We used probability sampling methods to select households in 13 targeted states and in the balance of the nation. The 13 states with large samples are Alabama, California, Colorado, Florida, Massachusetts, Michigan, Minnesota, Mississippi, New Jersey, New York, Texas, Washington, and Wisconsin. Together, these states are home to more than half the nation's population and represent a broad range of fiscal capacity, child well-being, and approaches to government programs. An additional sample drawn from all other states and the District of Columbia permits us to generate national estimates as well. The resulting sample is representative of the noninstitutionalized, civilian population of persons under age 65 in the states studied and in the nation.

The primary sampling method for the NSAF was a random selection of telephone numbers; a sample of households without telephones was also included. We collected data using computer-assisted telephone interviewing (CATI) technology. In households without telephones, cellular phones were provided to complete interviews. The survey was designed to oversample people with low incomes so that analysts could obtain a more detailed picture of that portion of the population.

Before administering the interview, we screened households to determine eligibility. Households with only adults age 65 and over were screened out of the survey. In households with children, we randomly selected up to two "focal" children, one under 6 years old, and one between the ages of 6 and 17. Information about the children and the household was obtained from the adult in the household who knew the most about the health care and education of the children on whom the survey questions focused. If there were any childless adults in these households, we also randomly selected one or two of these adults for interviewing. In households without children, one or two nonelderly adults were selected randomly for interviewing.

In 95 percent of the cases, the adult answering questions about a child was the biological, adoptive, or step-parent of the child on whom the survey focused. In *Snapshots II*, these respondents are referred to as "parents," even though a small percentage are not the child's parent. In general, one adult answered questions about both children, but in some circumstances, two different adults answered questions for the two focal children.

We weighted responses to the interviews to estimate values appropriate to the individual states and the nation. The weights adjust for design features of the sample, including oversampling low-income households and the study states, as well as nonresponse and undercoverage. The weights used to prepare *Snapshots II* were the best available at the time they were prepared, but may be refined as additional analyses are completed. Missing responses were imputed for questions regarding selected demographic characteristics, home ownership, education, employment, earnings, income, and health. Sampling errors were calculated using replication methods appropriate to the complexity of the sample design.

Rounding

Estimates have been rounded to the nearest tenth in the tables and to the nearest whole number in the text and charts (with the exception of a few figures where greater precision was judged necessary). Estimates originally at or above 0.50 have been rounded up, and estimates originally below 0.50 have been rounded down. Figures may not add to 100 percent due to rounding.

Limitations and Precision of Estimates

Estimates from the NSAF, like those from all surveys, are subject to various types of error. The most common limitation reported in survey results is a measure of sampling error. Evaluating statistical precision based solely upon sampling error may be misleading since measurement error, error due to undercoverage, and non-response bias may introduce equally large sources of error. However, presenting uncertainty due to possible sampling error is standard practice, and is employed in these *Snapshots*.

For each estimate reported, we use a 90 percent confidence interval or sampling margin of error. In other words, we are 90 percent "certain" that the actual value in the population is within a given range of the estimate, where that range depends upon the sampling standard error of the estimate. For example, we estimate that the percentage of parents who read or tell stories to their young children is 17.6 percent, with a sampling standard error of 0.8 percent. This means we are 90 percent confident that the actual value in the population is between 16.3 and 18.9 percent (where the range is the estimate plus or minus about 1.67 times the sampling standard error).

An assessment of whether a given value has increased or decreased between 1997 and 1999 must take into account the imprecision of the estimates for both years. To test for change, the difference between the values for the two years was compared to an approximation of the margin of error of the difference. When a difference between 1997 and 1999 was observed that exceeded the upper or lower bounds of the confidence interval, it was flagged as statistically significant. A similar mechanism to identify significance was used to compare state values to the national average.

Sampling margins of error for percentages vary by the size of the percentage and the size of the underlying sample for the group being examined. Sample sizes vary somewhat across states and substantially across subgroups. *Snapshots II* presents change expressed in percentage points, because it is intuitively how most people think of change. However, a 4 percentage point change is more likely to be statistically significant when the base is 10 percent than when it is 50 percent. For these reasons, it is likely that some changes that appear large will not meet the test of statistical significance, while other smaller changes will.

There was an intentional overlap between the 1997 and 1999 samples designed to reduce the variance of estimates. Sampling standard errors reported in *Snapshots II* do not reflect the benefits of this sample design. Future analysis will incorporate this design, possibly yielding slightly lower standard errors for estimates of change.

Definition of Terms

Unless noted otherwise in individual *Snapshots*, the following terms are used throughout the set:

Adult

A person between the ages of 18 and 64.

Child

A person under the age of 18.

Higher-income

Family income above 200 percent of the federal poverty threshold.

Low-income

Family income at or below 200 percent of the federal poverty threshold.

Married

Individuals who are legally married to someone living in the same household.

Parent

An individual who identifies himself or herself as the adult in the household most knowledgeable about the child.

Poverty

At or below the federal poverty threshold, which is an annual income that varies by family size and composition. In *Snapshots II* we use the term "poverty level," which is in common use, although the term "poverty threshold" is more precise. The following are examples of the federal poverty threshold in 1998:

One adult with no children	$8,480.00
One adult with one child	$11,235.00
One adult with two children	$13,133.00
Two adults with no children	$10,915.00
Two adults with one child	$13,120.00
Two adults with two children	$16,530.00

Categories of health insurance coverage

The four categories of coverage used in *Snapshots II* are as follows:

a) Employer-sponsored insurance (includes those who receive coverage directly from a current or former employer or union, those who receive coverage as dependents, those who receive coverage under the Consolidated Budget Reconciliation Act of 1986 [COBRA], and those who receive coverage under the CHAMPUS, Veterans Affairs [VA], or other military program);

b) Medicaid/State coverage (includes those who receive coverage through the Medicaid program or through state-specific programs) for nonelderly adults; Medicaid/SCHIP/State coverage (includes those who receive coverage through the Medicaid program, through state-specific programs, or through separate State Children's Health Insurance programs [SCHIP]) for children ages 18 and under;

c) Other coverage (includes those who receive coverage through Medicare, through privately purchased coverage that is not obtained through an employer or union, and through coverage that cannot be definitively classified as employer, private, Medicare, Medicaid, State, or CHAMPUS); and

d) Uninsured (includes those who report no type of health insurance coverage at the time of the survey or who report coverage under the Indian Health Service program). Rather than defining uninsurance as a residual, the NSAF confirmed uninsurance with a question that verified whether people who appeared not to have coverage were, in fact, uninsured.

In contrast, the 1997 *Snapshots* (Brennan, Holahan, and Kenney 1999; Zuckerman and Brennan 1999) used a different three-level classification, as follows:

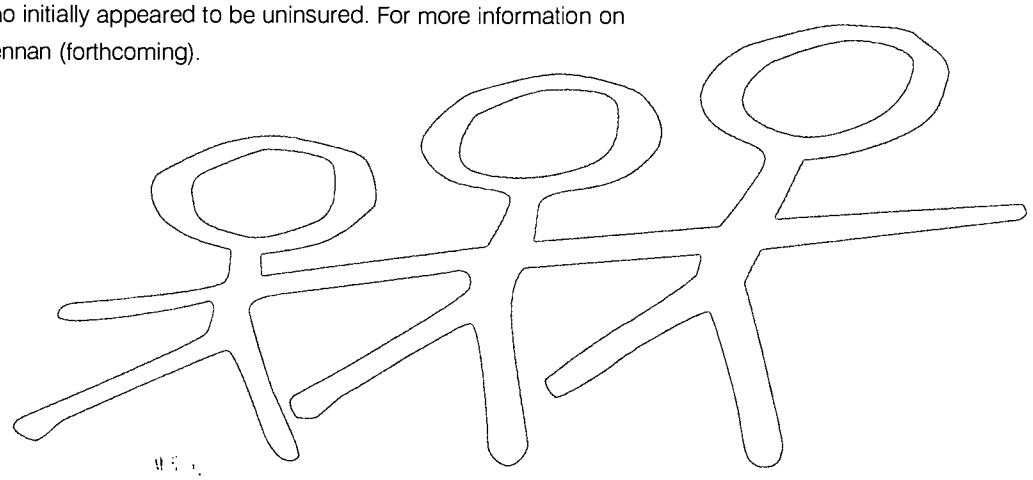
a) Private (included those who receive coverage directly from a current or former employer or union, those who receive coverage as dependents, those who receive coverage under the Consolidated Budget Reconciliation Act of 1986 [COBRA], those with privately purchased coverage that is not obtained through an employer or union, and those with coverage that cannot be definitively classified as employer, private, Medicare, Medicaid, state, or CHAMPUS);

b) Public (included those who receive coverage through the Medicaid program, through state-specific programs, through Medicare, or through CHAMPUS, Veterans Affairs [VA], or other military program); and

c) Uninsured (included those who report no type of health insurance coverage at the time of the survey or who report coverage under the Indian Health Service program). Rather than defining uninsurance as a residual, the NSAF confirmed uninsurance with a question that verified whether people who appeared not to have coverage were, in fact, uninsured. A substantial number of respondents who initially appeared to be uninsured used this opportunity to designate a type of coverage (Rajan, Zuckerman, and Brennan forthcoming).

Health insurance coverage is defined using a hierarchy; therefore, individuals who had both employer-based coverage and some other form of coverage were classified as having employer-based coverage. Similarly, those with Medicaid/State and other forms of coverage (except employer-provided coverage) were classified as having Medicaid/State coverage.

The data presented in *Snapshots II* show a lower percentage of children and nonelderly adults being uninsured than reported through the Census Bureau's Current Population Survey (CPS). There are two fundamental differences related to the surveys' approaches to measuring insurance coverage. First, CPS measures insurance coverage during the calendar year prior to the survey (which occurs in March), while NSAF measures insurance coverage at the time of the survey. Second, CPS asks a series of questions about insurance coverage and then assumes that any person not designated as being covered through any type of health plan is uninsured. NSAF uses a series of questions similar in wording to CPS (with the exception of the time frame) but adds a question that confirms whether people who appear not to have coverage are, in fact, uninsured. A substantial number of respondents used this opportunity to designate a particular type of coverage for those who initially appeared to be uninsured. For more information on this topic, see Rajan, Zuckerman, and Brennan (forthcoming).



SNAPSHOTS
of America's Families II

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Rajan, Shruti, Stephen Zuckerman, and Niall Brennan. Forthcoming. "Confirming Insurance Coverage in a Telephone Survey: Evidence from the National Survey of America's Families." *Inquiry.*

Zuckerman, Stephen, and Niall Brennan. 1999. "Health Insurance Coverage of Nonelderly Adults." *Snapshots of America's Families: A View of the Nation and 13 States from the National Survey of America's Families.* Washington, D.C.: Urban Institute.

For More Information

Other publications based on NSAF data have been issued regularly since data from the 1997 survey was first released. Our series of survey briefs will expand to include analyses of the 1999 data, as will our series of more detailed reports. All publications based on the NSAF are available on the Urban Institute's Web site at http://newfederalism.urban.org. In addition, the 1999 survey's raw data files will be added to the 1997 public use files currently available on the Web site. Methodological reports are also posted on the site at http://newfederalism.urban.org/nsaf/methodology.html. To see a short summary of the NSAF methods used for both survey years, as well as standard errors of the 1999 data, see the Snapshots section of our Web site at http://newfederalism.urban.org/nsaf/.

Assessing the New Federalism

The NSAF is part of *Assessing the New Federalism,* a multiyear Urban Institute project analyzes the devolution of responsibility for social programs from the federal government to the states, focusing primarily on health, income security, job training, and social services. The project provides timely, nonpartisan information to inform public debate and to help state and local decisionmakers carry out their new responsibilities more effectively.

Partner Organizations

Child Trends is a nonprofit, nonpartisan research organization dedicated to studying children, youth, and families through research, data collection, and data analysis. In *Assessing the New Federalism,* Child Trends has responsibility for conceptualizing and designing ways to measure changes in children's well-being.

Westat, Inc. is conducting the NSAF survey under subcontract to the Urban Institute.

Funders

Assessing the New Federalism has received funding from the Annie E. Casey Foundation, the W.K. Kellogg Foundation, the Henry J. Kaiser Family Foundation, The Ford Foundation, the John D. and Catherine T. MacArthur Foundation, the Charles Stewart Mott Foundation, The David and Lucile Packard Foundation, the Commonwealth Fund, the Robert Wood Johnson Foundation, the Weingart Foundation, the McKnight Foundation, the Fund for New Jersey, the Stuart Foundation, the Bulova Foundation, and The Rockefeller Foundation. Additional support has been provided by the Joyce Foundation and the Lynde and Harry Bradley Foundation.

Credits

Alyssa Wigton was the project director of *Snapshots II*.

Jane Koppelman was the *Snapshots II* editor, and Helena Mickle was the copyeditor. Kenneth Finegold led the peer review; others who provided valuable comments on drafts include Kathleen Courrier, Jennifer Ehrle, John Holahan, Harold Leibovitz, Robert Reischauer, Fritz Scheuren, Kevin Wang, and Sheila Zedlewski.

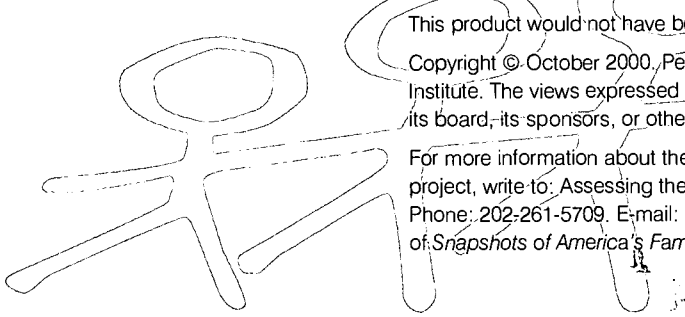
Tamara Black, Niall Brennan, Veronica Cox, Emily Greenman, Jennifer Haley, Adam Safir, Sarah Staveteig, Sharon Vandivere, and Kevin Wang developed and analyzed data used in *Snapshots II*.

The production process was assisted by Frederick Custer. *Snapshots II* were designed by Crabtree + Co.

Fritz Scheuren is the survey director. Kevin Wang is the survey manager. Alan Weil is director of *Assessing the New Federalism.*

This product would not have been possible without the extraordinary effort of these and many other people.

For more information about the National Survey of America's Families or about the *Assessing the New Federalism* project, write to: Assessing the New Federalism, Urban Institute, 2100 M Street NW, Washington, DC 20037. Phone: 202-261-5709. E-mail: paffairs@ui.urban.org. Web site: http://newfederalism.urban.org. Gray-scale copies of *Snapshots of America's Families II* are available for photocopying.



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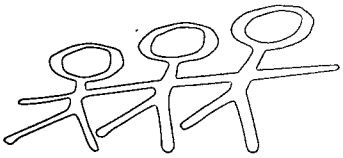

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Family Economic Well-Being

Findings from the National Survey of America's Families

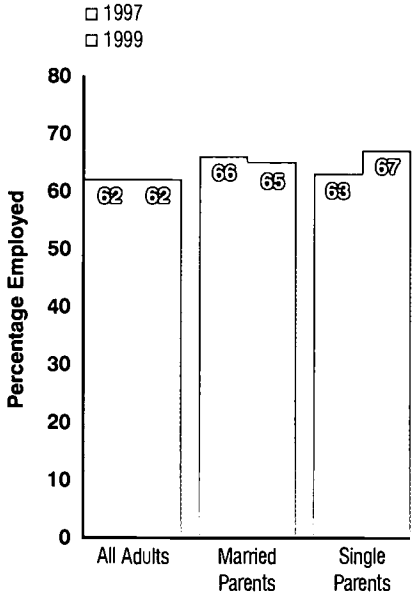
For the most part, nonelderly American families were better off financially in 1999 than in 1997. More Americans (especially single mothers) were working, fewer families were poor, and fewer had trouble putting food on the table. However, families did not report improvements in their ability to afford housing. These patterns held across broad subgroups of the population and across the states highlighted in the National Survey of America's Families (NSAF). Families' economic well-being improved as the longest economic expansion in the country's history continued and policies were implemented to improve the economic returns from work.

This Snapshot summarizes employment, poverty, food affordability, and housing affordability indicators for nonelderly American families from the 1999 NSAF and compares these results with those from 1997. It displays variations across family types and the 13 states highlighted in the NSAF and documents the general economic progress of American families between 1997 and 1999. However, the broad patterns reported across family types and states may obscure trends for smaller segments of society. Furthermore, these indicators provide relatively blunt measures of well-being. Poverty rates, for example, do not take into account changes in noncash sources of income, such as food stamps. Future studies that use the 1999 NSAF will provide policymakers with more detailed information about the changing nature of well-being among America's families.

HIGHLIGHTS

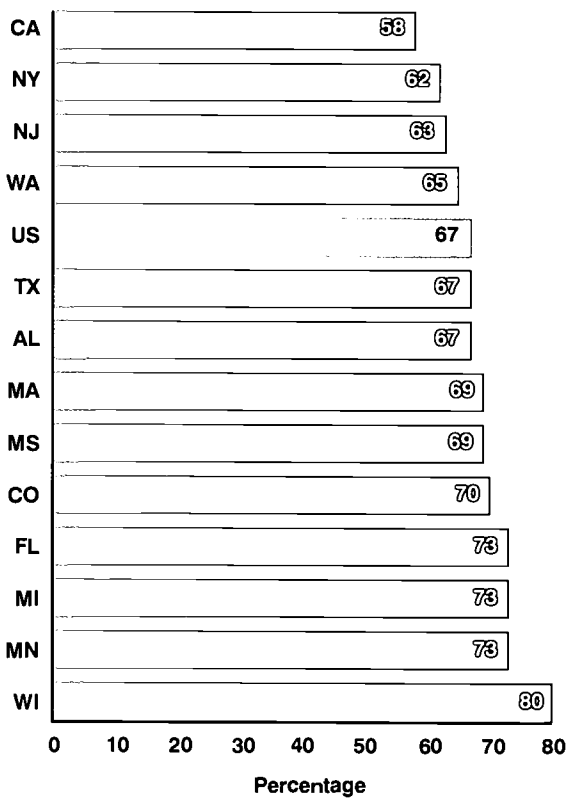
- ☐ Employment rates for single parents increased from 63 to 67 percent between and 1997 and 1999, consistent with the strong economy and policies implemented during this period.
- ☐ Child poverty rates declined nationally and in 9 of the states highlighted in the NSAF.
- ☐ Particularly noteworthy were significant declines in the percentage of nonelderly adults living in low-income families in two historically low-income southern states, Alabama and Mississippi.
- ☐ While fewer families reported problems affording food, the percentage reporting concerns about housing costs generally remained unchanged between 1997 and 1999.

Figure 1: Low-Income Adults Ages 25 to 54 Employed Full-Time or Part-Time, 1997–1999



Source: Urban Institute

Figure 2: Low-Income Single Parents Ages 25 to 54 Employed Full-Time or Part-Time, 1999



Source: Urban Institute

Employment

While employment rates held fairly steady between 1997 and 1999 for low-income (below 200 percent of poverty) adults in their prime working years (ages 25 to 54), the rate for low-income single parents in this age group increased substantially (figure 1).[1] Sixty-seven percent of low-income single parents were working at the time of their interview in 1999, compared with 63 percent in 1997. Employment rates for higher-income single parents remained high, at 94 percent (table 1 on page 4).

The upward trend in employment for low-income single parents occurred in most states but was statistically significant only in Alabama, Massachusetts, and New York (table 1).[2] Employment rates for low-income single parents continued to vary widely across the states (figure 2). Florida and Wisconsin stood out, with higher-than-average employment rates for low-income single parents; California and New York had rates significantly below the U.S. average. The range is broad: Nearly 8 out of 10 low-income single parents were working in Wisconsin, compared with fewer than 6 out of 10 in California.

The increases in employment for single parents are consistent with the strong economy and with new government welfare policies that require many more single parents to work. States have increased employment rates among single parents at risk of needing welfare by using a variety of methods, including financial incentives for work and financial penalties for recipients who, despite state requirements, do not participate in work activities. Between 1997 and 1999, the federal government increased funds for child care for low-income families, and states devoted large shares of their Temporary Assistance for Needy Families (TANF) block grants to funding child care, making it easier for low-income single parents to work.[3] At the same time, strong labor demand increased employers' willingness to hire and train low-skilled workers, who make up the bulk of welfare recipients.[4]

Poverty

Poverty rates, as well as the percentage of nonelderly adults and children with incomes below 200 percent of poverty, were significantly lower in 1998 than they were in 1996 (figure 3).[5] This family income indicator represents the year before the survey (1998) because the NSAF, like many surveys, asks about income sources in the year prior to the survey to get an annual picture of income. While the poverty measure provides an important indicator of change in well-being across time, it is important to remember that this measure excludes changes in noncash sources of income, such as food stamps, housing assistance, and refundable federal and state earned-income tax credits (EITC).[6] These income sources can be very important to families, and a variety of studies have shown that use of these benefits has been changing in recent years.[7]

Adults. The poverty rate for nonelderly adults declined from about 13 percent in 1996 to 11 percent in 1998. Declines were significantly higher in a few NSAF states. The biggest declines occurred in two southern states—Alabama and Mississippi—that have historically had higher-than-average poverty. The nonelderly adult poverty rate also dropped in Massachusetts, Minnesota, and Washington.

Compared with the nation as a whole, poverty rates for nonelderly adults in 1998 were above average in five states highlighted in the NSAF: Alabama, California, Mississippi, New York, and Texas (table 1 on page 4). Despite the state's recent steep decline in adult poverty, Mississippi's rate was about 5 percentage points above the national average, and, along with Texas, Mississippi had the highest nonelderly adult poverty rate among the states highlighted in the NSAF. Seven of the highlighted states had nonelderly adult poverty rates that were below average in 1998: Colorado, Massachusetts, Michigan, Minnesota, New Jersey, Washington, and Wisconsin. The rates in these states were 2 to 5 percentage points below the national average; only 6 percent of nonelderly adults in Minnesota were poor in 1998.

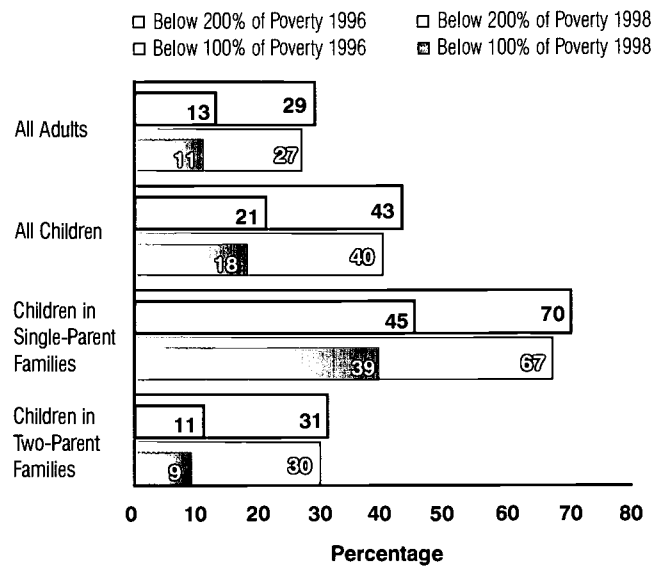
The percentage of adults with low incomes also declined slightly—from 29 percent in 1996 to 27 percent in 1998. However, in many of the highlighted states improvements were significantly larger. The percentage of nonelderly low-income adults declined in 9 of the 13 highlighted states, with the largest declines occurring in Florida (5 percentage points) and Washington (almost 6 percentage points). However, California, Colorado, and Mississippi were not far behind, with 4-point declines in the percentage of adults classified as low income. Declines in Alabama, Massachusetts, and Minnesota were 2 to 3 percentage points.

As with the percentage of those in poverty, the percentage of nonelderly adults classified as low-income in 1998 varied substantially across the highlighted states. Rates ranged from a low of about 18 percent in Massachusetts, Minnesota, and New Jersey to a high of 38 percent in Texas.

Children. Reductions in poverty were particularly strong for children (figure 3). The percentage of children classified as poor declined from 21 percent in 1996 to 18 percent in 1998. Children living in single-parent families experienced the largest decline in their poverty rate—from almost 45 percent in 1996 to 39 percent in 1998. This is consistent with the employment increase for single-parent families. Despite these improvements, the poverty statistics for children in 1998 indicate that the nation still has a long way to go before the rates for children reach parity with those for adults. The poverty rate for all children in 1998 was nearly two-thirds more than that for nonelderly adults—18 percent, compared with 11 percent.

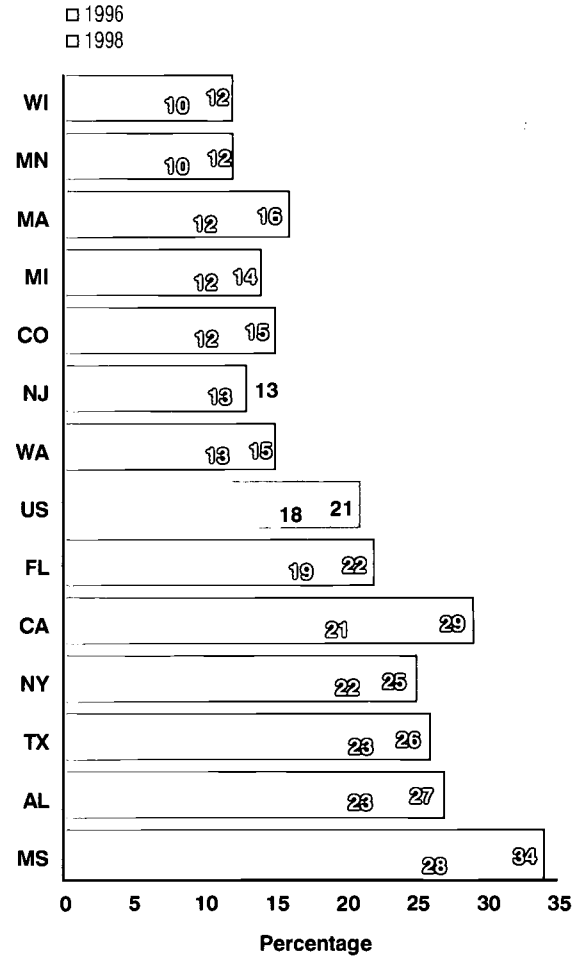
Declines in child poverty rates were statistically significant in 9 of the states highlighted in the NSAF (Alabama, California, Colorado, Florida, Massachusetts, Mississippi, New York, Washington, and Wisconsin, as shown in figure 4). The biggest reductions occurred in California (8 percentage points) and Mississippi (6 percentage points). The variation in child poverty rates across the states was substantial in 1998, just as it was in 1996. Seven states were below the U.S. average (Colorado, Massachusetts, Michigan, Minnesota, New Jersey, Washington, and Wisconsin). The lowest child poverty rates hovered around 10 percent in Minnesota and Wisconsin. Child poverty rates were higher than the national average in Alabama, California, Mississippi, New York, and Texas. More than one in five children in these states lives in poverty.

Figure 3: Poor and Low-Income Children and Adults, 1996–1998

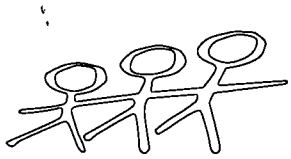


Source: Urban Institute

Figure 4: Children Below the Poverty Level, by State, 1996–1998



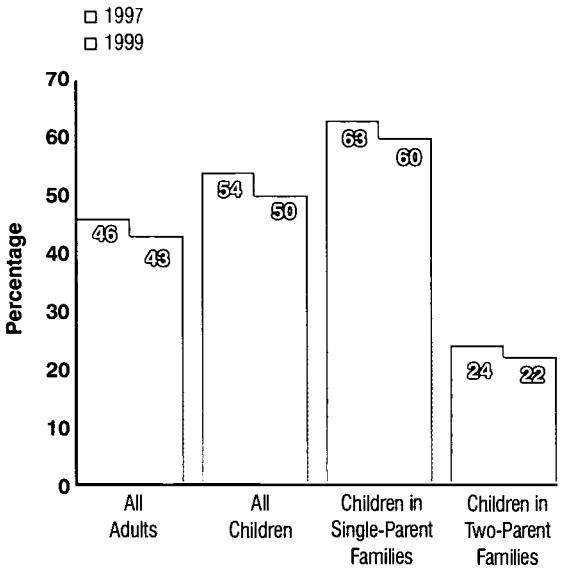
Source: Urban Institute



Nationwide, the percentage of children living in low-income families declined from 43 percent in 1996 to 40 percent in 1998. Still, the low-income rate for children living in single parent families remained particularly high at almost 67 percent—more than twice the 30 percent rate for children living with two parents.

Overall, in 1998 there were still wide variations across the states in the portion of children living in low-income families, although some states experienced statistically significant declines in their rates (table 1). Less than 3 out of 10 children lived in low-income families in Massachusetts, Minnesota, New Jersey, and Wisconsin, compared with about 5 out of 10 children in Alabama, Mississippi, and Texas, and 4 out of 10 in the United States.

Figure 5: Adults and Children in Low-Income Families with One or More Food-Related Problems, 1997–1999



Source: Urban Institute

Food Concerns and Affordability

In 1999, fewer adults and children lived in families that reported problems affording food than did so in 1997 (figure 5). This indicator of economic well-being measures families' concerns about having enough money to pay for food. The NSAF asked adults whether (i) they or their families worried that food would run out before they got money to buy more, (ii) the food they bought did run out, or (iii) one or more adults ate less or skipped meals because there was not enough money to pay for food.[8]

The largest declines in food-related concerns—about 4 percentage points—occurred among children in low-income families. Still, food concerns were common among low-income Americans, with 4 out of 10 adults and half of all children living in families that either worried about or had difficulties paying for food. In comparison, about 1 out of 10 adults in families with incomes above 200 percent of poverty reported problems affording food.

TABLE 1 Indicators of Family Economic Well-Being, by State

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Adults (%) Age 25–54 Employed Full-Time or Part-Time, by Income, Marital Status, and Parental Status, 1997–1999														
Below 200% of poverty level														
Single parents	59.5	66.8 ▲	56.7	**57.5**	67.5	69.8	66.5	**72.5**	55.6	69.0 ▲	69.0	73.4	70.4	73.
Married parents	68.4	64.2	63.6	64.1	70.7	**70.7**	68.7	69.2	61.6	63.7	71.5	66.0 ▼	72.4	**70.**
All adults	59.1	**57.6**	61.2	60.4	66.7	64.9	66.1	63.1	53.2	58.6 ▲	66.3	60.3 ▼	70.7	**69.**
Above 200% of poverty level														
Single parents	98.2	92.1 ▼	92.1	95.9	89.3	93.4	94.5	92.8	92.4	94.3	92.0	96.4	97.7	95.
Married parents	85.3	87.2	83.8	**84.0**	85.8	**84.4**	87.0	86.6	87.2	**84.1** ▼	86.6	85.3	90.3	**90.**
All adults	86.1	89.0 ▲	87.4	**86.1**	88.4	86.8	89.4	87.0 ▼	90.2	88.8	87.8	88.4	91.0	**91.**
All incomes														
Single parents	68.7	75.4 ▲	68.7	**73.1**	77.6	80.5	75.7	79.9	71.0	80.9 ▲	76.7	**84.3** ▲	82.4	**84.**
Married parents	80.8	81.4	77.1	**78.5**	82.7	82.0	81.8	82.4	83.6	81.8	84.0	81.8	87.4	**87.**
All adults	77.3	**79.6**	78.8	**78.7**	83.4	83.0	82.2	80.7	83.6	**83.9**	83.1	82.6	87.3	**88.**
Poor and Low-Income Adults (%), 1996–1998														
	96	98	96	98	96	98	96	98	96	98	96	98	96	98
Below 100% of poverty level	17.0	**14.2** ▼	16.0	**14.8**	10.2	**9.0**	12.6	11.7	9.3	**7.5** ▼	9.6	**8.6**	7.9	**6.**
Below 200% of poverty level	35.7	**32.4** ▼	35.1	**31.3** ▼	25.9	**21.6** ▼	34.2	**29.1** ▼	19.8	**18.0** ▼	23.6	**23.5**	21.2	**18.**

As observed with other measures of economic well-being, low-income families in some states highlighted in the NSAF reported larger improvements in food affordability than others (table 1). For example, fewer low-income children lived in families that reported problems paying for food in Minnesota and New York in 1999 than in 1997. Improvements were also statistically significant for low-income adults in Colorado, Massachusetts, Minnesota, New York, and Texas.

Housing Affordability

Despite the increasing prosperity of American families, the percentage reporting problems affording housing generally remained unchanged between 1997 and 1999. The NSAF asked adults whether they had been unable to pay their mortgage, rent, or utility bills at any time during the previous 12 months. More than one in five low-income nonelderly adults reported some housing affordability problems in 1999, the same proportion as in 1997 (table 1). Housing affordability was an issue particularly for low-income single-parents—nearly one in three reported problems.

The results across the states show a similar pattern of little change in affordability across the two years. Low-income adults reported significantly fewer problems affording housing in Minnesota, New Jersey, and Texas in 1999 compared with 1997, while low-income adults in California and Washington reported significantly more difficulties. This indicator reflects the interactions between two forces affected by the strong economy: Higher incomes generally increased families' purchasing power, but stronger housing demand increased housing prices and rents in many areas.[9] The NSAF results suggest that these two forces offset each other.

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
62.5	68.8	57.7	63.0	49.7	**61.9** ▲	61.3	66.7	61.1	65.3	77.3	**79.6**	62.8	67.2 ▲
67.5	66.2	64.7	64.7	62.6	62.3	66.2	64.7	63.2	65.1	72.6	**70.2**	66.4	65.4
59.8	63.0	58.1	60.5	56.6	**58.1**	63.3	**66.5**	62.6	62.1	72.1	**72.7**	61.9	62.3
92.3	89.3	90.4	94.2	92.0	94.1	91.8	94.3	93.4	94.0	95.9	93.9	93.5	94.3
88.8	87.5	84.0	**83.6**	85.5	85.1	86.1	84.8	84.7	**84.0**	90.2	**89.4**	86.5	86.0
87.2	87.5	87.6	87.9	88.0	88.0	89.0	87.5	86.5	**85.0**	91.6	**91.3**	88.7	88.0 ▽
68.8	**74.1**	72.3	77.1	63.7	**73.9** ▲	70.7	76.1	75.4	79.3	85.3	**86.5**	73.6	78.3 ▲
82.2	81.9	81.2	81.3	80.0	80.0	79.1	**78.1**	80.1	80.9	87.4	**86.7**	81.3	81.1
76.9	**78.8**	82.2	**83.3**	79.3	80.4	80.5	79.9	80.9	80.4	87.7	**87.9**	81.5	81.5
96	98	96	98	96	98	96	98	96	98	96	98	96	98
20.6	**15.9** ▽	8.0	**7.5**	14.2	**12.8**	16.1	**15.6**	11.6	**8.9** ▽	7.7	**6.9**	12.5	11.2 ▽
41.3	**36.9** ▽	19.4	**18.4**	29.8	28.5	35.3	**37.6**	27.5	**22.0** ▽	22.4	**20.7** ▽	29.2	27.3 ▽

Summary

Low-income families were better off in 1999 than they were in 1997, as shown by improvements in their employment, poverty status, and ability to afford food. Results from the NSAF indicate larger improvements for some states than others. Particularly noteworthy were declines in the percentage of nonelderly adults living in low-income families in two historically low-income southern states, Alabama and Mississippi. Despite these gains, these states remained among those with below-average indicators of family economic well-being. A few states with strong economic indicators in the 1997 NSAF continued to improve. For example, fewer children lived in poor and low-income families in Massachusetts, Washington, and Wisconsin in 1998 than in 1996, and these states had among the lowest low-income rates for children reported by the states highlighted in

TABLE 1 Indicators of Family Economic Well-Being, by State (continued)

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Poor and Low-Income Children (%), by Family Structure, 1996–1998														
Below 100% of poverty level														
Single-parent	56.0	**49.8**	49.9	42.4 ▽	35.2	**31.2**	42.6	39.6	41.8	36.0 ▽	36.0	**31.1**	34.0	**30.3**
Two-parent	11.4	8.5 ▽	19.6	**12.3** ▽	8.7	**6.6** ▽	10.3	7.9	6.7	**4.5** ▽	5.3	**4.7**	6.1	**4.8**
All families	27.3	**23.3** ▽	28.8	**20.9** ▽	14.7	**12.3** ▽	22.1	18.8 ▽	16.0	**12.4** ▽	13.9	**11.8**	11.8	**10.3**
Below 200% of poverty level														
Single-parent	80.1	**75.0** ▽	71.7	**62.6** ▽	62.2	**60.4**	74.2	**75.0**	65.7	62.2	70.3	64.6 ▽	64.8	**59.1**
Two-parent	30.0	32.8	41.4	**34.2** ▽	26.3	**24.3**	33.8	29.2 ▽	17.6	**17.0**	20.9	**23.6**	20.5	**20.1**
All families	48.4	**48.4**	50.5	**42.7** ▽	34.7	**32.8**	48.6	**44.7** ▽	30.7	**28.4** ▽	34.2	**34.7**	29.5	**28.3**
Adults (%) That Worried about or Experienced Difficulty Affording Food in the Previous 12 Months, by Income, 1997–1999														
1999 Below 200% of poverty level	47.4	45.7	50.1	45.8	45.7	39.6 ▽	44.7	45.6	45.6	**36.9** ▽	41.5	40.2	40.5	**35.1** ▽
1999 Above 200% of poverty level	12.4	13.9	14.5	**16.3**	13.5	13.3	11.9	13.9	13.1	**8.3** ▽	10.7	11.6	10.5	**8.8** ▽
1999 All incomes	24.9	**24.2**	27.0	**25.5**	21.8	19.0	23.2	**23.1**	19.5	**13.5** ▽	17.9	**18.3**	16.8	**13.6** ▽
Children (%) Living in Families That Worried about or Experienced Difficulty Affording Food in the Previous 12 Months, by Income														
Below 200% of poverty level														
Single-parent	59.8	61.0	67.5	62.7	65.8	62.3	58.6	63.6	58.7	59.7	59.7	58.3	62.6	**49.9** ▽
Two-parent	23.3	24.4	29.3	**26.6**	24.4	21.9	27.3	24.6	20.7	**15.0** ▽	19.4	**17.7**	17.4	**13.6** ▽
All families	53.5	51.8	58.4	52.9	55.1	51.6	55.0	**56.0**	55.2	48.5	52.2	47.9	49.8	**40.2** ▽
Above 200% of poverty level														
Single-parent	24.2	**21.1**	26.8	**36.4** △	26.3	25.2	32.1	32.1	24.9	27.9	22.9	29.5	26.4	26.2
Two-parent	20.7	20.4	28.4	**25.4**	23.0	21.0	25.4	22.2	19.7	**14.6** ▽	18.3	**16.6**	17.3	**13.3** ▽
All families	14.2	15.8	15.6	**20.1** △	16.7	16.1	17.8	17.5	15.2	**13.1**	13.6	13.7	13.3	**11.3**
All Incomes														
Single-parent	52.7	51.0	56.0	52.7	50.8	47.6	51.8	**55.7**	47.1	47.8	48.9	48.2	49.9	**40.2** ▽
Two-parent	22.8	24.0	28.8	**26.1**	24.0	21.5	26.6	24.0	20.6	**15.1** ▽	19.1	**17.9**	17.7	**14.1** ▽
All families	33.2	**33.2**	37.1	**33.9**	30.0	27.7	35.9	**34.6**	27.4	**23.1** ▽	26.8	**25.5**	24.1	**19.5** ▽
Adults (%) with Problems Paying Their Mortgage, Rent, or Utility Bills in the Previous 12 Months, by Income and Parental Status,														
Below 200% of poverty level														
Single parents	36.2	35.4	30.0	28.6	28.3	31.4	34.1	33.6	40.7	34.6	30.7	34.2	28.6	**26.6**
Married parents	27.2	27.3	21.0	27.2	22.0	22.8	24.2	22.2	37.4	27.1 ▽	29.9	29.8	29.0	**18.3** ▽
All adults	25.0	25.8	19.8	25.3 △	18.7	**17.1**	22.8	20.8	25.3	23.1	22.1	25.4	23.2	**16.4** ▽
Above 200% of poverty level														
Single parents	12.6	15.4	12.4	**20.8** △	11.2	13.4	15.9	19.7	16.2	13.1	16.2	15.5	13.9	16.2
Married parents	8.8	6.5	8.3	9.0	7.7	7.1	8.7	10.1	8.0	7.9	8.1	7.2	7.5	**5.7**
All adults	6.6	7.4	7.0	**9.0** △	5.6	**5.0**	6.8	8.7	7.2	**5.7** ▽	6.1	**5.7**	5.9	**4.9**
All Incomes														
Single parents	31.3	29.1	24.5	25.5	20.6	23.5	28.6	28.6	31.0	25.1 ▽	25.8	26.2	22.7	**21.8**
Married parents	14.0	12.2	12.8	**14.2**	11.0	**10.1**	13.3	13.2	12.2	**10.2**	11.9	11.4	11.1	**7.4** ▽
All adults	13.2	**13.3**	11.5	**14.1** △	9.0	**7.6** ▽	12.3	12.2	10.8	**8.8** ▽	9.8	10.3	9.6	**7.0** ▽

Note: Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level.
The symbols "△" and "▽" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

the 1997 NSAF. A few other states with substantial economic strength continued to hold their positions. Colorado, Minnesota, and New Jersey, for example, showed poverty and low-income rates consistently below the national average for all of the family types shown in both 1996 and 1998.

The increase in employment rates for low-income single-parent families was also notable, and this group experienced the most sizable reduction in poverty. While no conclusions about cause and effect can be drawn from these simple indicators, they do point to improved economic well-being for this group as a whole, and they are consistent with trends reported from other data sets.[10] Further analysis that includes changes in noncash sources of income will be required to understand changes in the full income picture for this group. Analysis of its income distribution will also help show whether the entire group is better off or whether these simple averages mask large improvements for some groups and significant declines for others.

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
62.2	**51.5** ▽	38.8	**32.1** ▽	51.7	42.1 ▽	48.2	41.5	35.5	**29.3** ▽	29.7	**25.3** ▽	44.6	39.4 ▽
13.6	10.1 ▽	5.1	**6.3**	11.2	10.8	15.4	**15.9**	9.5	**6.9** ▽	5.1	**4.6**	10.7	9.1 ▽
33.9	**27.9** ▽	13.4	**12.8**	24.5	**21.6** ▽	25.5	**23.2**	15.4	**12.7** ▽	11.6	**9.7** ▽	20.6	17.5 ▽
84.6	**82.3**	61.7	**61.1**	71.7	69.1	75.3	70.4	62.0	**57.6**	65.0	**60.9**	70.2	66.5 ▽
38.2	32.9 ▽	18.4	**17.2**	29.4	29.8	38.8	**41.6**	28.1	**22.8** ▽	21.5	**19.4**	31.4	30.0
57.9	**53.9** ▽	29.4	**27.9**	43.8	**43.5**	49.9	**50.2**	35.9	**31.5** ▽	32.4	**29.6** ▽	42.8	40.4 ▽
52.5	**49.9**	46.8	43.4	49.5	43.1 ▽	54.7	46.7 ▽	44.2	**47.1**	37.9	**35.7**	45.9	43.0 ▽
12.2	12.4	11.5	11.9	17.1	12.1 ▽	16.8	14.2	14.0	11.8 ▽	9.8	**9.9**	13.3	12.3 ▽
28.9	**26.3** ▽	18.3	**17.6**	26.7	20.8 ▽	30.2	**26.4** ▽	22.3	19.5 ▽	16.1	**15.3**	22.8	20.6 ▽

and Family Structure, 1997–1999

63.3	60.2	65.0	58.5	66.6	59.2 ▽	69.8	62.5	61.4	**66.8**	54.4	**51.3**	63.1	59.9
25.0	**25.8**	17.5	**17.0**	24.5	21.5	30.9	**32.0**	25.3	22.0	17.5	**15.0**	24.0	21.8 ▽
57.0	**55.1**	55.2	51.5	57.6	49.8 ▽	60.6	**56.8**	54.2	**57.9**	47.0	**43.9**	53.8	49.7 ▽
22.5	23.4	28.4	29.4	33.6	26.1	26.2	34.5	27.7	31.8	20.5	26.6	27.8	28.6
21.6	24.2	17.4	**16.3**	23.9	20.2 ▽	28.5	**29.6**	24.2	19.9 ▽	16.6	**14.0** ▽	22.4	20.9 ▽
12.6	17.7 △	14.1	13.9	18.4	15.2	15.2	17.7	17.2	15.4	12.1	**11.7**	15.5	15.4
57.1	53.6	51.0	47.2	57.3	48.9 ▽	58.9	**54.2**	48.6	51.8	42.4	**41.7** ▽	52.6	49.4 ▽
24.3	25.2	17.7	**16.8**	24.6	21.2 ▽	29.3	**31.1**	25.2	21.0 ▽	17.2	**15.0**	23.5	21.8 ▽
38.3	**37.8**	26.2	**24.3**	35.5	30.1 ▽	37.8	**37.3**	30.6	28.8	23.4	**21.3** ▽	31.9	29.2 ▽

1997–1999

35.5	35.5	37.2	35.0	33.0	34.8	37.0	27.0 ▽	37.4	30.8	28.8	34.2	31.6	31.8
20.8	28.3 △	31.2	21.2 ▽	29.9	23.3	30.3	**29.4**	23.7	**32.9** △	23.4	24.9	25.8	25.3
24.7	**26.1**	27.6	22.8 ▽	25.4	23.3	26.9	21.3 ▽	20.8	26.9 △	19.3	20.8	22.6	23.1
9.1	20.2 △	19.2	17.8	22.7	20.0	17.3	18.0	16.8	15.0	11.1	15.9 △	16.4	16.1
7.7	9.8	7.5	6.8	10.8	8.1	8.1	8.1	10.0	6.4 ▽	6.9	**5.8**	8.0	7.8
6.9	8.4	6.9	7.7	9.3	7.2 ▽	7.5	6.8	7.6	**4.8** ▽	5.3	**4.6**	6.7	7.1
30.3	**32.0**	29.1	27.4	29.9	29.8	31.1	24.1 ▽	28.9	23.7	21.7	25.8 △	26.5	25.8
12.1	**14.9**	11.1	**8.6** ▽	15.6	11.6 ▽	16.5	**15.7**	13.3	11.2	9.6	**8.5**	12.9	12.1
14.3	**15.0**	10.9	10.5	14.1	11.7 ▽	14.3	12.3	11.2	9.7 ▽	8.5	**8.0**	11.4	11.4

Source: Urban Institute

This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at http://newfederalism.urban.org/nsaf/methodology.html.

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Endnotes

1 The employment data focus on adults in their prime working years (ages 25 to 54) to eliminate most of the effects of college or retirement trends.

2 It is important to note, however, that changes in employment rates by income also reflect changes in the composition of each group. For example, if more employed single parents in some states than in others moved up into the group with incomes above 200 percent of poverty, employment rate increases for the lower-income, single-parent group could be dampened in these states.

3 More than $4 billion in federal and state TANF funds were spent on child care in 1999, according to financial data reported by the states to the federal government (Administration for Children and Families 2000).

4 See, for example, Holzer (1999).

5 These statistics use the official Census Bureau poverty definition, which compares a family's pretax cash income to a threshold that varies by family size. For example, the poverty threshold was $13,133 for a family of three persons in 1998 (U.S. Census Bureau 1999).

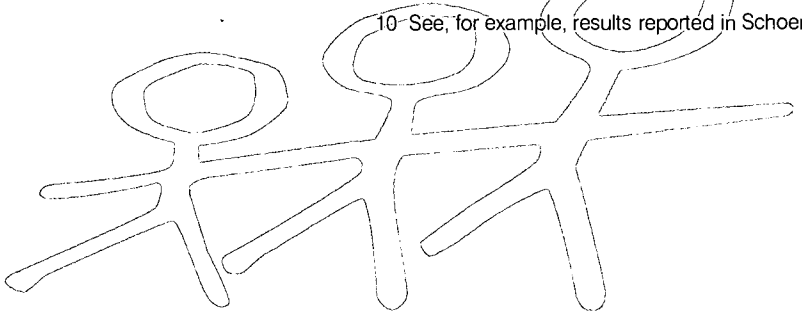
6 However, these noncash sources of income are more difficult to measure; an analysis of income that includes noncash income sources and that uses NSAF data will be done in the near future.

7 For example, Primus et al. (1999) showed that total income (including food stamps and the EITC) declined for single-mother families in the bottom income decile but increased for those in the next income decile between 1996 and 1998. The income declines in the bottom of the income distribution were attributable to declines in means-tested income transfers, especially food stamps. Zedlewski and Brauner (1999) report a significant decline in participation in the Food Stamp program for families who left welfare but were still apparently eligible for benefits.

8 These questions indicate financial stresses related to food purchases over the last 12 months. They do not indicate caloric intake or the adequacy of a family's diet. See Urban Institute (1999) for a complete description of this indicator.

9 Nationwide, shelter costs increased by 10.7 percent between 1996 and 1998; the consumer price index increased by 3.9 percent during the same period. Utility costs increased by 3 percent, slightly less than reported by the Current Population Survey, during the same period. These statistics are from the U.S. Bureau of Labor Statistics (2000).

10 See, for example, results reported in Schoeni and Blank (2000), based on the Current Population Survey.



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SNAPSHOTS
of America's Families II

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Health Insurance, Access, and Health Status of Children

Findings from the National Survey of America's Families

In recent years, the forces that shape private and public health insurance coverage for children have shifted. Economic growth has brought increased employment and higher incomes (Economic Report of the President 2000), which should provide greater access to private coverage. At the same time, however, employees may be bearing a larger share of premiums for family coverage (Ginsburg 1999). Public coverage has been expanding under the new State Children's Health Insurance Program (SCHIP), but most SCHIP programs were not yet mature in 1999 (Kenney, Ullman, and Weil 2000). Finally, federal welfare reform appears to have resulted in unintended reductions in Medicaid enrollment among children (Garrett and Holahan 2000).

This Snapshot uses data from the National Survey of America's Families (NSAF) to describe insurance coverage for children ages 18 and under in 1999 and how coverage changed between 1997 and 1999.[1] The NSAF asked families a series of questions about their health insurance coverage at the time of the survey, including whether coverage was provided through an employer (employer-sponsored insurance [ESI]); through Medicaid or a separate SCHIP or another state program (Medicaid/SCHIP/State); by some other source (including private nongroup plans and Medicare); or whether they had no coverage. This Snapshot analyzes coverage by income group, age, and state. Low-income children (those living in families with incomes below 200 percent of poverty) are divided into two groups: those with incomes below poverty, who are most likely to be affected by welfare reform, and those with incomes between 100 and 200 percent of poverty, who were the primary target group for SCHIP during this period. Higher-income children (those with family incomes above 200 percent of poverty) are also divided into two groups: those with incomes between 200 and 300 percent of poverty and those with incomes above 300 percent of poverty. This Snapshot also briefly examines changes in access to care and health status, but it does not attempt to link them to changes in insurance coverage.

HIGHLIGHTS

- In 1999, 12.5 percent of all children 18 and under—9.6 million children—lacked health insurance at the time of the survey; this was not a statistically significant change from the 1997 rate.
- Uninsurance rates for low-income children held steady, but higher-income children experienced a statistically significant increase in uninsurance that was driven by declines in employer-sponsored insurance coverage.
- Low-income children in Alabama, Colorado, and Massachusetts experienced the greatest reductions in their uninsurance rates. In Massachusetts, this was due primarily to gains in Medicaid/SCHIP/State coverage; in Colorado, it was due to gains in employer-sponsored insurance and other coverage; and in Alabama, it was due to a combination of both.
- Higher-income children experienced modest declines in health care access while low-income children saw some gains.

Major Findings

Against a backdrop of change in the forces that influence insurance coverage for children, the rate of uninsurance for children between 1997 and 1999 remained virtually the same overall. Nationally, 12.5 percent of all children (9.6 million) lacked health insurance in 1999 (table 1)—an increase of 0.3 percentage points from 1997—but this change was not statistically significant. However, trends in both coverage and access to care diverged for children in different income groups and across states. Uninsurance rates for low-income children held steady, but higher-income children experienced a statistically significant increase in uninsurance. This increase was concentrated among children with family incomes between 200 and 300 percent of poverty, who were 2 percentage points more likely to be uninsured in 1999 than in 1997. During that period, the number of uninsured children with family incomes above 200 percent of poverty rose by 600,000. Higher-income children also experienced modest declines in health care access, while low-income children saw some gains. In sum, while the gaps in coverage rates and access to care between low- and higher-income children narrowed slightly between 1997 and 1999, low-income children remained substantially more likely than higher-income children to lack insurance coverage and to experience access problems.

TABLE 1 Health Insurance Coverage of Children, by Income, 1997 and 1999

	Employer-Sponsored (%)		Medicaid/SCHIP/State (%)		Other Coverage (%)		Uninsured (%)		Number of Children in Income Group (millions)	
	97	99	97	99	97	99	97	99	97	99
Below 100% of poverty level	19.3	21.7	55.6	52.2	3.5	3.0	21.7	23.2	15	13
100–199% of poverty level	54.7	51.8	17.8	21.9 ▲	5.2	4.4	22.3	21.8	17	17
200–299% of poverty level	82.3	76.7 ▼	5.3	7.7 ▲	3.5	4.5	8.9	11.2 ▲	15	15
Above 300% of poverty level	91.0	89.4 ▼	1.5	2.0	4.5	5.1	3.0	3.5	29	31
All incomes	66.8	66.7	16.8	16.4	4.2	4.5	12.2	12.5	75	76

Note: The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

Source: Urban Institute

Coverage Changes, But Similar Patterns Persist

Despite the slight decrease in the gap in insurance coverage, low-income children remained substantially more likely to lack insurance: 22 percent of low-income children were uninsured in 1999, compared with 6 percent of higher-income children (table 2). Of the 9.6 million uninsured children, 6.8 million had incomes below 200 percent of poverty and 2.7 million had higher incomes.

As in 1997, ESI was the most important source of coverage, covering two-thirds of all children. But type of coverage varied substantially by family income. Almost 90 percent of the children with family incomes over 300 percent of poverty had ESI, compared with 22 percent of poor children. In contrast, 52 percent of poor children received coverage through Medicaid/SCHIP/State, compared with 2 percent of children with family incomes above 300 percent of poverty.

Although uninsured children were still concentrated in low-income families, a growing share lived in families with higher incomes; such families are heavily dependent on ESI, with limited access to public coverage in most states. In 1999, 29 percent of all uninsured children lived in higher-income families; in 1997, the figure was 23 percent.

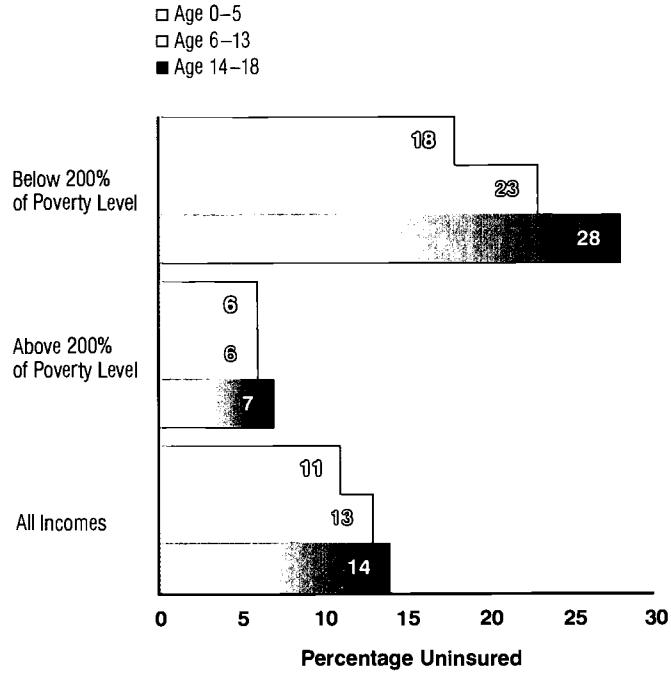
Changes in Coverage by Income Group

Type of insurance coverage shifted between 1997 and 1999 for children in different income groups. Over this period, children below poverty lost Medicaid/SCHIP/State coverage but gained ESI, in contrast to children in the three other income groups.[2] It appears that the combination of federal welfare reform and the strong economy served to shift poor children from Medicaid/SCHIP/State coverage to ESI. Still, more than one in five poor children were uninsured in 1999, although almost all were eligible for Medicaid or SCHIP.

Children with family incomes between 100 and 200 percent of poverty—the group primarily targeted by SCHIP during this period—experienced the greatest gains in Medicaid/SCHIP/State coverage, but the gains were not enough to cause a statistically significant decrease in their uninsurance rate.

Children with family incomes between 200 and 300 percent of poverty—who experienced modest gains in Medicaid/SCHIP/State coverage—experienced the biggest losses in ESI and the largest increases in uninsurance, both of which were statistically significant. Children with family incomes above 300 percent of poverty experienced smaller, but still statistically significant, declines in ESI. The declines in ESI among higher-income children may be a consequence of rising costs for family coverage, or they may reflect that children in the higher income brackets have less access to ESI than in the past.

Figure 1: Uninsured Children, by Family Income and Age, 1999



Source: Urban Institute

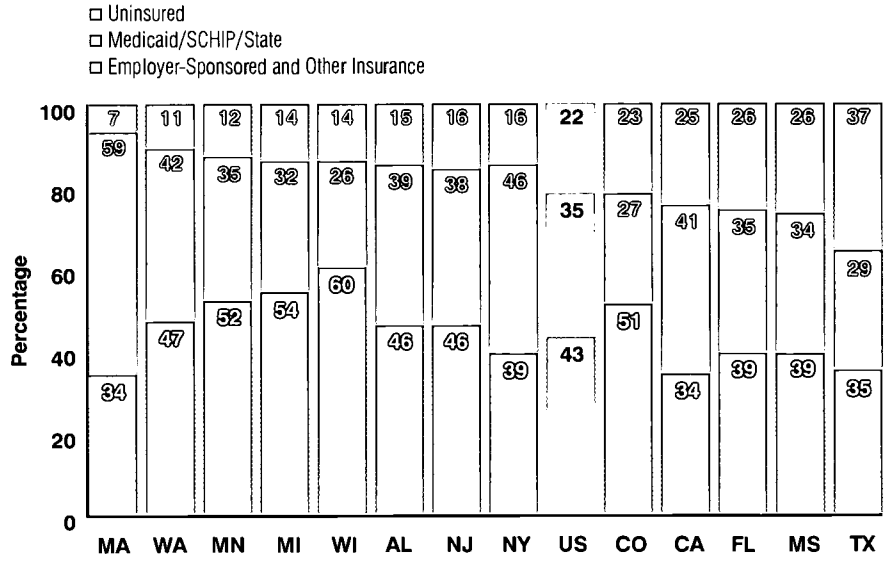
Variation in Coverage among Children in Different Age Groups

Overall, older children continue to have higher uninsurance rates than younger children, as was true in 1997. In 1999, 14 percent of all children ages 14 to 18 were uninsured, compared with 11 percent of all children age 5 and under (figure 1). Higher-income children did not experience significant differences in uninsurance rates between age groups, but low-income children did. Among low-income children, 28 percent of 14- to 18-year-olds, 23 percent of 6- to 13-year-olds, and 18 percent of children under age 5 were uninsured in 1999. Thus, low-income children ages 14 to 18 were 1.6 times as likely as those age 5 and under to lack coverage in 1999. States have moved to equalize eligibility for children of different ages under Medicaid and SCHIP, so uninsurance rates for children of different ages are expected to converge as states' SCHIP programs are fully implemented.

State Variation in Insurance Coverage for Low-Income Children

Insurance coverage for low-income children continues to vary substantially across states (figure 2).[3] Among the states highlighted in the NSAF, the prevalence of ESI/Other coverage varies from 60 percent in Wisconsin and 54 percent in Michigan to about 35 percent in California, Massachusetts, and Texas. Coverage through Medicaid/SCHIP/State programs also varies across states, ranging from 59 percent in Massachusetts to below 30 percent in Colorado, Texas, and Wisconsin. These patterns have created large discrepancies in coverage for low-income children across states: for example, only 7 percent of all low-income children in Massachusetts lacked health insurance coverage in 1999, compared with 37 percent of low-income children in Texas.

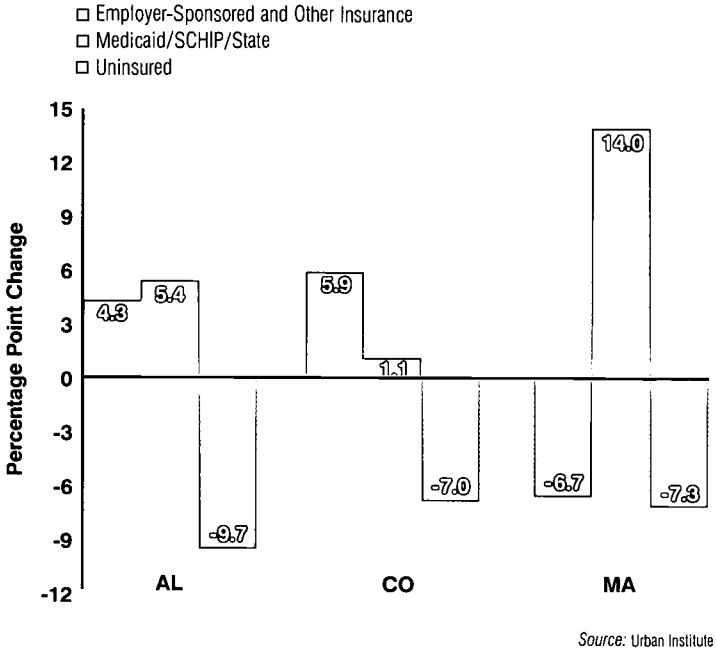
Figure 2: Health Insurance Coverage of Low-Income Children, by State, 1999



Source: Urban Institute

Nationally, there was no statistically significant change between 1997 and 1999 in the proportion of low-income children who lacked health insurance coverage. The national picture, however, masks changes in some of the highlighted states (figure 3).[4] There were statistically significant reductions in the uninsurance rates for low-income children in Alabama, Colorado, and Massachusetts.[5] The underlying explanation for these declines appears different for each state. In Alabama, for example, more low-income children obtained Medicaid/SCHIP/State, ESI, and other coverage, leading to a 10 percentage point reduction in the uninsurance rate. In Massachusetts, low-income children had large gains in Medicaid/SCHIP/State coverage, but were somewhat less likely to have ESI, and on balance were 7 percentage points less likely to be uninsured.[6] In contrast, in Colorado, the increased coverage for low-income children appears to be largely attributable to an increase in ESI.

Figure 3: States with Falling Uninsurance Rates among Low-Income Children, 1997–1999



Source: Urban Institute

Both Alabama and Massachusetts implemented large-scale SCHIP expansions soon after SCHIP was enacted. Alabama's program, ALLKids, built upon a limited Medicaid program and was one of the first to be approved. Its launch was accompanied by a broad-based outreach effort and a simplified joint Medicaid/SCHIP application (Hill and Westpfahl forthcoming).[7] In Massachusetts, the SCHIP program, called MassHealth, was the culmination of the state's efforts to create a single, seamless program that also covers parents. Substantial investments have been made to raise awareness about MassHealth and to streamline the enrollment system (Hill and Westpfahl forthcoming).

Of the other 10 states highlighted in the NSAF, Michigan and Texas exhibited particularly interesting patterns of change in their insurance distributions. In both states, Medicaid/SCHIP/State coverage declined among low-income children while ESI coverage increased, particularly among those below poverty. Although the increases in ESI did not fully offset the Medicaid/SCHIP/State declines, the estimated uninsurance rate increases (2.5 and 3.1 percentage points, respectively) for low-income children in Michigan and Texas were not statistically significant.

Access and Health Status

As was the case for 1997, the NSAF data for 1999 reveal that low-income children are worse off than higher-income children in terms of access to care and health status: Low-income children are more likely to lack a usual source of care (including those who rely only on a hospital emergency room), to have parents who are not confident that family members can get medical care when they need it, and to be in fair or poor health (figure 4 on page 5).

Overall, there was a small decrease in the percentage of children with a usual source of care, an increase in the percentage with confidence in their ability to receive needed medical care, and no change in the percentage reporting fair or poor health (table 2 on page 6). The trends varied by income group, and, to some extent, across states, although there were few significant changes in these indicators among the states highlighted by the NSAF. Interestingly, higher-income children experienced deteriorating status across all three measures: 1 percentage point more lacked a usual source of care, 1 percentage point more had parents who lacked confidence in their ability to get their families needed care, and a larger portion were reported to be in fair or poor health. Children in low-income families experienced a decline (3 percentage points) in the proportion with parents lacking confidence in their family's ability to obtain needed care, but changes in the other measures were not statistically significant.

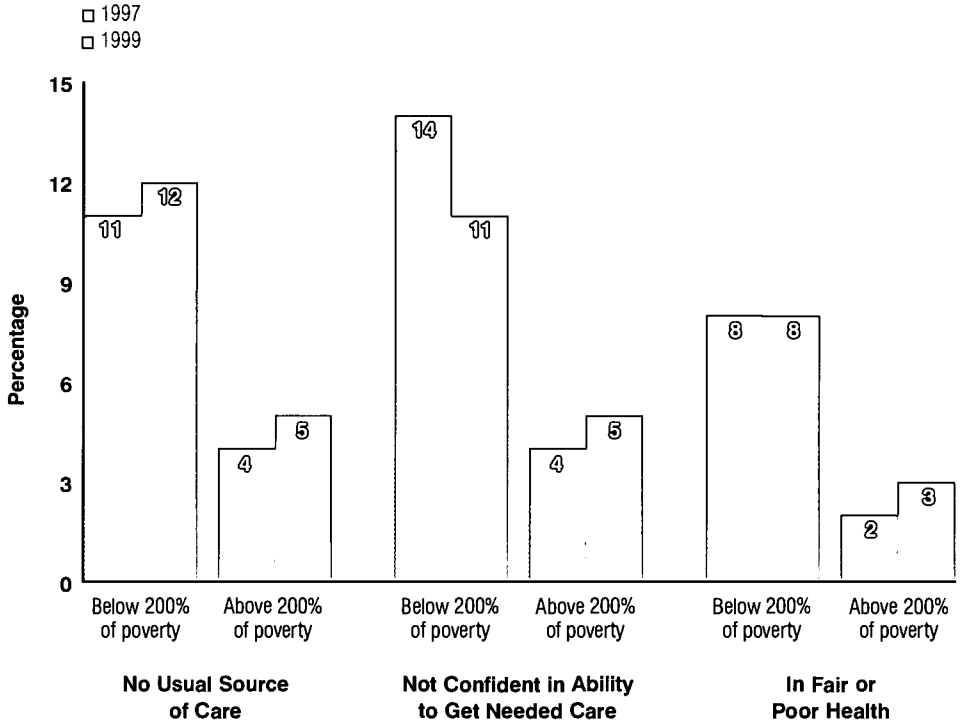
Discussion

Despite the strong economy and expansions in eligibility under the new State Children's Health Insurance Program, the proportion of children lacking health insurance coverage did not decline between 1997 and 1999. In fact, higher-income children were somewhat more likely to be uninsured in 1999 than in 1997, due to declines in ESI that had begun earlier in the 1990s (Holahan and Kim 2000). While some children with family incomes above 200 percent of poverty have become eligible for SCHIP, most higher-income children are not eligible for public coverage (Dubay and Haley forthcoming). It will take more research to understand why higher-income children experienced these reductions in employer-sponsored insurance.

Although uninsurance rates held steady for low-income children, this masks divergent trends within this group. The NSAF shows that poor children lost Medicaid/SCHIP/State coverage and gained ESI, in contrast to other low-income children who experienced significant gains in Medicaid/SCHIP/State coverage. While understanding the influences of federal welfare reform and SCHIP on coverage for low-income children is beyond the scope of this Snapshot, changes may have been caused in part by federal welfare reform. The high uninsurance rate in 1999 for poor children, almost all of whom are eligible for public coverage, also highlights the need for new strategies to enroll these children. These simple descriptive data hint that early SCHIP expansions may be starting to have significant impacts, particularly in Alabama and Massachusetts, where large reductions in uninsurance were accompanied by large increases in Medicaid/SCHIP/State enrollment. Forthcoming analyses will assess the impacts of SCHIP, both in its early stages and in its more mature form, on insurance coverage.

Large differences persist in uninsurance rates between low- and higher-income children, both nationally and across the states examined here. In 1999, low-income children were almost four times as likely as higher-income children to lack insurance coverage; low-income children were also more likely to be in fair or poor health and to experience greater access problems. Substantially higher rates of uninsurance were also experienced by low-income children who are Hispanic (Staveteig and Wigton 2000) or over 13. Uninsurance rates among low-income children across the highlighted states also vary dramatically. In 1999, a low-income child in Texas was more than five times as likely as a low-income child in Massachusetts to be uninsured. As time passes, and the full effects of SCHIP are felt, many of these coverage gaps are expected to shrink, given the expansion in coverage under SCHIP to most low-income children and a move toward greater equalization of eligibility thresholds for low-income children across different age groups and states.

Figure 4: Children's Access to Care and Health Status, 1997–1999



Source: Urban Institute

TABLE 2 Indicators of Health Insurance, Access and Health Status of Children, by State

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Health Insurance Coverage of Children (%), by Family Income and Type of Insurance, 1997–1999														
Below 200% of poverty level														
Employer-sponsored	37.7	40.8	28.6	**29.0**	39.1	**45.5** ▲	33.2	34.8	36.8	**32.2**	44.7	**50.4** ▲	41.7	**45.5**
Medicaid/SCHIP/State	33.9	**39.4** ▲	44.4	**40.8**	25.7	**26.8**	33.1	35.3	45.2	**59.2** ▲	40.4	**31.6** ▼	39.9	35.4
Other coverage	3.9	5.1	4.0	5.1	5.4	4.8	5.8	4.4	4.1	**2.1** ▼	3.1	3.6	6.3	**7.2**
Uninsured	24.4	**14.7** ▼	23.0	25.1	29.9	**22.9** ▼	28.0	25.5	13.8	**6.5** ▼	11.9	**14.4**	12.1	**12.0**
Above 200% of poverty level														
Employer-sponsored	90.8	**88.6**	85.6	**82.0** ▼	84.8	85.3	81.9	**76.4** ▼	90.0	**89.0**	92.8	**89.8** ▼	89.7	**88.7**
Medicaid/SCHIP/State	1.8	3.6 ▲	3.0	4.5	3.3	**2.6**	3.8	**6.5** ▲	3.2	**5.6** ▲	2.5	**2.6**	2.8	4.2 ▲
Other coverage	2.1	4.1	6.4	**7.7**	6.7	**6.8**	6.7	**8.2**	4.0	**3.2**	2.5	4.2	4.7	4.5
Uninsured	5.3	**3.7**	5.0	5.8	5.2	5.3	7.6	**8.9**	2.9	**2.2**	2.3	**3.4**	2.7	**2.6**
All incomes														
Employer-sponsored	65.0	65.7	57.2	**59.6**	69.0	**72.1** ▲	58.1	**57.9**	73.8	**72.9**	76.7	**76.4**	75.7	**76.9**
Medicaid/SCHIP/State	17.4	**20.8** ▲	23.6	**19.8** ▼	11.0	**10.7**	18.1	**19.3**	16.0	**20.8** ▲	15.2	**12.5** ▼	13.7	**12.7**
Other coverage	3.0	4.6 ▲	5.2	**6.6**	6.2	**6.1**	6.3	**6.5**	4.0	**2.9** ▼	2.7	4.0	5.2	5.2
Uninsured	14.6	**9.0** ▼	14.0	14.0	13.7	11.1 ▼	17.5	**16.3**	6.2	**3.4** ▼	5.5	**7.2** ▲	5.5	**5.2**
Children's Access to Health Care (%), by Family Income, 1997–1999														
Below 200% of poverty level														
No usual source of care	16.2	13.9	15.8	**16.6**	10.5	10.5	15.1	12.2	4.5	**5.6**	7.9	10.7	3.8	**4.5**
Not confident in ability to get needed care	14.3	10.5	18.0	15.9	15.3	13.0	14.6	14.1	10.2	8.9	10.1	11.6	6.7	5.8
Above 200% of poverty level														
No usual source of care	4.5	5.0	4.4	6.9	4.4	**3.8**	3.8	**8.3** ▲	3.0	**3.0**	3.6	4.6	2.4	**3.0**
Not confident in ability to get needed care	3.5	2.4	4.6	6.2	4.4	4.2	8.1	7.0	3.4	3.2	3.4	3.8	2.5	2.5
All incomes														
No usual source of care	10.2	9.3	10.1	**11.0**	6.5	**6.0**	9.3	**10.0**	3.4	**3.7**	5.0	6.7	2.8	**3.4**
Not confident in ability to get needed care	8.7	6.3 ▼	11.3	10.4	8.1	7.1	11.3	10.2	5.4	4.8	5.7	6.5	3.8	3.4
Children (%) in Fair or Poor Health, by Family Income, 1997–1999														
Below 200% of poverty level	8.5	8.3	11.8	**11.0**	9.2	9.4	7.9	7.7	6.6	7.0	7.3	7.6	5.1	**4.5**
Above 200% of poverty level	3.0	**1.6**	2.5	3.6	1.7	2.0	3.2	3.2	1.5	2.1	1.6	2.6	2.0	2.2
All incomes	5.6	4.8	7.1	**6.7**	4.3	4.5	5.5	5.2	3.0	**3.5**	3.5	4.3	2.9	**2.8**

Note: Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level.
The symbols " ▲" and " ▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
34.2	35.4	41.1	41.7	33.1	**34.6**	27.6	**32.7** ▲	36.2	40.1	54.0	**55.4**	37.8	38.7
32.7	34.3	36.6	38.1	45.5	**45.9**	36.3	**28.7** ▼	47.0	**42.2**	27.0	**25.6**	35.9	35.2
3.4	4.3	2.9	3.9	2.7	3.5	2.5	**2.0**	3.2	**6.5** ▲	4.3	**5.4**	4.3	3.8
29.7	**26.1**	19.5	**16.3**	18.7	**16.1**	33.6	**36.7**	13.6	**11.2**	14.7	**13.7**	22.0	22.4
82.6	**81.9**	89.6	**89.2**	89.1	86.5	79.6	**82.2**	86.6	83.5 ▼	91.5	**89.6**	88.1	85.3 ▼
2.2	3.7	2.3	3.1	3.1	**5.4** ▲	3.2	3.7	4.5	**6.0**	1.4	**2.2** ▲	2.8	3.8 ▲
8.9	5.6 ▼	3.5	**2.9**	2.7	**3.3**	6.4	4.6	4.9	6.2	4.5	**3.5**	4.2	4.9 ▲
6.2	**8.8**	4.5	**4.8**	5.3	4.8	10.8	**9.6**	4.0	**4.3**	2.6	4.7 ▲	5.0	6.0 ▲
54.5	**57.3**	75.5	**75.9**	64.3	**64.0**	54.0	**57.6** ▲	68.4	**69.9**	79.5	**79.4**	66.8	66.7
19.9	**19.9**	12.3	**12.9**	21.8	**23.0**	19.6	16.1 ▼	19.8	17.3 ▼	9.6	**9.1**	16.8	16.4
5.7	4.9	3.3	**3.1**	2.7	**3.4**	4.5	**3.3**	4.3	**6.3** ▲	4.5	4.1	4.2	4.5
19.9	**18.0**	8.9	**8.0**	11.2	**9.7**	22.0	**23.0**	7.5	**6.5**	6.4	**7.4**	12.2	12.5
12.3	**16.1** ▲	11.1	10.3	8.6	**9.0**	20.1	**17.4**	8.3	**9.0**	5.7	**7.8**	10.9	11.7
11.5	13.0	14.2	12.0	14.4	11.9	17.1	13.3	11.8	11.2	10.1	9.8	14.1	11.4 ▼
6.8	**8.6**	4.3	**3.4**	3.9	3.9	6.5	6.0	2.7	5.0 ▲	2.9	**2.8**	4.2	5.2 ▲
4.4	4.7	4.3	4.2	5.3	4.5	5.0	4.8	3.8	3.8	2.1	2.9	3.8	4.6 ▲
10.0	**12.6** ▲	6.2	**5.3**	6.0	**6.1**	13.2	**11.7**	4.7	**6.2**	3.8	**4.3**	7.1	7.8 ▲
8.5	9.1	7.2	6.4	9.3	7.8	11.0	9.0	6.7	6.1	4.7	5.0	8.2	7.3 ▼
9.3	**12.9** ▲	7.4	**11.0** ▲	7.9	**9.8**	12.0	**11.8**	6.9	7.8	5.6	**6.0**	8.3	7.9
2.0	3.3	2.6	**2.0**	2.4	1.8	2.9	2.7	2.0	2.2	2.0	1.9	1.9	2.5 ▲
6.2	**8.4** ▲	4.0	4.5	4.8	5.3	7.4	**7.2**	3.8	4.0	3.1	**3.2**	4.6	4.7

Source: Urban Institute

SNAPSHOTS
of America's Families II

This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at http://newfederalism.urban.org/nsaf/methodology.html.

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Acknowledgements

The authors wish to thank John Holahan and Stephen Zuckerman for their customary good advice on earlier drafts, and Emily Greenman and Angela Yip for excellent research assistance.

Endnotes

1 We include 18-year-olds as children in this Snapshot because they are eligible as children under both Medicaid and SCHIP.

2 The changes between 1997 and 1999 in Medicaid/SCHIP/State and ESI coverage for poor children were statistically significantly different from the changes for children in the other income groups.

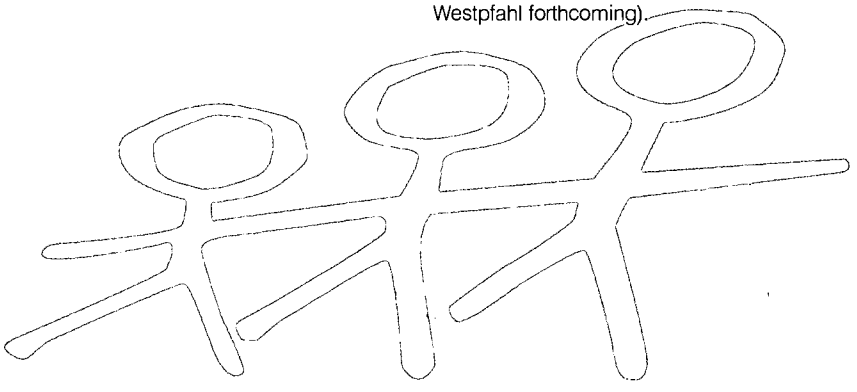
3 For ease of presentation, figures 2 and 3 combine the Employer-Sponsored and Other categories.

4 In only one state, Wisconsin, was there a significant change in the uninsurance rate for higher-income children.

5 These three states also experienced statistically significant declines in uninsurance rates for all children.

6 This was consistent with large reported increases between 1997 and 1999 in Medicaid enrollment for families, adults, and children in Massachusetts relative to other states for which comparable administrative data were available (Kaiser 2000).

7 The increases in Medicaid/SCHIP/State coverage in Alabama may be related to eligibility expansions under SCHIP, but they may also reflect rising enrollment in Medicaid among poor children (Smith 1999). Alabama's ALLKids program expanded coverage to 200 percent of poverty; prior to SCHIP, Medicaid covered younger children at federally mandated minimums and older children at just 15 percent of poverty. ALLKids's use of the state's Blue Cross/Blue Shield organization for service delivery seems to be very popular among both consumers and providers (Hill and Westpfahl forthcoming).



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SNAPSHOTS
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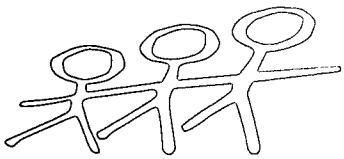

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Health Insurance, Access, and Health Status of Nonelderly Adults

Findings from the National Survey of America's Families

Welfare reform, the nation's economic expansion, changes in employers' offers of health insurance and workers' acceptance of such offers have all contributed to recent shifts in health insurance coverage among nonelderly adults. Whatever the reasons, changes in coverage can affect access to care and health status. At present, policies designed to expand coverage are likely to target specific groups of individuals instead of aiming for universal coverage. It is therefore important to understand both how insurance coverage has been changing and how these changes have affected different subgroups, especially the poor, minorities, and people in poor health, who are at greater risk of being without coverage (Holahan and Brennan 2000).

This Snapshot uses data from the National Survey of America's Families (NSAF) to describe changes and variations in the health insurance coverage of nonelderly adults (ages 19 to 64) between 1997 and 1999. The NSAF asked questions about insurance coverage at the time of the survey. Responses allowed researchers to classify people as having employer-sponsored insurance (ESI, which includes coverage through the military), Medicaid or state program coverage (called Medicaid/State), other coverage (including private nongroup plans and Medicare), or as being uninsured.

This Snapshot also provides data on changes in access and health status indicators from 1997 to 1999. Presenting these data in the same Snapshot with coverage data does not imply that changes in insurance coverage were responsible for changes in access or health status. The determinants of access and health status go beyond health insurance and include factors related to individuals, their families and communities, and the health care system. This topic will be the subject of more in-depth future research.

HIGHLIGHTS

- In 1999, 16 percent of all adults—26.5 million people—lacked health insurance at the time of the survey, a rate essentially unchanged from 1997.
- For low-income adults, rates of employer-sponsored coverage increased from 39 percent in 1997 to 42 percent in 1999.
- Low-income adults in Alabama, Colorado, and Massachusetts saw their uninsurance rates fall the most. In Massachusetts, this decline was driven by growth in Medicaid coverage, while in Alabama and Colorado there was greater growth in employer-sponsored and other coverage.
- Nationally, there were no dramatic changes in access to care or health status for adults overall or for higher-income adults. Low-income adults did, however, experience some gains in access-to-care measures, both nationally and within individual states.

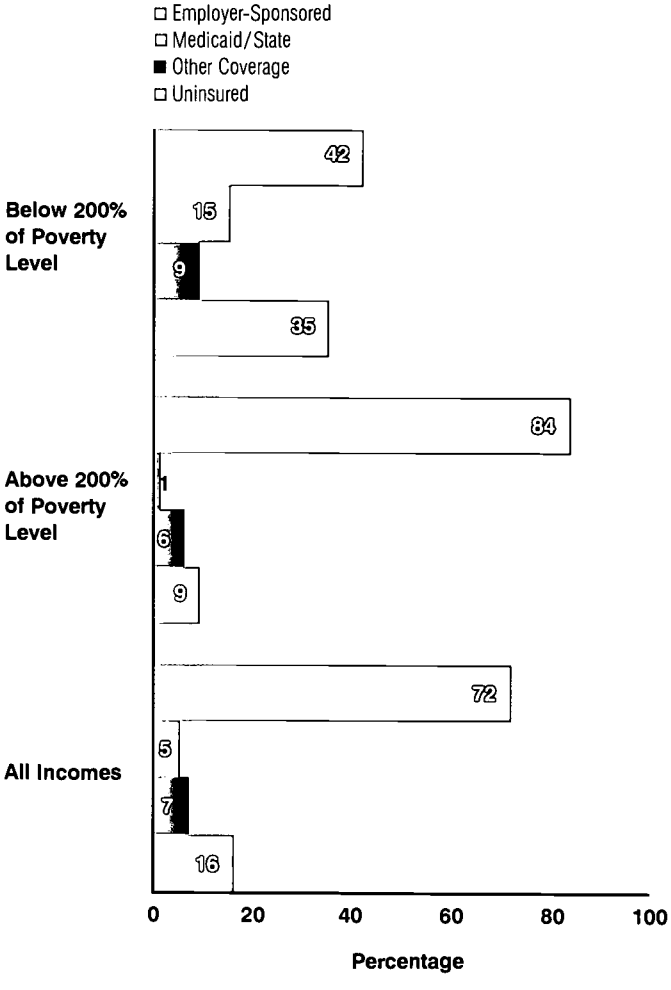
Major Findings

Between 1997 and 1999, nonelderly adults' uninsurance rate remained about the same. Nationally, 16 percent of adults (26.5 million) lacked health insurance in 1999 (figure 1), a slight but statistically insignificant decline from 1997. For low-income adults (those with incomes below 200 percent of poverty), ESI increased between 1997 and 1999, reducing their uninsurance rate from 37 percent to 35 percent (table 1). This 2 percentage point drop, though meaningful, was not quite statistically significant. By contrast, higher-income adults' uninsurance rate (9 percent) and the share with ESI remained steady in both years. Of the states highlighted by the NSAF, uninsurance rates for low-income adults fell only in Alabama, Colorado, and Massachusetts. Low-income adults enjoyed greater health care access in 1999 than in 1997, but were still less well-off than their higher-income counterparts.

Changes in Health Insurance Coverage by Income Group

Between 1997 and 1999, nonelderly adults experienced a small but statistically significant increase in ESI—from 71 percent to 72 percent (table 1). ESI remained the most important source of insurance for both low-income and higher-income adults. Low-income adults were also significantly more likely to have ESI in 1999 (42 percent) than in 1997 (39 percent). Despite these gains, low-income adults were still much less likely to have ESI than higher-income adults; in 1999, 84 percent of higher-income adults had ESI. The only significant change for higher-income adults was a small increase in Medicaid/State coverage.

Figure 1: Health Insurance Coverage of Nonelderly Adults, by Income, 1999



Source: Urban Institute

The increase in ESI among all adults was due in part to the gain among low-income adults. But much more important was income growth during this period. The nation's economic expansion has increased employment among adults, and many moved up the income distribution. The number of higher-income adults increased by about 5 million while the number of low-income adults declined by about 2 million. Because of the large differences in ESI rates across income groups, changes in income affect the distribution of insurance coverage. In fact, almost all of the estimated increase in the overall ESI rate would have occurred even if each income group's ESI rate had not changed between 1997 and 1999 and only the income distribution had shifted (Holahan and Kim 2000).

Insurance Coverage among Subgroups of Low-Income Adults

Despite the economic expansion, there were still many low-income adults in 1999. Although low-income adults were not significantly better off in terms of their overall health insurance coverage in 1999 than in 1997, certain groups experienced significant changes in coverage and, in some instances, reductions in uninsurance rates. Table 2 presents data on changes in insurance coverage for selected subgroups of low-income adults.

Poor and Near Poor. For poor adults (those below 100 percent of poverty), the rate of ESI increased from 23 to 27 percent between 1997 and 1999. However, some of these gains were offset by a reduction in Medicaid/State coverage among poor adults (although not statistically significant) and, as a result, the drop in the uninsurance rate for poor adults

was not significant. In 1999, poor adults were still much less likely to have ESI than were near-poor adults (those between 100 and 200 percent of poverty); 52 percent of near-poor adults had ESI in 1999. There was no change in the uninsurance rate for the near poor.

TABLE 1 **Health Insurance Coverage of Nonelderly Adults, by Income, 1997–1999**

	Employer-Sponsored (%)		Medicaid/State (%)		Other Coverage (%)		Uninsured (%)		Number of Adults in Income Group (millions)	
	97	99	97	99	97	99	97	99	97	99
Below 200% of poverty level	38.5	41.7 ▲	15.3	14.7	9.7	8.8	36.5	34.9	46	44
Above 200% of poverty level	84.5	83.7	0.9	1.1 ▲	5.7	5.8	8.9	9.4	113	118
All incomes	71.1	72.3 ▲	5.1	4.8	6.9	6.6	16.9	16.3	159	162

Note: The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level. *Source:* Urban Institute

Race and Ethnicity.[1] Low-income adults' gain in ESI between 1997 and 1999 seems concentrated among whites. Almost half (48 percent) of all low-income adults in this group had ESI in 1999, up from 43 percent in 1997. These gains alone reduced the white uninsurance rate from 31 to 29 percent. Whites started out with a higher rate of ESI coverage in 1997 than either blacks or Hispanics, and the gap relative to Hispanics expanded by 1999. That year, blacks' ESI rate was 36 percent, while Hispanics' rate was 30 percent. There were no significant changes in Medicaid/State or other coverage for any of the racial or ethnic groups.

Age. The increase in ESI experienced by low-income adults between 1997 and 1999 accrued to younger adults (ages 19 to 34) but not to older adults (ages 35 to 64). Younger low-income adults' ESI gains were large enough to reduce their uninsurance rate, which declined from 42 percent in 1997 to 39 percent in 1999.

Health Status. ESI increased for those low-income adults in fair or poor health as well as those in better health. For the first group, the ESI rate increased from 23 to 28 percent between 1997 and 1999, lowering their uninsurance rate from 41 to 35 percent. The gains in ESI among healthier low-income adults were offset by small reductions in Medicaid/State and other coverage and, as a result, did not reduce their uninsurance rate.

TABLE 2 **Health Insurance Coverage of Nonelderly Low-Income Adults (%), by Selected Characteristics, 1997–1999**

	Employer-Sponsored		Medicaid/State		Other Coverage		Uninsured	
	97	99	97	99	97	99	97	99
All Adults Below 200% of Poverty Level	38.5	41.7 ▲	15.3	14.7	9.7	8.8	36.5	34.9
Income Subgroups								
Below 100% of poverty level	22.8	26.8 ▲	26.3	24.4	9.8	9.8	41.1	39.0
Between 100–200% of poverty level	50.2	51.9	7.1	8.0	9.7	8.1 ▼	33.0	32.0
Race/Ethnicity								
White Non-Hispanic	43.3	48.2 ▲	13.3	12.4	12.1	10.7	31.3	28.7 ▼
Black Non-Hispanic	34.8	36.0	24.5	24.1	7.5	6.8	33.3	33.2
Hispanic	29.9	29.5	13.7	13.2	4.1	3.2	52.3	54.1
Age								
19–34 Years	36.2	40.2 ▲	15.5	14.7	6.9	6.5	41.5	38.6 ▼
35–54 Years	40.7	42.3	15.0	14.7	9.4	8.9	34.9	34.2
55–64 Years	40.4	45.4	15.5	14.4	20.7	16.1 ▼	23.4	24.2
Health Status								
Fair/Poor	22.5	28.1 ▲	25.6	25.8	11.5	10.8	40.5	35.3 ▼
Excellent/Very Good/Good	43.5	46.0 ▲	12.1	11.2	9.2	8.1 ▼	35.2	34.7
Parental Status								
Parent	41.2	43.2	19.2	15.8 ▼	4.8	5.0	34.9	36.1
Childless Adult	36.2	40.4 ▲	11.8	13.6	14.2	12.2 ▼	37.8	33.8 ▼

Note: The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level. *Source:* Urban Institute

The expansion in ESI among low-income adults in fair or poor health helped individuals for whom non-group coverage might be expensive or unavailable. Despite these gains in ESI, however, low-income adults in fair or poor health remained much more dependent than healthier low-income adults on coverage through Medicaid or a state program.

Parents and Childless Adults.[2] The patterns of change in insurance coverage are quite different for low-income parents and other low-income adults. For low-income parents, the reductions in coverage through Medicaid or other state insurance programs were statistically significant, but gains in ESI were not. This was the only low-income subgroup whose rates of coverage from these public programs declined, falling from 19 to 16 percent. Data not shown indicate that most of this loss in Medicaid/State coverage was concentrated among parents with incomes below the poverty level. Despite this loss in Medicaid/State coverage, which is consistent with other studies that have shown that adults leaving welfare have lost Medicaid coverage (Garrett and Holahan 2000, Families USA 2000), the uninsurance rate for low-income parents (36 percent) was not above the 1997 rate.

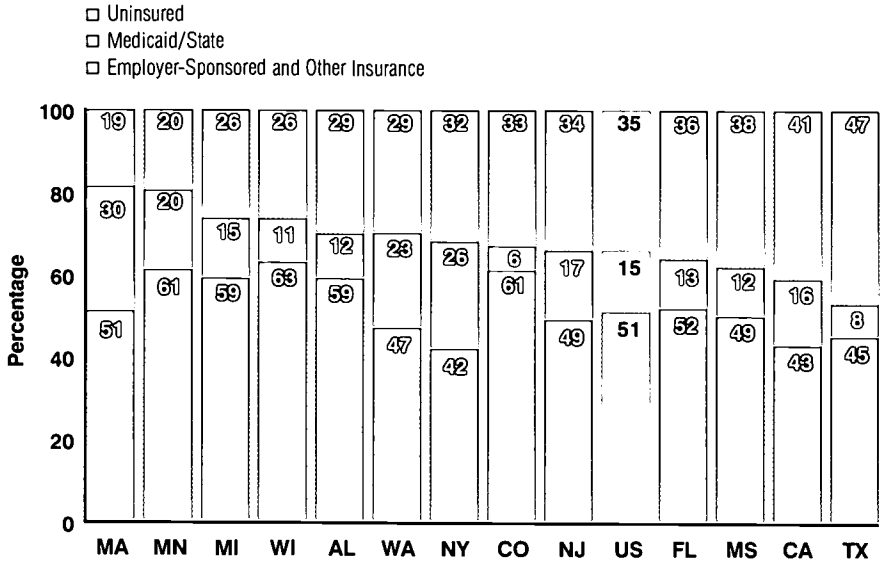
For childless low-income adults, ESI increased from 36 to 40 percent between 1997 and 1999. As a result, uninsurance rates for childless low-income adults fell from 38 to 34 percent. Thus, childless low-income adults were slightly less likely than low-income parents to have insurance in 1997 but slightly more likely to have it in 1999.

State Variation in Insurance Coverage

Although changes in patterns of insurance coverage between 1997 and 1999 varied across the 13 states highlighted in the NSAF, states' relative positions did not change dramatically (table 3 on page 6). For all adults, the states that had high rates of ESI and low rates of uninsurance remained the same. While most states made gains in ESI, none of the states with low rates of ESI in 1997 improved enough to move their adult uninsurance rate to significantly below the national average in 1999.

Figure 2 shows the distribution of insurance coverage for low-income adults in 1999 in each of the 13 states. (For ease of presentation, ESI and other coverage have been combined in figures 2 and 3.) Uninsurance rates varied from 19 percent in Massachusetts and 20 percent in Minnesota to 47 percent in Texas. Rates of ESI and other coverage varied from 63 percent in Wisconsin and 61 percent in Colorado and Minnesota to 42 percent in New York and 43 percent in California. Although the inverse relationship between rates of ESI/Other coverage and rates of uninsurance holds (Zuckerman et al. 1999; Spillman 2000), data for Massachusetts, New York, and Washington show that broad public coverage can compensate for moderate or below-average ESI rates, reducing uninsurance rates.

Figure 2: Health Insurance Coverage of Low-Income Nonelderly Adults, by State, 1999



Source: Urban Institute

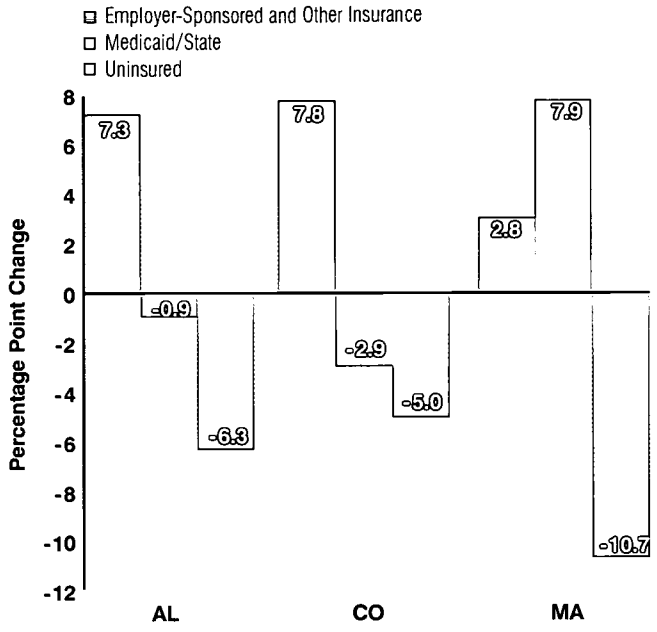
Several states had statistically significant changes in insurance coverage among low-income adults. Alabama, Colorado, Massachusetts, and Minnesota had declines in the uninsurance rates for all adults (table 3 on page 6); Alabama, Colorado, and Massachusetts had declines for low-income adults (figure 3). The uninsurance rate for low-income adults in Alabama fell from 35 percent in 1997 to 29 percent in 1999; in Colorado, it went from 38 to 33 percent. In both states, these improvements in coverage appear to be caused by gains in ESI

and gains in other coverage, but the increases in these types of coverage were not significant on their own.

Massachusetts's low-income adult uninsurance rate was 30 percent in 1997—below the national average—and declined to 19 percent in 1999. This reduction may be largely due to a dramatic expansion in Medicaid coverage of low-income adults. In 1997, Massachusetts had one of the country's most generous Medicaid programs, covering 22 percent of low-income adults (compared with the national average of 15 percent). By 1999, the state had implemented its Medicaid waiver program, MassHealth, and Medicaid covered 30 percent of Massachusetts's low-income adults. The MassHealth program allowed an expansion of Medicaid enrollment for both parents and non-parents and permitted the use of Medicaid funds to subsidize the purchase of ESI for some low-income adults.

Several other states had changes in ESI, other coverage, or Medicaid/State coverage, but in no other state did the rate of uninsurance fall. The Texas increase in ESI (4.9 percentage points) was partially offset by a decline (2.7 percentage points) in Medicaid/State coverage. Michigan's ESI and other coverage increased by 5.7 percentage points, but Medicaid/State coverage declined. Mississippi had a 4.3 percentage point reduction in Medicaid/State coverage, but its ESI increase was not significant. Finally, Washington's Medicaid/State coverage expanded—but not by enough to lower uninsurance rates in the face of a decline in other coverage.

Figure 3: States with Falling Uninsurance Rates among Low-Income Nonelderly Adults, 1997–1999



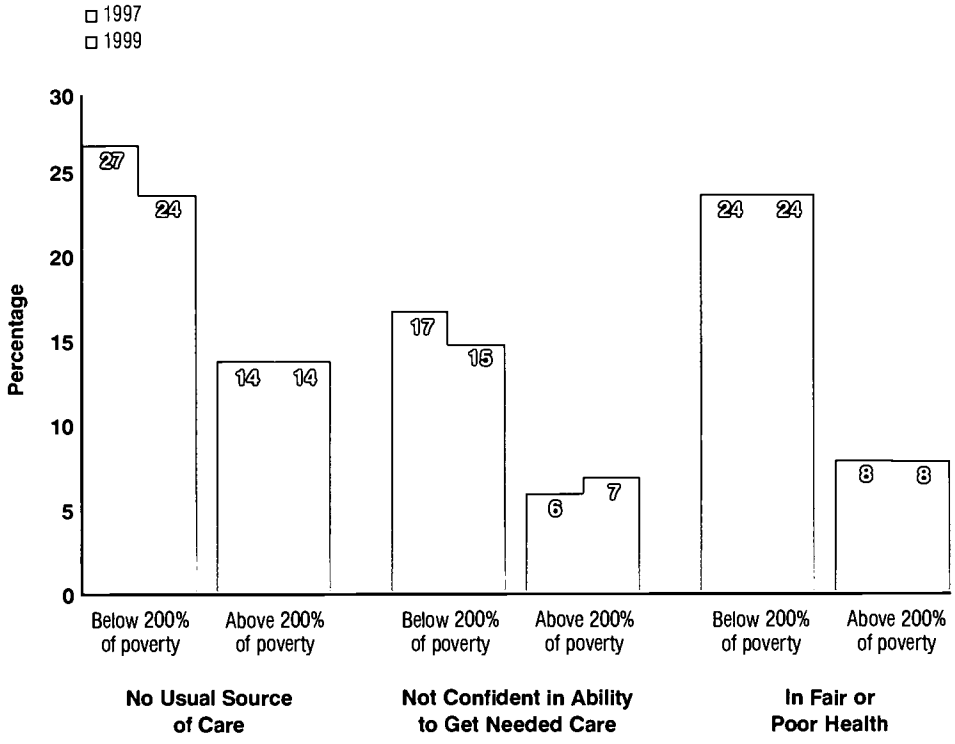
Source: Urban Institute

Access and Health Status

Figure 4 presents 1997 and 1999 data on the percentage of nonelderly adults without a usual source of health care (including those whose usual source was a hospital emergency room), the percentage of adults in families who were not confident that they could get medical care when they needed it, and the percentage in fair or poor health. As the data in table 3 (on page 6) for the nation and for each of the 13 NSAF states show, low-income adults were worse off in 1999 than higher-income adults for each of these access and health status indicators, as was the case in 1997.

Nationally, there were no dramatic changes in access to care or health status for adults overall or for higher-income adults. Low-income adults did, however, make some gains in access to care measures, both nationally and within individual states. In 1999, low-income adults were more likely to have a usual source of care and to be in a family that was confident of their ability to get needed care than they were in 1997. California, Massachusetts, and New York showed statistically significant improvement in at least one of these access indicators.

Figure 4: Nonelderly Adults' Access to Care and Health Status, 1997–1999



Source: Urban Institute

Discussion

Changes in insurance coverage, even in just two years, are the result of several forces that can affect adults in different ways. Reduced insurance coverage (which may have resulted from welfare reform) and the decline in Medicaid enrollment seem to be concentrated among poor parents, as would be expected since they have historically received assistance.

The economic expansion also seems to have expanded ESI coverage. In the last two years, many adults moved into higher-paying jobs that offered insurance coverage. In addition, coverage has expanded even among those adults who remain in jobs with low wages. For this group of adults, it appears that the gains in ESI were more prominent among those living in poverty, childless adults, adults in fair or poor health, and whites. The gains could reflect increases in employment among these groups, increases in employer offers, higher rates of take-up by employees, or some combination of these factors.

It is important not to lose sight of the large differences in insurance coverage that remain among income groups. Adults living below poverty are still only half as likely to have ESI as adults with incomes between 100 and 200 percent of poverty and, despite much higher rates of Medicaid/State coverage, are still more likely to lack health insurance. Although there are uninsured adults at all income levels, low-income adults

TABLE 3 Indicators of Health Insurance, Access, and Health Status of Nonelderly Adults, by State

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Health Insurance Coverage of Nonelderly Adults (%), by Income and Type of Insurance, 1997–1999														
Below 200% of poverty level														
Employer-sponsored	41.4	45.9	30.3	**35.1**	41.6	**46.4**	37.3	41.6	36.7	40.1	45.6	**51.2** △	45.1	**47.1**
Medicaid/State	13.0	12.1	18.0	16.3	9.3	**6.4** ▽	10.9	12.6	21.7	**29.6** △	18.5	15.3	22.5	**19.9**
Other coverage	10.2	**13.0**	8.2	7.5	11.5	**14.5**	13.3	10.1	11.5	11.0	7.4	7.5	11.7	**13.4**
Uninsured	35.4	**29.1** ▽	43.6	**41.1**	37.6	32.6 ▽	38.5	35.8	30.1	**19.4** ▽	28.6	**26.0**	20.7	**19.7**
Above 200% of poverty level														
Employer-sponsored	87.4	**87.6**	80.7	**79.0**	81.4	**81.0**	79.6	**77.7**	86.7	**87.5**	89.9	**88.1**	87.4	**87.5**
Medicaid/State	0.5	0.7	1.4	**2.3** △	1.0	0.7	0.9	0.8	0.5	**2.0** △	1.0	0.9	1.7	**1.7**
Other coverage	4.2	4.2	8.3	6.6	9.1	**9.2**	7.8	**9.5**	6.1	4.6	3.3	**4.4**	5.3	6.1
Uninsured	7.9	**7.5**	9.6	**12.1**	8.6	9.2	11.7	**12.0**	6.7	**5.9**	5.8	**6.6**	5.6	**4.8**
All incomes														
Employer-sponsored	71.3	74.2	63.0	**65.3**	71.1	73.7	65.2	**67.4**	76.8	**79.1** △	79.4	**79.5**	78.5	**80.1**
Medicaid/State	4.9	4.4	7.2	**6.7**	3.1	**1.9** ▽	4.3	4.2	4.7	**6.9** △	5.1	4.3	6.1	5.0 ▽
Other coverage	6.3	7.0	8.3	6.9	9.7	**10.3**	9.7	**9.7**	7.2	5.7	4.3	**5.1**	6.6	7.4
Uninsured	17.5	**14.4** ▽	21.5	**21.2**	16.1	**14.1** ▽	20.8	**18.8**	11.3	**8.3** ▽	11.2	**11.1**	8.8	**7.5** ▽
Nonelderly Adults' Access to Health Care (%), by Income, 1997–1999														
Below 200% of poverty level														
No usual source of care	26.3	25.6	34.8	**29.7** ▽	26.3	23.2	28.6	26.9	23.6	**17.7** ▽	21.0	**18.2**	17.3	**14.4**
Not confident in ability to get needed care	14.4	12.7	23.3	17.1	16.4	15.6	17.0	18.9	11.7	12.3	11.7	13.5	10.0	8.6
Above 200% of poverty level														
No usual source of care	13.8	14.1	15.5	14.5	12.7	13.8	18.0	**18.5**	11.1	12.5	12.1	13.1	8.2	**7.5**
Not confident in ability to get needed care	5.6	5.0	7.8	7.3	7.2	6.0	8.7	9.6	5.5	5.7	4.3	5.0	3.8	4.0
All incomes														
No usual source of care	18.2	17.8	22.3	**19.2** ▽	16.2	15.8	21.6	**20.9**	13.5	**13.4**	14.2	**14.3**	10.1	**8.7**
Not confident in ability to get needed care	8.7	7.5	13.2	10.4	9.5	8.0	11.5	12.3	6.7	6.9	6.1	7.0	5.1	4.9
Nonelderly Adults (%) in Fair or Poor Health, by Income, 1997–1999														
Below 200% of poverty level	30.0	**28.0**	27.6	26.7	18.5	**16.1**	23.1	**26.7** △	21.6	21.4	21.8	23.4	15.4	**12.9**
Above 200% of poverty level	9.5	**10.2**	8.4	**10.2**	6.1	7.5 △	6.8	9.1	5.1	**6.0**	6.7	7.1	5.9	**5.4**
All incomes	16.7	**15.9**	15.1	**15.3**	9.2	**9.3**	12.4	**14.2**	8.3	**8.7**	10.2	**10.9**	7.9	**6.8**

Note: Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level.
The symbols "△" and "▽" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

are most likely to lack coverage. Low-income adults comprised 27 percent of the adult population in 1999, but they accounted for 58 percent of the country's adult uninsured.

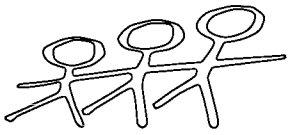
These data highlight the importance of recent policy proposals to extend coverage to the parents of children already eligible for Medicaid or the State Children's Health Insurance Program. Historically, among low-income adults, parents have been more likely than childless adults to be covered under a public program (Holahan and Brennan 2000). Under welfare reform, public coverage of parents appears to have eroded. In this light, proposals to cover parents of eligible children under Medicaid would simply restore coverage parents have lost. However, it is important to recognize that childless low-income adults are just as likely to be uninsured as low-income parents.

Taken together, the changes in insurance coverage and access suggest that circumstances for the health care of low-income adults as a group are improving. However, these improvements are not uniform across all subgroups or states, and the current economic expansion has been responsible for much of this good news.

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
38.0	40.0	41.3	40.1	32.5	**35.6**	34.3	39.2 ▲	39.7	38.7	52.1	**53.2**	38.5	41.7 ▲
16.7	**12.4** ▽	15.7	16.8	23.7	**26.1**	11.1	**8.4** ▽	19.4	**23.3** ▲	10.6	**10.5**	15.3	14.7
9.5	9.4	8.2	9.0	9.5	**6.2** ▽	5.2	**5.8**	11.4	8.7	9.9	10.2	9.7	8.8
35.9	**38.2**	34.8	34.1	34.3	32.1	49.4	**46.6**	29.6	**29.3**	27.5	**26.1**	36.5	34.9
83.5	81.3	86.5	**86.4**	84.9	84.6	79.7	**80.8**	82.0	82.0	88.2	**89.1**	84.5	83.7
1.2	1.4	0.8	0.9	1.5	1.5	0.4	**0.6**	1.5	**2.1**	0.6	**0.5**	0.9	1.1 ▲
6.8	**8.2**	4.8	**3.2** ▽	5.2	4.8	5.6	5.0	8.4	**7.5**	6.4	5.0	5.7	5.8
8.6	9.2	7.9	9.5	8.4	9.1	14.3	**13.6**	8.1	8.4	4.8	**5.4**	8.9	9.4
65.1	**65.9**	77.8	**78.1**	69.6	70.9	63.8	**65.1**	70.5	72.6	80.1	**81.7**	71.1	72.3 ▲
7.5	5.5 ▽	3.7	**3.8**	8.0	**8.4**	4.2	**3.6**	6.4	**6.7**	2.9	**2.6**	5.1	4.8
7.9	**8.6**	5.4	**4.3** ▽	6.4	**5.2**	5.4	**5.3**	9.2	**7.8** ▽	7.2	6.1	6.9	6.6
19.6	**20.0**	13.1	**13.9**	16.0	15.5	26.6	**26.0**	13.9	**12.9**	9.9	**9.7**	16.9	16.3
22.8	23.4	28.0	26.4	24.9	**20.6** ▽	34.5	**33.2**	20.5	24.0	18.9	**19.4**	26.9	24.4
15.2	16.0	17.3	18.6	19.3	17.9	19.4	17.0	14.7	14.6	12.0	11.3	17.2	14.5
14.5	16.2	14.2	13.1	13.9	**12.1**	16.4	15.0	10.9	**11.5**	8.0	**9.0**	13.9	14.0
7.6	5.9	7.2	7.9	6.7	8.5	8.0	6.6	5.5	6.4	3.8	4.7	5.9	6.5
17.9	**18.9**	16.9	15.5	17.1	**14.5** ▽	22.7	**21.8**	13.5	**14.2**	10.5	**11.1**	17.7	16.8
10.7	9.7	9.1	9.9	10.4	11.1	12.0	10.5	8.0	8.2	5.6	6.0	9.2	8.7
30.7	**28.8**	24.5	27.1	23.4	**27.4**	27.8	**27.1**	18.3	**20.4**	18.4	**15.9**	23.6	23.8
9.8	9.5	6.9	7.2	8.9	7.5	8.7	9.2	7.4	**6.2**	7.3	7.2	7.8	8.0
18.2	**16.7**	10.3	**10.8**	13.2	13.0	15.4	**15.9**	10.3	**9.3**	9.8	**8.9**	12.4	12.3

Source: Urban Institute

SNAPSHOTS
of America's Families II



This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at http://newfederalism.urban.org/nsaf/methodology.html.

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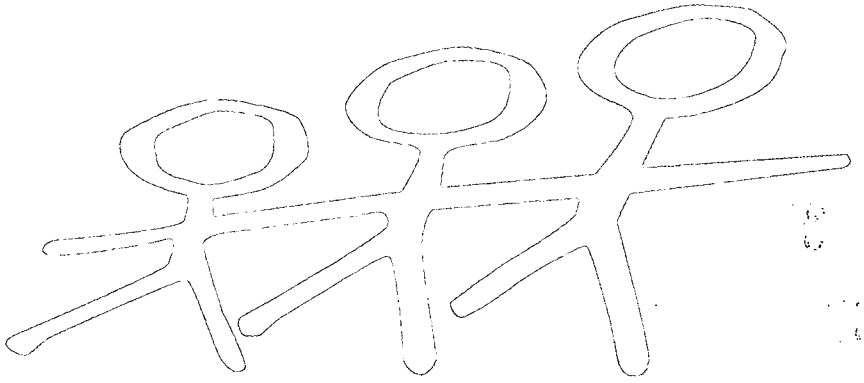
Acknowledgements

The authors wish to thank Genevieve Kenney and Lisa Dubay for their advice on earlier drafts, and Emily Greenman and Angela Yip for excellent research assistance.

Endnotes

1 Data are grouped into three racial and ethnic categories: white non-Hispanics, black non-Hispanics, and Hispanics of all races (referred to as white, black, and Hispanic, respectively). Data for Asian and Native American populations are not shown separately due to their small sample sizes.

2 Parents are defined as adults who are the biological, step-, or adoptive parents of a child or children 17 or under who live in the household. All other adults are classified as childless adults.



SNAPSHOTS
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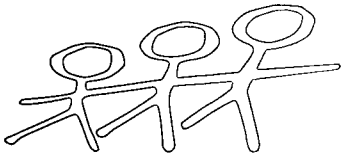

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Children's Behavior and Well-Being

Findings from the National Survey of America's Families

Many of the adults affected by social policies implemented under devolution have children, so these policy changes may also affect children's lives. Clearly, the behaviors, resources, and well-being of adult family members help shape each child's environment. In turn, the family environment may ultimately affect performance in school, social and emotional adjustment, health, and other dimensions of child well-being (Child Trends 1999). Between 1997 and 1999, none of the indicators of well-being examined here changed for children in the United States as a whole, but interesting patterns emerged among children in different income groups. The changes tended to be positive for low-income children and negative for higher-income children, but a large gap between the well-being of low- and higher-income children persisted at the national level, with low-income children faring significantly worse on all measures.

This Snapshot presents findings on several parent-reported measures of child well-being from the 1999 National Survey of America's Families (NSAF) and compares these findings with data reported from the 1997 NSAF. These data are available for representative samples of the United States as well as for 13 states. Findings are discussed separately for adolescents and for younger children. In addition, this Snapshot compares the status of low-income children—those living in families with incomes below 200 percent of poverty in 1998—with that of higher-income children, whose family incomes exceeded 200 percent of poverty.

Ideally, child well-being should be measured using a broad array of indicators (Moore 1997). Although it was not possible to conduct individual assessments or personal interviews with children themselves, the NSAF incorporated a limited but carefully selected set of measures to provide a picture of child well-being during this period of policy devolution. Based on questions that parents answered about their children, the following measures were constructed:

- Engagement in school[1] (ages 6 to 17)
- Participation in at least one extracurricular activity in the past year[2] (ages 6 to 17)
- Levels of behavioral and emotional problems[3] (ages 6 to 17)
- Skipping school once or more in the past year (ages 12 to 17 only)
- Expulsion or suspension from school in the past year (ages 12 to 17 only)
- Fair or poor child health[4] (ages 0 to 17)

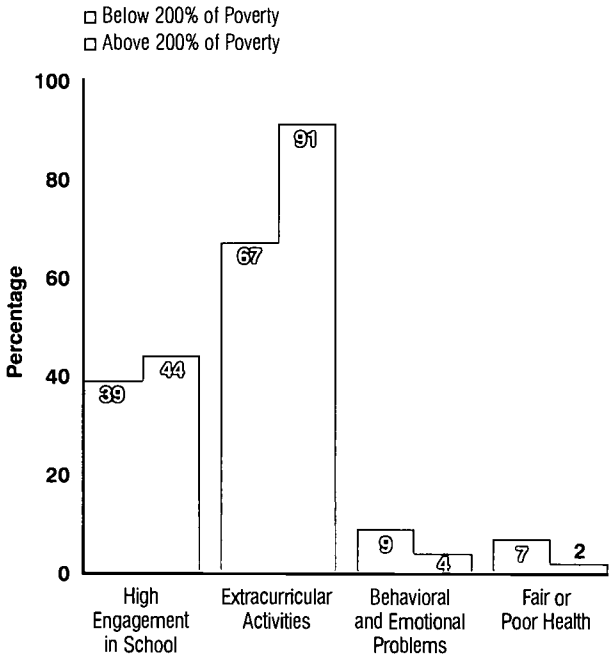
HIGHLIGHTS

- ☐ At the national level only small changes were found in measures of children's well-being between 1997 and 1999. Where there were changes, they tended to be negative for children in higher-income families and positive for children in lower-income families.
- ☐ School engagement declined among higher-income children, but increased among lower-income children.
- ☐ A significant gap in well-being persists between children of different income levels, with low-income children experiencing disadvantages on all child outcome measures in 1999.

These measures tap crucial aspects of child well-being.[5] For example, high engagement in school is associated with better school performance and postponed pregnancy (Connell, Spencer, and Aber 1994; Manlove 1998). Participation in extracurricular activities has been linked to improved academic performance, reduced rates of early dropout and criminal arrest, and lower risk of school-age motherhood (Eccles and Barber 1999; Mahoney 2000; Moore et al. 1998). Behavioral and emotional problems have been associated with lower literacy scores, persistent behavior problems, and maladjustment in later development (Ferdinand et al. 1999; Baydar, Brooks-Gunn, and Furstenburg 1993).

Different measures of well-being are appropriate for children of different ages. Accordingly, children ages 6 to 11 and adolescents ages 12 to 17 are discussed separately below.

Figure 1: Children Ages 6 to 11 Experiencing Various Child Outcomes, by Family Income, 1999



Source: Child Trends and Urban Institute

Children Ages 6 to 11

School Engagement. According to NSAF data, 42 percent of 6- to 11-year-olds in the United States were highly engaged in school in 1999. School engagement differed by income: 39 percent of low-income children were highly engaged in school in 1999, compared with 44 percent of their higher-income peers (figure 1). This gap persisted from 1997 to 1999 despite a 4 percentage point drop among higher-income children during the two-year period (figure 2).

Extracurricular Activities. Eighty-one percent of all 6- to 11-year-olds surveyed in 1999 had engaged in one or more extracurricular activities in the past year. Activity involvement, like school engagement, differed by income: 91 percent of higher-income children—and only 67 percent of low-income children—had participated in at least one activity (figure 1). This gap widened significantly between 1997 and 1999, as low-income children's activity participation dropped by 4 percentage points (figure 2). While this decline may reflect behavioral changes, it may also reflect reduced access to sports, music, and arts programs for low-income children.

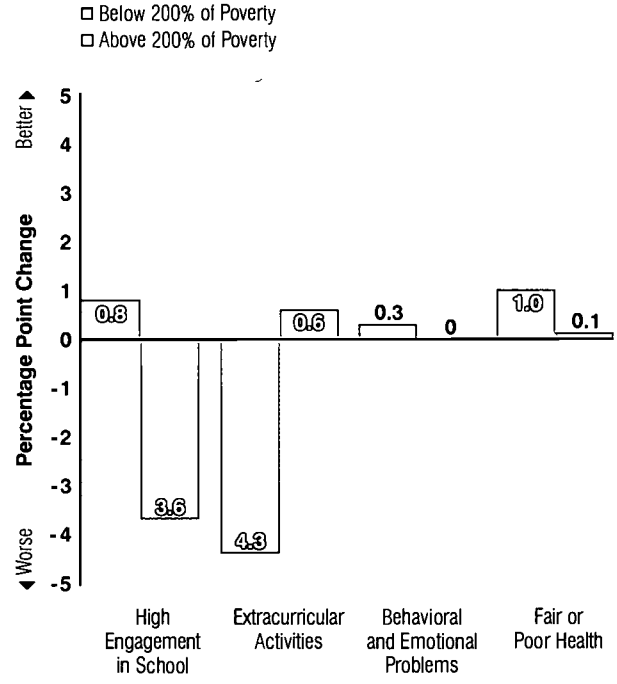
Behavioral and Emotional Problems. In 1999, only 6 percent of 6- to 11-year-olds exhibited high levels of behavioral and emotional problems, the same proportion as in 1997. These problems were more common to low-income children (9 percent) than to higher-income children (4 percent), as shown in figure 1, and the percentages for each group were similar in 1997 and 1999 (figure 2).

Fair or Poor Health. Most 6- to 11-year-olds were relatively healthy in 1999; just 4 percent were described as being in fair or poor health. Low-income children, however, were more than three times as likely to be in fair or poor health than were higher-income children of the same age (7 and 2 percent, respectively; figure 1). A similar income differential exists for children under age 6 (6 and 2 percent for low-income and higher-income children, respectively). The reported prevalence of fair or poor health was similar for both income groups between 1997 and 1999 and for both age groups.

Well-Being of 6- to 11-Year-Old Children in 13 States in 1999. The well-being of 6- to 11-year-olds varied across the 13 NSAF states. In general, state levels differed from the national average by fewer than 5 percentage points on any given measure (table 1 on page 4). Among all 6- to 11-year-olds, the measure that varied most across states was participation in extracurricular activities, which ranged from 74 percent in Texas to 91 percent in Minnesota, with a national average of 81 percent.

Among children of all income levels combined, two states performed as well as or better than the national average on all indicators. Besides surpassing the national average on extracurricular activities, Minnesota outperformed the national average on measures of health and behavioral and emotional problems. New Jersey did better than the national average on three measures: engagement in school, extracurricular activities, and behavioral and emotional problems. In contrast, Mississippi fared worse than the national average on measures of extracurricular activities and health and did not surpass the national average on any measure.

Figure 2: Improvements and Deteriorations in Behavior and Well-Being among Children Ages 6 to 11, by Family Income, 1997–1999



Source: Child Trends and Urban Institute

Adolescents Ages 12 to 17

School Engagement. Thirty-eight percent of all 12- to 17-year-olds were highly engaged in school in 1999. There was a gap between low- and higher-income adolescents: 34 percent of low-income adolescents and 41 percent of their higher-income peers were highly engaged in school (figure 3 on page 4). Yet, this gap narrowed between 1997 and 1999, as school engagement improved by 4 percentage points among low-income adolescents and deteriorated by 3 percentage points among higher-income adolescents (figure 4 on page 5). This decline occurred primarily among adolescents with family incomes over 300 percent of the federal poverty level in 1998 (not shown).

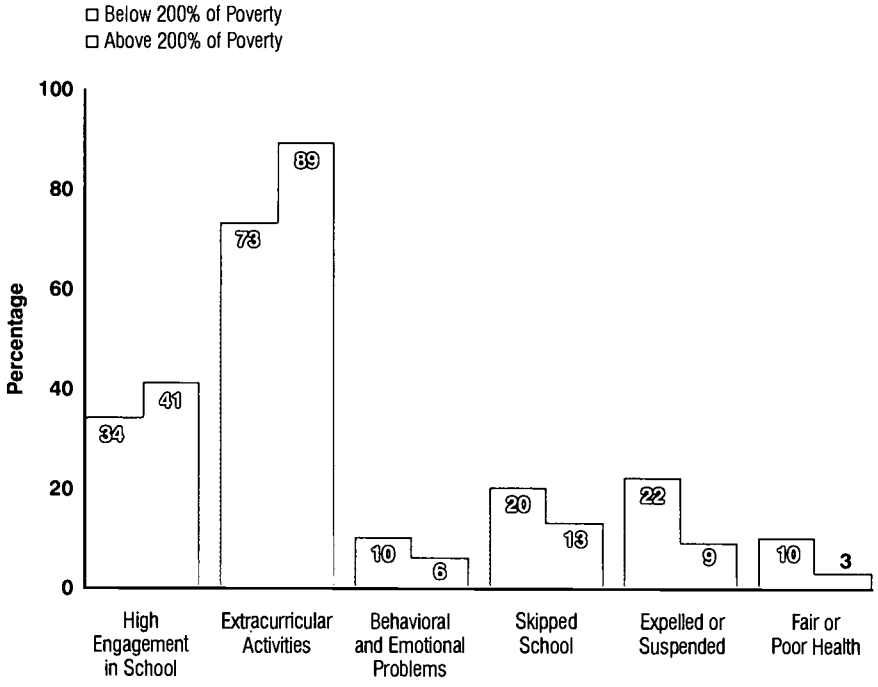
Extracurricular Activities. In 1999, 83 percent of all 12- to 17-year-olds had participated in at least one extracurricular activity during the past year. Nationwide, there was no change in activity participation between 1997 and 1999 for either income group or for 12- to 17-year-olds overall. In 1999, as in 1997, low-income adolescents were less likely to engage in extracurricular activities (73 percent) than higher-income adolescents (89 percent), as shown in figure 3 on page 4.

Behavioral and Emotional Problems. Only 7 percent of 12- to 17-year-olds exhibited high levels of behavioral and emotional problems in 1999. Low-income adolescents, however, were more likely to have such problems than their higher-income peers (10 versus 6 percent; figure 3 on page 4). This gap narrowed significantly between 1997 and 1999, as the prevalence of such problems among low-income adolescents declined by 5 percentage points (figure 4 on page 5).

Skipping School and Expulsions or Suspensions. In 1999, 15 percent of all adolescents had skipped school one or more times in the past year and 14 percent had been expelled or suspended, proportions that had not changed from 1997. There was a large gap between low-income and higher-income adolescents; 20 percent of low-income and 13 percent of higher-income adolescents had skipped school (figure 3 on page 4). Low-income adolescents were also two-and-a-half times as likely as higher-income adolescents to have been expelled or suspended from school in the previous year (22 and 9 percent, respectively; figure 4 on page 5). Nationwide, these indicators remained the same in 1997 and 1999 for both income groups of 12- to 17-year-olds.

Fair or Poor Health. Finally, as with younger children, 12- to 17-year-olds were generally healthy in 1999, as reported by their parents. But low-income adolescents were more than three times as likely as higher-income adolescents to be in fair or poor health (10 and 3 percent, respectively; figure 3). This gap persisted between 1997 and 1999, although the relatively small proportion of higher-income adolescents in fair or poor health doubled during this time.

Figure 3: Children Ages 12 to 17 Experiencing Various Child Outcomes, by Family Income, 1999



Source: Child Trends and Urban Institute

Adolescent Well-Being in 13 States in 1999. Most of the 13 NSAF states diverged from the national average on one or more indicators of well-being among 12- to 17-year-olds. With a few exceptions, state levels differed from the national average by less than 5 percentage points for any given outcome among adolescents of all incomes (table 1). The widest state variation was in the percentage of adolescents who skipped school—ranging from 9 percent in Alabama to 25 percent in Colorado, with a national average of 15 percent.

Among adolescents of all income levels combined, two states performed as well as or better than the national average on all indicators: Adolescents in Alabama did better than the national average on parent-reported measures of health and skipping school, while Michigan adolescents outperformed the national average on measures of extracurricular activities and health. In contrast, skipping school was more common among adolescents in California than in the nation as a whole, while New York adolescents fared worse than the national average on health. Neither state outperformed the national average on any measure.

TABLE 1 Indicators of Children's Behavior and Well-Being, by State

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Children (%) Ages 6 to 17 Highly Engaged in School, by Family Income and Age, 1997–1999														
Below 200% of poverty level														
Age 6–11	28.4	34.3	30.7	35.8	37.9	33.5	33.1	34.7	29.4	35.7	38.3	36.9	38.4	**46.**
Age 12–17	26.8	34.2 △	31.7	37.3	27.9	28.3	30.2	32.9	33.6	**25.8**	28.8	28.2	32.0	34.
Age 6–17	27.7	34.3 △	31.1	36.5	33.5	**31.3**	31.7	33.9	31.4	**31.2**	33.9	33.2	35.5	40.
Above 200% of poverty level														
Age 6–11	44.5	**51.4**	43.8	39.2	39.7	41.5	45.9	**49.6**	41.3	**48.9** △	42.6	46.0	42.8	45.
Age 12–17	44.6	44.2	41.9	42.2	33.0	38.6	40.3	40.6	45.2	43.4	37.2	**46.2** △	40.6	36.
Age 6–17	44.6	**47.5**	42.9	40.6	36.4	40.0	43.2	45.0	43.2	**46.2**	39.8	**46.1** △	41.6	40.
All incomes														
Age 6–11	36.3	42.5 △	37.3	**37.8**	39.1	38.8	39.8	42.5	37.6	45.1 △	41.1	42.7	41.4	45.
Age 12–17	37.1	40.1	37.5	40.2	31.4	35.9	35.5	37.5	41.7	38.7	34.7	41.0 △	38.4	36.
Age 6–17	36.7	41.3 △	37.4	38.9	35.4	37.4	37.7	40.1	39.6	42.1	37.8	41.9	39.9	40.

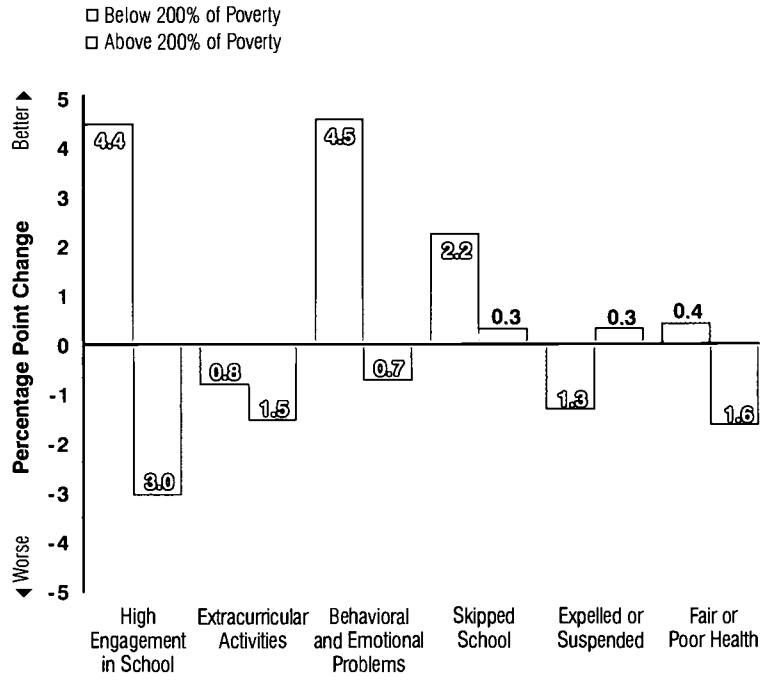
Discussion

Nationwide, between 1997 and 1999, children showed neither large improvements nor large declines in measures of well-being examined in the NSAF. However, it may take longer than two years for the measures examined here to show changes. It is also possible that positive changes for some children were offset by negative changes for other children, producing no net change. Moreover, as shown in this Snapshot, levels of and changes in well-being vary from state to state. These state-level changes may reflect individual state policies as well as the social and economic circumstances of each state.

Despite the lack of significant changes in child outcomes for the nation as a whole, several indicators did change for children in different income groups. At the national level, the only two improvements—in the prevalence of high school engagement and behavioral and emotional problems—occurred among low-income adolescents. These improvements contrast with the negative effects that some feared welfare reform would have on low-income children. However, the pattern is less clear for younger children, since low-income 6- to 11-year-olds' participation in extracurricular activities declined. At the same time, higher-income children and adolescents experienced a handful of relatively small changes for the worse on specific measures, including a decline in school engagement among all children and health status among adolescents.

Despite the observed changes, a significant and sizable gap persists between low- and higher-income children, with low-income children continuing to fare worse on every indicator of child well-being. Further monitoring of trends in child outcomes over time will be needed to disentangle the effects of complex influences on child well-being.

Figure 4: Improvements and Deteriorations in Behavior and Well-Being among Children Ages 12 to 17, by Family Income, 1997–1999



Source: Child Trends and Urban Institute

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
32.4	35.2	39.8	35.1	36.9	41.3	39.1	37.5	35.6	40.0	38.6	42.4	38.1	38.9
26.5	35.6 ▲	26.1	36.5 ▲	33.3	**27.8**	37.0	34.2	26.6	27.8	33.0	34.9	29.6	34.0 ▲
29.6	35.4 ▲	33.6	35.7	35.3	35.3	38.1	36.0	31.7	34.2	36.0	38.9	34.3	36.7 ▲
47.7	46.0	49.8	**49.9**	46.7	41.1	39.5	49.2 ▲	50.3	**36.5** ▼	44.6	43.6	47.3	43.7 ▼
35.7	43.6	41.8	42.6	43.4	41.0	47.3	40.3	41.7	40.2	41.4	39.6	43.7	40.7 ▼
41.1	44.7	46.1	**46.4**	45.1	41.0	43.3	44.9	46.0	**38.4** ▼	42.9	41.4	45.5	42.1 ▼
38.5	39.8	47.0	**45.6**	42.4	41.2	39.3	43.4	45.0	**37.6** ▼	42.6	43.2	43.3	41.7
30.8	39.8 ▲	37.5	41.0	39.4	35.8	42.6	37.4 ▼	37.2	36.7	39.0	38.4	38.4	38.3
34.6	39.8 ▲	42.6	**43.5**	41.0	38.6	40.9	40.6	41.2	**37.1** ▼	40.7	40.7	40.9	40.1

TABLE 1 Indicators of Children's Behavior and Well-Being, by State (continued)

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Children (%) Ages 6 to 17 Participating in Extracurricular Activities, by Family Income and Age, 1997–1999														
Below 200% of poverty level														
Age 6–11	67.9	65.4	69.5	67.9	69.6	**77.8** ▲	71.4	64.4	72.8	72.8	70.4	70.5	72.6	**82.3** ▲
Age 12–17	68.6	73.8	75.1	68.1	70.4	**82.0** ▲	71.1	70.8	74.1	74.8	74.7	73.2	77.1	77.2
Age 6–17	68.2	69.1	72.0	68.0	70.0	**79.6** ▲	71.3	67.3	73.4	73.7	72.4	71.7	74.7	**80.1** ▲
Above 200% of poverty level														
Age 6–11	88.4	87.8	91.0	**86.7**	92.4	92.9	89.1	87.1	94.3	92.1	86.2	91.6 ▲	91.7	**94.8** ▲
Age 12–17	89.1	89.2	91.5	85.9 ▽	88.3	89.8	85.9	85.7	91.7	86.4 ▽	88.9	**91.8**	89.5	89.3
Age 6–17	88.7	88.6	91.3	**86.3** ▽	90.4	**91.2**	87.5	**86.4**	93.0	89.3 ▽	87.6	**91.7** ▲	90.6	**91.8**
All incomes														
Age 6–11	77.9	**76.2**	80.2	78.9	84.4	**87.7**	80.7	**76.3**	87.7	**86.6**	80.5	83.9	85.9	**91.0** ▲
Age 12–17	80.5	82.8	84.3	78.8	82.6	**87.7** ▲	78.8	79.7	86.4	83.4	84.6	**86.3**	86.4	**86.7**
Age 6–17	79.2	79.5	82.2	**78.9**	83.5	**87.7** ▲	79.8	**78.0**	87.0	**85.1**	82.6	**85.1** ▲	86.2	**88.8** ▲
Children (%) Ages 6 to 17 with High Levels of Behavioral and Emotional Problems, by Family Income and Age, 1997–1999														
Below 200% of poverty level														
Age 6–11	12.7	12.6	8.0	8.1	7.2	7.5	8.3	10.5	13.5	10.8	11.5	13.3	10.3	**4.6** ▽
Age 12–17	12.7	9.4	10.6	8.2	9.8	12.8	9.3	14.5	10.8	11.8	12.9	9.1	12.9	**19.3**
Above 200% of poverty level														
Age 6–11	2.1	5.1	3.2	5.0	5.2	5.4	7.6	3.7	6.7	4.9	4.6	5.9	5.4	3.4
Age 12–17	7.3	6.1	6.1	5.6	5.8	6.4	8.4	6.2	5.8	4.2	5.3	4.5	7.8	**8.3**
All incomes														
Age 6–11	7.6	9.0	5.6	6.3	5.9	6.1	7.9	6.9	8.8	6.6	7.1	8.6	6.9	**3.7** ▽
Age 12–17	9.5	7.5	8.0	6.6	7.1	8.1	8.8	9.5	7.3	6.2	7.6	5.8	9.1	**10.6**
Children (%) Ages 12 to 17 Who Were Expelled or Suspended from School, by Family Income, 1997–1999														
Below 200% of poverty level	29.0	18.9 ▽	13.6	24.5 ▲	14.8	**10.9**	17.0	20.3	20.9	20.9	19.4	23.2	17.1	23.6
Above 200% of poverty level	13.2	9.2	10.3	**5.3** ▽	13.7	11.9	11.0	11.8	6.4	7.7	12.6	10.2	9.3	9.2
All incomes	19.8	13.3 ▽	11.8	13.3	14.1	11.7	13.9	15.3	10.8	**11.1**	14.7	14.0	11.2	12.4
Children (%) Ages 12 to 17 Who Skipped School One or More Times, by Family Income, 1997–1999														
Below 200% of poverty level	15.4	**7.4** ▽	27.0	26.5	26.5	**30.0**	21.2	19.5	22.6	**27.6**	18.6	21.8	24.1	24.7
Above 200% of poverty level	10.7	**9.7**	17.7	15.6	24.1	**23.5**	15.8	12.6	8.9	13.3 ▲	17.7	12.7 ▽	12.2	**16.0** ▲
All incomes	12.6	**8.7** ▽	21.7	**20.1**	24.9	**25.2**	18.4	15.4	13.1	17.1 ▲	18.0	15.4	15.1	17.9
Children (%) Ages 0 to 17 in Fair or Poor Health, by Family Income and Age, 1997–1999[6]														
Below 200% of poverty level														
Age 0–5	6.4	6.0	11.8	9.0	7.8	6.7	5.5	6.3	7.6	5.5	5.7	6.8	4.8	**3.7**
Age 6–11	11.4	9.6	11.1	**9.8**	7.7	9.8	7.8	5.1	6.6	5.7	6.7	5.9	3.9	**2.5**
Age 12–17	7.2	**6.2**	14.1	13.5	13.4	8.1	7.1	13.0	6.2	10.8	9.2	8.9	6.4	6.8
Age 0–17	8.4	7.3	12.2	**10.6**	9.4	8.2	6.8	7.9	6.8	7.2	7.1	7.1	5.0	**4.2**
Above 200% of poverty level														
Age 0–5	1.2	1.6	1.4	2.5	1.2	2.8	0.6	2.8 ▲	1.2	1.7	1.3	2.6	2.3	1.6
Age 6–11	4.9	1.6 ▽	1.5	1.9	0.8	1.5	2.8	2.3	0.7	2.1	2.1	2.3	1.7	**1.1**
Age 12–17	1.9	1.9	4.2	4.6	2.6	2.0	3.9	3.6	1.4	2.4	1.4	2.4	2.1	3.5
Age 0–17	2.6	1.7	2.4	3.0	1.5	2.1	2.4	2.9	1.1	2.1 ▲	1.6	2.4	2.0	2.2
All incomes														
Age 0–5	3.9	3.8	7.2	**5.4**	3.7	4.3	3.1	4.4	3.1	2.9	2.9	4.2	3.1	**2.3**
Age 6–11	8.2	5.8	6.4	5.2	3.2	4.4	5.2	3.6	2.5	3.1	3.7	3.6	2.4	**1.5**
Age 12–17	4.1	**3.7**	8.6	8.3	6.0	**3.6**	5.4	7.4	2.8	4.6	3.8	**4.4**	3.2	**4.2**
Age 0–17	5.4	4.4	7.3	**6.2**	4.3	4.1	4.6	5.1	2.8	**3.5**	3.5	4.0	2.9	**2.7**

Note: Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level.
The symbols "▲" and "▽" represent statistically significantly increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.

MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
64.5	66.4	71.6	**76.5**	67.2	73.0	65.0	62.0	69.3	**78.7** ▲	75.6	**77.0**	71.8	67.5 ▼
79.0	77.2	76.7	76.3	71.4	72.6	72.3	69.1	82.1	72.5 ▼	81.1	73.4 ▼	73.4	72.6
71.4	71.1	73.9	**76.4**	69.0	72.8	68.5	**65.2**	74.9	**75.7**	78.3	**75.3**	72.6	69.8 ▼
85.3	90.8 ▲	92.4	**93.9**	90.9	**86.4**	88.4	**86.4**	89.8	89.5	89.3	92.6 ▲	90.2	90.8
87.6	88.6	91.4	90.8	92.4	**91.5**	87.7	**92.5**	92.2	**91.6**	88.4	**86.3**	90.1	88.6
86.6	89.6	91.9	**92.4**	91.6	89.0	88.1	89.4	91.0	90.6	88.8	89.1	90.1	89.6
72.8	**76.9**	86.5	**88.9**	80.4	80.4	77.3	74.2	82.3	**86.1** ▲	84.6	**87.6** ▲	82.2	81.1
83.1	83.2	87.2	**87.0**	84.1	84.1	80.6	81.4	89.1	**86.2**	86.3	82.9 ▼	83.7	83.0
78.0	79.9	86.8	**88.0**	82.1	82.2	78.9	**77.6**	85.6	**86.2**	85.5	**85.2**	83.0	82.0
11.6	10.0	8.3	7.8	12.6	7.8	12.5	**6.3** ▼	7.4	**4.8**	11.3	12.6	9.6	9.3
17.9	12.8	11.6	8.0	9.8	8.4	12.6	12.9	10.3	10.3	15.7	**14.7**	14.8	10.3 ▼
5.1	5.8	5.5	3.2 ▼	5.2	3.7	5.9	4.8	4.6	5.2	5.1	5.2	4.2	4.2
5.2	6.4	4.2	5.2	4.7	5.5	5.6	5.9	5.1	5.8	5.3	7.1	5.2	5.9
9.0	8.2	6.3	**4.5**	8.5	5.6 ▼	9.0	5.6 ▼	5.6	5.0	7.2	7.5	6.6	6.3
11.9	9.4	6.2	5.9	6.7	6.7	8.8	9.2	6.7	7.1	8.3	9.0	8.8	7.4
30.8	**35.7**	20.9	29.1	13.2	18.3	16.8	**14.7**	18.2	17.2	20.6	21.4	21.1	22.4
10.4	10.9	9.6	8.3	8.1	7.2	8.5	10.5	9.0	9.7	7.5	8.9	9.6	9.3
21.4	**22.7**	12.8	13.7	10.1	11.6	12.3	12.5	11.7	11.7	11.4	12.0	13.9	13.9
17.8	**14.5**	23.4	21.3	24.4	22.4	19.3	16.7	20.8	24.1	20.6	23.0	22.3	20.1
9.6	**7.3**	13.2	11.9	10.7	13.1	9.0	10.9	14.6	13.9	11.2	13.7	13.3	13.0
14.0	**10.7**	16.1	14.4	16.1	16.8	13.7	13.7	16.4	16.7	13.9	16.1	16.7	15.5
7.0	9.3	5.3	**9.4** ▲	9.5	6.8	10.9	8.9	6.1	4.9	3.5	5.3	7.3	6.3
9.4	**13.4**	5.9	**12.2** ▲	5.8	8.1	11.0	**10.5**	5.5	7.4	3.8	6.4	7.7	6.7
10.0	15.5	11.7	10.8	7.2	**15.2** ▲	15.1	13.3	9.8	9.3	9.5	**5.6**	10.1	10.5
8.8	**12.6** ▲	7.4	**10.8** ▲	7.6	**9.7**	12.2	**10.7**	6.9	7.1	5.6	**5.8**	8.2	7.7
1.5	3.8 ▲	1.5	2.6	1.6	**0.7**	5.5	2.4	1.8	1.2	1.2	2.1	1.7	2.0
4.0	2.4	1.9	1.3	2.7	1.8	2.3	3.6	1.3	2.1	1.6	1.3	2.2	2.1
1.2	2.4	3.4	2.3	2.3	3.2	1.6	2.2	2.8	2.4	2.4	2.4	1.6	3.2 ▲
2.2	2.8	2.2	2.0	2.2	1.9	3.1	2.8	2.0	2.0	1.8	2.0	1.8	2.5 ▲
4.8	**6.9**	2.7	4.5 ▲	5.3	3.5	8.5	**5.9**	3.5	**2.6**	2.0	3.1 ▲	4.3	3.9
7.3	**8.7**	3.0	4.4	4.1	4.7	6.4	**7.0**	2.8	3.8	2.4	3.0	4.6	4.0
5.9	**8.6**	5.8	4.5	4.3	**7.9** ▲	7.9	7.5	4.9	4.4	4.5	**3.2**	4.9	5.8
6.0	**8.1** ▲	3.8	4.5	4.5	5.3	7.6	**6.8**	3.7	**3.6**	3.0	**3.1**	4.6	4.6

Source: Child Trends and Urban Institute

SNAPSHOTS
of America's Families II

This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at http://newfederalism.urban.org/nsaf/methodology.html.

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Acknowledgements

The authors thank Tamara Black and Nancy Geyelin Margie for assisting with data production.

Endnotes

1 A general measure of school engagement, based on work by James Connell and Lisa Bridges, was derived from four questions in which parents were asked about the extent to which their children did schoolwork only when forced to, did just enough schoolwork to get by, always did homework, and cared about doing well in school (Ehrle and Moore 1999).

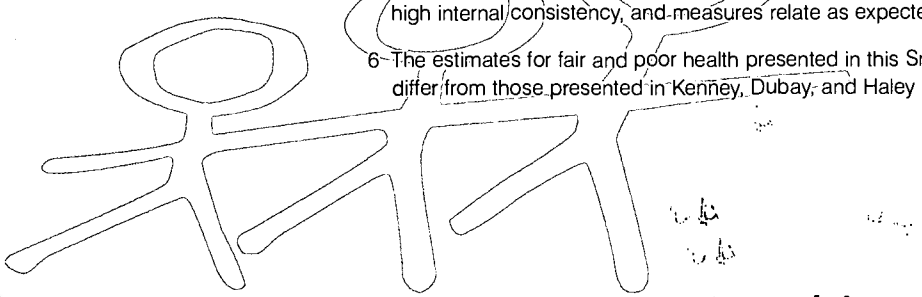
2 Participation in extracurricular activities was assessed on the basis of parents' responses to questions about children's involvement in lessons, clubs, sports, or other activities (Ehrle and Moore 1999).

3 A measure of behavioral and emotional problems was derived from a series of questions in which all parents were asked to report the extent to which, in the past month, their children did not get along with other kids, could not concentrate or pay attention for long, or were unhappy, sad, or depressed. Parents of 6- to 11-year-olds were also asked how often during the past month their children felt worthless or inferior; were nervous, high-strung, or tense; or acted too young for their age. Likewise, parents of 12- to 17-year-olds were additionally asked how often during the past month their children had trouble sleeping, lied or cheated, or did poorly at schoolwork (Ehrle and Moore 1999).

4 Parents were asked to classify their children as generally being in excellent, very good, good, fair, or poor health.

5 Psychometric and validity analyses (Ehrle and Moore 1999) indicate that these scales have moderate to high internal consistency, and measures relate as expected to child and family characteristics.

6 The estimates for fair and poor health presented in this Snapshot are for children ages 0 to 17 and therefore differ from those presented in Kenney, Dubay, and Haley (2000).



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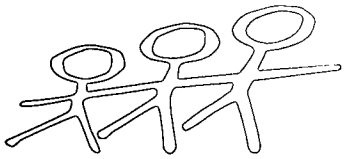
SNAPSHOTS
of America's Families II



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Children's Family Environment

Findings from the National Survey of America's Families

The National Survey of America's Families (NSAF) was designed largely to monitor children's family environments during an era of federal policy devolution and change. Children's environments are closely tied to the behaviors and well-being of the adults in their homes, and the environments in which children live affect their well-being (Child Trends 1999). Of the family environment measures in the NSAF, only a few changed between 1997 and 1999 for the population as a whole. There has been progress in meeting two goals of welfare reform: Both the child poverty rate (Zedlewski 2000) and the percentage of children living in single-parent families declined. At the same time, parental aggravation increased slightly nationwide.

Low-income children became less likely to live with a single parent, but other aspects of their family environments did not change. Meanwhile, among higher-income children, the prevalence of high parental aggravation rose while infrequent reading to young children increased between 1997 and 1999.

Overall, the NSAF showed very similar patterns in 1999 and 1997. For both years, children who lived in families with low incomes or with a single parent experienced, on average, much more disadvantaged family environments than did other children.

Why might the quality of children's family environments appear static—or even worsen—given the booming economy and declining rates of poverty and single parenthood? Several possibilities exist: It may take more than two years for changes in the family environment measures examined here to register; the measures may be sensitive only to larger changes in income, family structure, or other societal forces; and improvements in children's family environments in one subgroup of children may offset declines among another. An examination using more detailed background characteristics may be needed to fully understand these patterns.

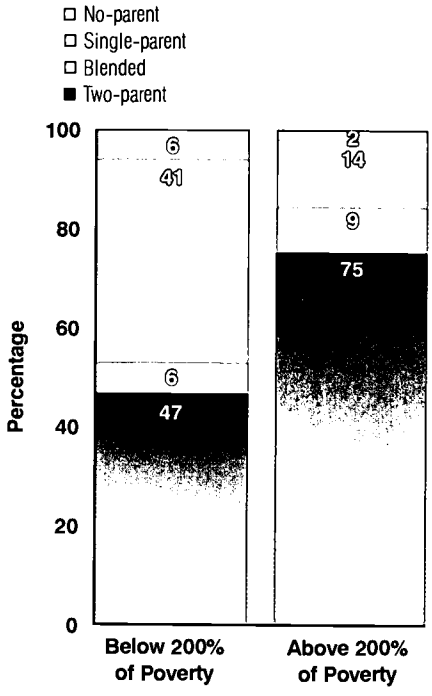
HIGHLIGHTS

- ☐ For children in the United States as a whole, single-parent families became less common and parental aggravation increased slightly.
- ☐ Among higher-income children, measures of parental aggravation and reading to young children worsened.
- ☐ A large gap continues to exist between low-income and other children, with low-income children experiencing disadvantages in every indicator of family well-being. Children in single-parent families are also consistently disadvantaged.

This Snapshot summarizes findings from the 1999 NSAF on measures of children's family environments (as reported by their parents) for 13 states and for the United States as a whole. It compares the family environments of low-income children (those living below 200 percent of poverty in 1998) with those of higher-income children (those living above 200 percent of poverty). It also compares the family environments of children in single-parent versus two-parent families.[1] Finally, changes that have taken place since 1997 are identified. The measures include:

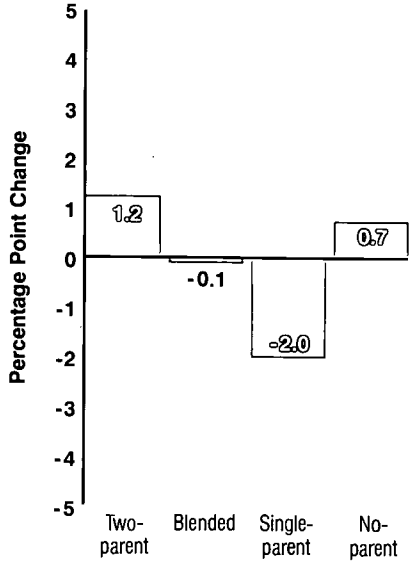
- family structure (for children ages 0 to 17),
- the frequency with which parents read or tell stories to their young children (for children ages 1 to 5),
- the frequency with which parents take their young children on outings (for children ages 0 to 5),
- parental involvement in volunteering (for children ages 0 to 17),
- parental attendance at religious services (for children ages 0 to 17),
- level of parental aggravation (for children ages 0 to 17), and
- symptoms of poor parental mental health (for children ages 0 to 17).

Figure 1: Children's Family Structures, by Family Income, 1999



Source: Child Trends and Urban Institute

Figure 2: Changes in Children's Family Structures, 1997–1999



Source: Child Trends and Urban Institute

Family Environments in the United States

Family Structure. Single mothers are disproportionately likely to be poor, and poverty is associated with a host of negative outcomes among children (McLoyd 1998). By the same token, children living with two biological parents are much more likely than children in single-parent families to experience a variety of positive outcomes (McLanahan and Sandefur 1994). In the United States overall, 64 percent of children under age 18 lived with two biological or adoptive parents in 1999, while 8 percent lived in a blended family (i.e., with one biological or adoptive parent and one step-parent; table 1 on page 6). Twenty-five percent of children lived with a single biological or adoptive parent, and the remaining 4 percent lived with other adults or without any parent figures. Forty-seven percent of children in low-income families lived with two biological or adoptive parents, compared with 75 percent of children in families with higher incomes (figure 1). Similarly, about three times as many low-income children (41 percent) lived with a single parent as did higher-income children (14 percent).

For American children in general, the distribution of family living arrangements changed slightly between 1997 and 1999 (figure 2). The percentage of children in single-parent families decreased from 27 to 25 percent, while the percentage living with two parents increased by more than one percentage point.

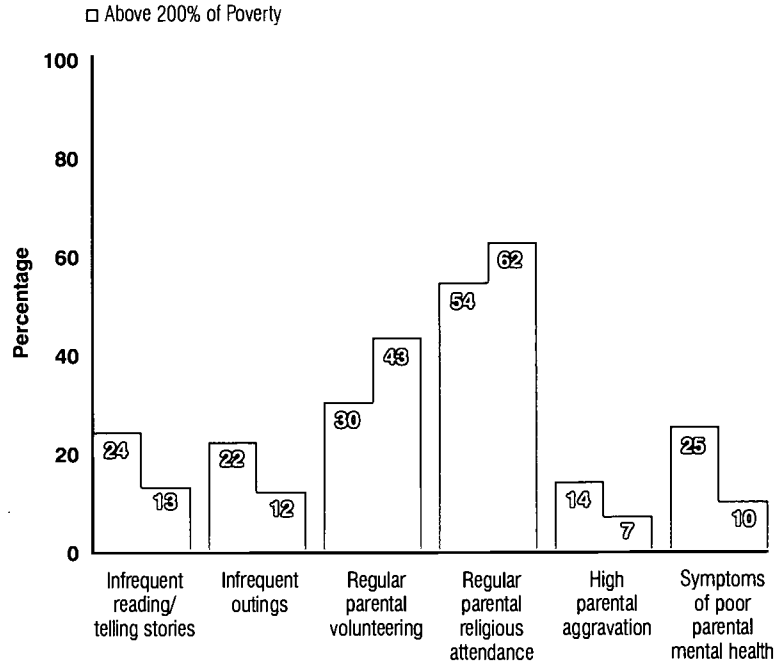
Among low-income children, NSAF data indicate that single-parent families became less common (dropping from 44 percent in 1997 to 41 percent in 1999), and living without a biological or adoptive parent became slightly more common (5 percent in 1997 and 6 percent in 1999). The distribution of family arrangements did not change among higher-income children.

Reading or Telling Stories to Young Children. Reading and telling stories to young children can help them develop their linguistic, cognitive, and literacy skills (National Center for Education Statistics 1998). Throughout the United States in 1999, 18 percent of children ages 1 through 5—about the same percentage as in 1997—lived with parents who read or told stories to them on fewer than three days per week.[2] This proportion was nearly twice as high for lower-income as for other children: 24 versus 13 percent (figure 3). The percentage for low-income children stayed the same in both years, but among higher-income children it worsened by about 2 percentage points.

Children living with a single parent were more likely than children living with two parents to be read to infrequently: 24 and 15 percent, respectively—about the same percentages as in 1997 (table 1 on page 6).

Taking Young Children on Outings. Taking young children on outings is important because it can stimulate their cognitive development (Bradley and Caldwell 1980; Bradley et al. 1988). In 1999, as in 1997, 16 percent of all American children age 5 and younger were infrequently (two or three times a month or fewer) taken on outings such as to the park, the grocery store, a church, or a playground. Twenty-two percent of low-income children were taken on outings infrequently, compared with 12 percent of higher-income children (figure 3). The figures are 20 percent for children living with one parent and 15 percent for those living with two parents. There were no changes in this measure at the national level between 1997 and 1999; nor were there any changes by income or type of family structure.

Figure 3: Children with Various Family Environments, by Family Income, 1999



Source: Child Trends and Urban Institute

Parent Volunteering. By volunteering, parents are positive role models for their children. Nationwide, 38 percent of children under age 18 lived with a parent who volunteered at least a few times a month, the same percentage as in 1997. Among children in single-parent families, 27 percent had a parent who volunteered regularly, compared with 42 percent of those in two-parent families. The gap between income groups is similar: 30 percent of low-income children had a parent who volunteered regularly, compared with 43 percent of higher-income children (figure 3). There was no change between 1997 and 1999 on this measure at the national level across either income or family structure groups.

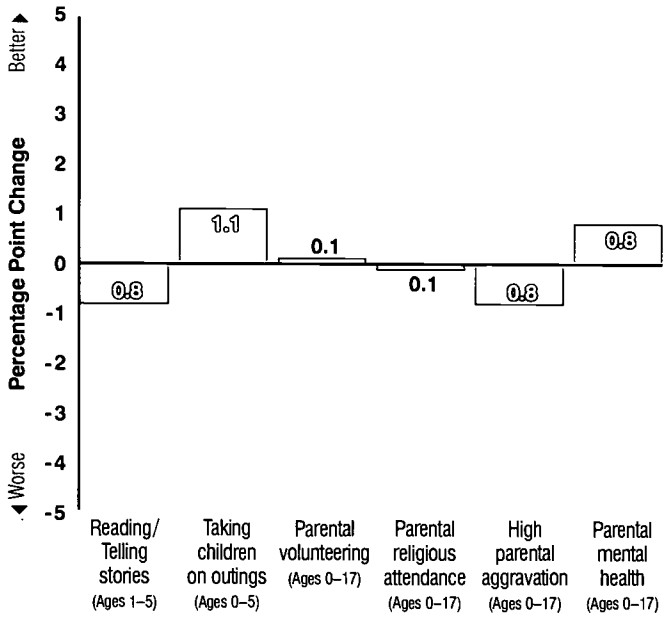
Parental Participation in Religious Activities. Parental religiosity has been associated with many positive child outcomes (Brody et al. 1996; Gunnoe et al. 1999; Miller et al. 1997; Sherkat and Ellison 1999), including cognitive and social competence, avoidance of early sexual activity, adolescent social responsibility, and a reduced incidence of depression. One way to measure parental religiosity is to determine how frequently parents participate in religious activities. Fifty-nine percent of all children under age 18 lived with a parent who attended religious activities at least a few times a month in 1999. Forty-nine percent of children in single-parent families had a parent who attended religious activities regularly, compared with 62 percent for children in two-parent families. The percentages are 54 percent among low-income children and 62 percent among higher-income children (figure 3). There was no change between 1997 and 1999 on this measure at the national level across either income or family structure groups.

High Parental Aggravation. A parent who reports frequently feeling frustrated and stressed by the experience of caring for his or her child is defined as having a high level of parental aggravation.[3] Children of highly aggravated parents are disproportionately likely to have cognitive and socioemotional difficulties (McGroder 2000). In 1999, nationwide, 10 percent of children under age 18 lived with a parent who felt highly aggravated. Children living with a single parent were more than twice as likely to have a highly aggravated parent as children living with two parents (16 versus 7 percent). Similarly, low-income children were twice as likely as other children to live with a highly aggravated parent (14 versus 7 percent; figure 3).

Since 1997, the proportion of U.S. children with highly aggravated parents has increased slightly but significantly (figure 4). This increase is concentrated among children living with two parents (6 percent in 1997 to 7 percent in 1999) and particularly among higher-income children with two parents (5 percent in 1997 to 6 percent in 1999; not shown).

Parents with Symptoms of Poor Mental Health. Children who have clinically depressed parents or parents reporting symptoms of depression are at risk for a variety of negative outcomes, including health, cognitive, and socioemotional problems (Downey and Coyne 1990). The NSAF includes a mental health scale based on parents' responses to questions about their feelings in the past month.[4] Sixteen percent of children under 18 had a parent who reported symptoms of poor mental health in 1999. Children living with single parents were more than twice as likely to have a parent reporting symptoms of poor mental health (27 percent) as children living with two parents (11 percent). Ten percent of children in families with incomes over 200 percent of poverty had a parent reporting symptoms of poor mental health, compared with 25 percent of low-income children (figure 3 on page 3). There was no change between 1997 and 1999 on this measure at the national level across family structure or income groups.

Figure 4: Improvements and Deteriorations in Various Measures of Children's Family Environments, 1997–1999



Source: Child Trends and Urban Institute

Family Environments in 13 States in 1999

The NSAF revealed substantial variation in children's environments across the 13 states studied. When data for children are examined without regard to family structure or income levels, children in several states seem to be doing better on the measures examined here than children in the United States as a whole (table 1 on page 6). For example, children in Minnesota have a relative advantage on five measures: being read to or told stories, parental volunteering, parental religious attendance, parental aggravation, and parental mental health symptoms. In Wisconsin, children had an advantage in reading and outings, and these children's parents were more likely than others nationwide to participate in religious activities regularly. Children in Colorado and Washington were advantaged on outings, reading, parental volunteering, and parental mental health (though their parents were relatively less likely to attend religious activities regularly).

Compared with the rest of the nation, children in California, New Jersey, and Texas had relatively disadvantaged family environments. Children in California and New Jersey were less likely than children nationwide to have parents who volunteered or attended religious services or activities regularly in 1999. In addition, children in New Jersey were more likely than other American children to have highly aggravated parents, and children in California were less likely than other American children to be read to regularly. In Texas, children were relatively disadvantaged on five measures: being read to or told stories, being taken on outings, and having parents who volunteer regularly, feel highly aggravated, and report symptoms of poor mental health.

As was true for the United States as a whole, few states underwent significant changes between 1997 and 1999 in more than one indicator. One exception was Minnesota, where children's family environments improved on measures of parental mental health and parental volunteering but worsened on parental aggravation.

Discussion

NSAF findings suggest that, while the proportion of children living in low-income or single-parent families has diminished slightly, there have been few other significant changes in children's environments between 1997 and 1999, with only the measure of parental aggravation increasing slightly nationwide. Despite some worsening in the environments of children in families with incomes above 200 percent of the poverty level, these higher-income children continue to be far better off on average than low-income children. Indeed, low-income children fare worse on every measure examined in this Snapshot.

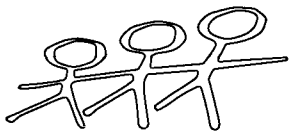
Findings from the NSAF also suggest a strong link between family structure and other aspects of children's environments that may affect their well-being. On average, the environments of children in two-parent families are more positive than those of children in single-parent families on every measure examined here. This does not preclude the possibility that factors other than family structure or income level underlie the less-than-ideal family environments often experienced by children with single or low-income parents.

Research indicates that family environments and parents exert an important influence on the development of children (Collins et al. 2000). Continued tracking and research will determine whether the income and family structure changes reported ultimately change family environments and child outcomes.

TABLE 1 Indicators of Children's Family Environment, by State

	AL		CA		CO		FL		MA		MI		MN	
	97	99	97	99	97	99	97	99	97	99	97	99	97	99
Family Structure of Children (%) Age 0 to 17, by Family Income, 1997–1999														
Below 200 percent of poverty level														
Two-parent	31.8	**32.2**	52.0	**51.0**	50.7	49.6	37.4	**36.4**	37.5	**39.9**	37.9	**42.4**	50.0	50.4
Blended	7.5	**10.7** ▲	4.2	5.3	6.4	6.2	6.2	6.2	4.1	4.7	6.1	7.0	5.2	5.5
Single-parent	52.7	**48.1** ▼	41.0	**37.0**	39.3	39.1	49.4	**49.9**	52.1	**51.7**	52.3	**45.2** ▼	42.7	39.5
No-parent	8.0	**9.0**	2.8	6.6 ▲	3.6	5.0	6.9	7.5	6.4	**3.8** ▼	3.7	5.3	2.2	4.6 ▲
Above 200 percent of poverty level														
Two-parent	73.7	**67.0** ▼	74.3	**72.2**	74.6	74.1	70.6	73.1	81.8	**80.8**	77.1	74.6	82.2	**80.6**
Blended	11.8	**15.4** ▲	6.7	8.5	10.3	**10.8**	9.9	10.6	4.5	**4.9**	9.6	10.5	6.9	**7.3**
Single-parent	12.2	15.0 ▲	16.5	**16.5**	12.7	12.5	16.2	13.4	12.0	12.4	11.5	13.2	9.7	**10.8**
No-parent	2.2	2.5	2.5	2.7	2.5	2.6	3.3	2.9	1.7	2.0	1.8	**1.7**	1.3	**1.3**
All incomes														
Two-parent	53.5	**50.2**	63.0	63.2	66.3	**66.1**	54.5	**56.7**	68.2	**69.2**	63.7	63.5	72.7	**72.0**
Blended	9.8	**13.2** ▲	5.4	7.2 ▲	8.9	**9.3**	8.1	8.6	4.4	**4.8**	8.4	9.3	6.4	6.8
Single-parent	31.8	**31.0**	28.9	25.3 ▼	21.9	**21.3**	32.3	**29.7**	24.3	23.5	25.5	24.3	19.4	**18.9**
No-parent	5.0	**5.6**	2.7	4.4 ▲	2.9	3.4	5.1	5.0	3.2	**2.5**	2.4	**2.9**	1.5	**2.2**
Children (%) Age 1 to 5 Who Are Read to or Told Stories Fewer Than Three Days per Week, by Family Income and Family Structure,														
Below 200% of poverty level	20.8	22.9	31.4	29.0	21.2	**18.9**	25.1	23.6	23.6	24.7	25.3	**15.9** ▼	17.0	**15.8**
Above 200% of poverty level	14.9	10.2	13.2	15.5	9.3	**8.1**	7.9	14.3 ▲	7.9	**9.7**	9.2	10.2	10.8	**8.2**
Two-parent	16.8	11.9	22.9	**19.9**	13.2	**11.5**	11.4	17.8 ▲	8.7	**11.3**	11.1	**10.3**	11.2	**9.6**
Single-parent	20.9	25.6	23.7	27.4	14.7	**15.0**	26.1	19.7	24.2	25.2	26.2	17.8	20.8	16.2
All children	17.9	16.6	23.2	**21.5**	13.7	**12.0**	16.4	18.4	12.9	**14.2**	14.9	**12.4**	12.8	**10.7**
Children (%) Age 0 to 5 Who Are Taken on Outings Two or Three Times a Month or Fewer, by Family Income and Family Structure,														
Below 200% of poverty level	24.7	**28.0**	25.9	21.8	16.0	**14.5**	21.3	**17.3**	17.6	20.4	25.9	25.8	22.5	20.1
Above 200% of poverty level	13.0	12.6	11.1	11.3	9.7	10.0	11.2	10.2	13.7	11.8	14.7	13.2	8.5	11.3
Two-parent	15.2	14.6	17.3	15.2	12.3	**12.4**	14.5	**10.8** ▼	13.6	12.6	16.1	13.7	11.4	13.0
Single-parent	26.3	**31.3**	25.4	17.8	10.6	**9.3**	20.6	19.1	18.1	22.4	27.3	**33.0**	22.1	20.3
All children	19.1	**20.4**	19.3	15.9 ▼	12.0	**11.6**	16.3	**13.4**	14.9	14.4	18.7	18.0	13.1	14.2
Children (%) Age 0 to 17 with a Parent Who Volunteers at Least a Few Times per Month, by Family Income and Family Structure,														
Below 200% of poverty level	32.2	30.8	28.0	**25.3**	33.8	33.2	30.4	30.2	29.3	27.1	31.7	**35.1**	30.4	**40.3** ▲
Above 200% of poverty level	51.5	45.5 ▼	46.2	41.2 ▼	45.2	44.4	43.5	42.8	39.6	41.0	42.3	41.7	46.0	**45.6**
Two-parent	48.4	44.5	39.4	**37.0**	45.1	**45.4**	42.6	41.9	39.0	41.6	43.5	44.2	45.8	**47.5**
Single-parent	31.0	26.1	31.9	27.5	30.4	23.4 ▼	29.7	27.6	28.1	23.7	25.3	25.3	23.6	30.1 ▲
All children	42.1	38.4 ▼	37.1	**34.5**	41.2	**40.7**	37.1	37.2	36.4	37.1	38.7	39.4	41.4	**44.1** ▲
Children (%) Age 0 to 17 with a Parent Who Attends Religious Services at Least a Few Times per Month, by Family Income and														
Below 200% of poverty level	64.1	**63.8**	53.9	53.9	52.2	52.9	52.4	54.3	49.8	**46.3**	48.4	**46.8**	53.1	57.1
Above 200% of poverty level	75.1	**74.6**	57.0	**52.4** ▼	54.5	**56.9**	61.0	60.7	52.7	**52.8**	58.8	**57.6**	69.1	**70.2**
Two-parent	74.0	**74.1**	56.8	**55.1**	56.4	**58.2**	59.9	60.1	54.5	**53.8**	59.2	**56.3**	70.0	**71.1**
Single-parent	62.7	**59.3**	52.4	45.4 ▼	44.4	46.0	50.6	50.7	43.4	**42.3**	44.9	47.6	42.5	49.7 ▲
All children	69.8	**69.4**	55.5	**53.0**	53.7	**55.6**	56.8	57.8	51.8	**51.0**	55.3	**53.8**	64.4	**66.5**
Children (%) Age 0 to 17 with a Parent Who Is Highly Aggravated, by Family Income and Family Structure, 1997–1999														
Below 200% of poverty level	16.4	16.9	13.8	**9.6** ▼	8.9	14.4 ▲	17.4	15.6	21.2	**17.4**	16.0	13.9	11.7	11.2
Above 200% of poverty level	6.9	5.7	7.5	8.8	5.1	6.2	6.9	6.8	6.0	7.1	6.4	6.0	4.4	7.0 ▲
Two-parent	7.5	8.5	7.4	8.0	4.9	7.1 ▲	7.5	6.6	8.3	7.2	6.7	7.1	4.8	6.3
Single-parent	17.2	16.0	18.1	**11.2** ▼	10.2	13.2	18.1	17.6	16.0	18.8	17.0	13.5	12.1	14.4
All children	11.5	11.1	10.7	9.2	6.4	8.8 ▲	12.0	10.7	10.6	10.0	9.6	8.7	6.5	**8.1** ▲
Children (%) Age 0 to 17 with a Parent Reporting Symptoms of Poor Mental Health, by Family Income and Family Structure, 1														
Below 200% of poverty level	28.8	**30.5**	27.8	24.3	21.0	21.2	27.1	27.5	31.9	**32.7**	24.2	23.6	23.8	**17.2** ▼
Above 200% of poverty level	10.4	10.3	10.5	11.2	8.9	**8.5**	10.6	9.7	10.5	10.4	7.5	11.9 ▲	9.6	**7.6**
Two-parent	13.2	**15.6**	13.6	13.1	9.9	**9.4**	13.8	11.5	13.1	11.6	9.9	13.1 ▲	11.2	**7.3** ▼
Single-parent	29.5	28.9	32.6	25.0 ▼	23.8	**21.9**	25.7	30.7	27.1	**32.4**	22.9	24.8	23.3	**21.1**
All children	19.3	**20.1**	19.2	16.7	13.1	**12.6**	18.7	17.6	17.0	16.6	13.2	16.0 ▲	13.8	**10.3** ▼

Note: Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level.
The symbols "▲" and "▼" represent statistically significantly increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level.



MS		NJ		NY		TX		WA		WI		US	
97	99	97	99	97	99	97	99	97	99	97	99	97	99
30.0	**27.7**	43.5	**42.9**	39.8	**40.8**	47.5	**52.2** ▲	53.7	48.7	43.3	44.1	45.2	46.8
7.0	5.7	3.3	**3.1**	4.1	**4.5**	5.7	6.2	6.0	4.8	5.9	5.0	6.2	6.1
53.7	**56.2**	47.6	**47.6**	51.4	**47.4**	40.6	**35.2** ▼	37.1	43.2 ▲	46.9	**46.0**	43.8	40.8 ▼
9.3	**10.4**	5.7	6.4	4.7	7.3	6.2	6.5	3.2	**3.3**	3.9	5.0	4.9	6.3 ▲
71.2	**69.3**	80.2	**79.9**	76.1	75.0	70.6	**70.5**	76.3	73.8	77.3	**77.2**	75.3	74.9
11.4	**10.8**	5.6	**6.0**	5.9	**7.1**	13.1	**12.0**	9.6	9.5	9.0	8.5	8.9	8.9
13.5	14.2	12.3	**11.7**	15.8	**16.3**	13.3	14.9	12.8	14.7	12.1	**12.4**	13.9	13.9
3.9	**5.7**	1.9	2.4	2.1	1.6	3.0	2.7	1.3	2.0	1.6	1.9	1.9	2.3
47.3	**46.8**	69.5	**69.6**	60.2	**60.2**	59.0	**61.3**	68.2	**65.9**	66.3	**67.4**	62.4	63.6 ▲
8.9	8.1	4.9	**5.2**	5.1	**6.0**	9.4	9.1	8.3	8.1	8.0	7.4	7.7	7.8
36.8	**36.9**	22.6	**21.7**	31.4	**29.8**	27.0	25.0	21.5	23.7	23.4	**22.4**	26.7	24.8 ▼
7.1	**8.2**	3.0	3.5	3.3	4.1	4.6	4.6	2.0	**2.4**	2.3	**2.8**	3.2	3.9 ▲
1997–1999													
29.8	29.1	29.0	21.6	18.0	**19.3**	33.2	**30.2**	17.1	**17.2**	19.9	19.8	24.2	24.1
15.2	**22.9** ▲	7.6	13.4 ▲	12.8	10.4	13.5	14.3	12.5	10.7	9.2	**9.9**	10.3	12.6 ▲
16.8	**22.5**	12.9	13.7	14.7	12.7	22.9	**21.7**	14.1	**11.4**	11.3	**10.4**	14.5	15.4
33.3	**31.7**	22.6	24.2	16.0	19.6	28.8	26.5	15.1	19.5	18.7	23.6	23.4	24.0
23.9	**26.3**	14.6	15.6	15.2	**14.4**	24.5	**22.9**	14.4	**13.0**	12.9	**13.1**	16.8	17.6
1997–1999													
29.2	21.2 ▼	21.7	20.9	22.9	**14.9** ▼	18.7	25.2 ▲	19.6	17.8	21.1	**13.9** ▼	22.1	21.7
19.0	13.9	13.2	12.1	10.2	**8.9**	12.1	12.1	5.6	9.1 ▲	14.1	12.7	13.0	11.9
20.5	13.3 ▼	13.8	14.2	13.6	**10.9**	14.0	**18.5** ▲	9.5	12.0	15.1	12.5	15.4	14.7
31.9	25.9	23.2	15.7	23.2	**14.2** ▼	20.1	22.5	19.7	**12.1** ▼	21.4	**15.7** ▼	23.0	20.2
25.1	18.0 ▼	15.8	14.6	16.2	**11.6** ▼	15.7	**19.1**	11.3	**12.2**	16.5	**13.1** ▼	17.3	16.2
1997–1999													
35.5	32.7	27.0	**24.2**	27.2	**25.6**	26.5	**27.1**	34.7	**34.4**	30.1	30.8	30.4	30.1
43.9	46.5	40.4	**38.4**	36.1	**34.3**	38.1	41.9	49.2	**48.2**	41.3	43.4	43.3	43.0
44.2	44.0	40.0	**36.0** ▼	35.7	**32.7**	34.8	**37.5**	46.3	**48.6**	41.0	**44.3** ▲	41.3	41.6
31.4	**33.2**	25.0	28.4	25.5	27.4	26.3	28.1	35.3	29.9	27.3	25.1	29.0	27.3
39.0	39.1	36.4	**34.5**	32.2	**30.5**	32.3	**34.5**	44.0	**43.8**	37.7	39.7	37.8	37.8
Family Structure, 1997–1999													
68.1	**69.1**	48.2	50.6	53.0	**49.0**	61.1	56.2	45.8	**45.4**	50.5	51.8	54.9	54.5
76.0	**78.8**	58.6	**57.8**	57.4	**55.9**	64.4	**65.0**	50.3	**47.1**	66.7	**64.9**	61.9	61.7
76.1	**77.6**	58.7	**57.9**	56.5	**55.8**	63.5	63.3	51.9	**49.6**	67.0	**66.9**	62.2	61.9
65.1	**67.2**	43.2	47.6	53.1	45.5 ▼	60.0	53.7	36.2	**37.1**	44.0	**42.3**	50.1	49.3
71.4	**73.6**	55.5	**55.8**	55.5	**52.9**	62.8	60.6	48.7	**46.6**	61.4	**61.1**	58.9	58.8
20.3	**18.2**	20.5	**19.4**	17.4	15.4	15.4	**17.5**	9.2	13.0 ▲	15.3	15.8	13.8	13.9
5.0	8.3 ▲	7.5	**8.8**	6.4	9.0 ▲	6.9	8.7	6.5	6.8	7.3	6.9	5.7	7.3 ▲
6.8	8.8	8.2	**9.5**	6.4	**9.1** ▲	8.7	**10.6**	5.9	6.2	7.5	6.9	6.3	7.3 ▲
23.9	**20.2**	20.4	18.0	20.6	15.7 ▼	16.5	16.7	11.8	15.5	15.6	16.4	15.6	15.9
13.9	**13.6**	11.4	**11.7**	11.2	**11.7**	11.1	**13.1**	7.4	8.8	9.8	9.5	9.2	9.9 ▲
997–1999													
34.4	**29.0** ▼	31.4	27.2	27.1	27.5	26.7	26.7	19.5	21.6	25.3	27.4	25.4	24.5
11.0	**13.0**	12.3	11.8	11.0	11.0	10.3	9.9	10.2	9.3	9.7	9.6	10.3	10.1
15.3	**16.0**	13.0	12.1	11.7	12.2	14.2	**14.1**	11.6	**8.6** ▼	11.4	10.8	12.2	11.4
36.2	26.9 ▼	32.5	27.0 ▼	30.9	29.4	29.9	27.0	18.9	26.2 ▲	24.7	27.9	28.3	27.1
24.6	**21.5**	17.9	16.0	18.0	**18.1**	18.5	**18.4**	13.6	**13.2**	14.7	14.8	16.7	15.9

Source: Child Trends and Urban Institute

This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at http://newfederalism.urban.org/nsaf/methodology.html.

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Acknowledgements

The authors wish to thank Brett Brown and Juliet Hatcher for reviewing this text, and Tamara Black and Nancy Geyelin Margie for assisting with data production.

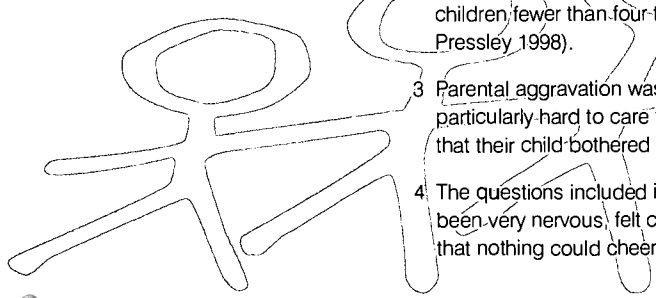
Endnotes

1 Throughout the text, children who live with two biological or adoptive parents or who live in a step-family are referred to as living with two parents. Children who live with one biological or adoptive parent are referred to as living in single-parent families. Children living without either biological or adoptive parent are excluded from two-parent versus single-parent comparisons.

2 Some research has found a threshold effect for the frequency of parents' reading to preschoolers: Reading to young children fewer than four times a week is associated with lower achievement in adolescence (Adams, Treiman, and Pressley 1998).

3 Parental aggravation was ascertained in the NSAF by parents' reports of how frequently they felt that their child was particularly hard to care for, that they gave up more of their lives to meet their child's needs than they had expected, that their child bothered them a lot, and that they were angry with their child (Ehrle and Moore 1999).

4 The questions included in the mental health scale asked parents how much of the time in the past month they had been very nervous, felt calm and peaceful, felt downhearted and blue, been happy, and felt so down in the dumps that nothing could cheer them up (Ehrle and Moore 1999).



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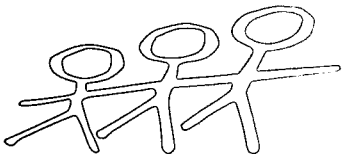

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Assessing the New Federalism

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Key Findings by Race and Ethnicity

Findings from the National Survey of America's Families

Data from the National Survey of America's Families show that nonelderly American families experienced some notable improvements in well-being between 1997 and 1999. Poverty rates declined, the proportion of children living in two-parent families rose, and low-income families had fewer concerns about affording food than before (Zedlewski 2000; Moore and Vandivere 2000). These national gains, however, obscure the fact that white families experienced more gains between 1997 and 1999 than either black or Hispanic families.

Using data collected by the National Survey of America's Families (NSAF), this Snapshot compares changes in seven indicators of family well-being—employment, family income, food hardship, housing hardship, family structure, health insurance, and health status—between 1997 and 1999 by race and ethnicity.[1] Data are grouped into three racial and ethnic categories: white non-Hispanics, black non-Hispanics, and Hispanics of all races (referred to as white, black, and Hispanic, respectively). Data for Asian and Native American populations are not shown separately, due to their small sample sizes. In 1999, 70 percent of nonelderly persons in the United States were white (table 3 on page 6). Blacks, at 13 percent of the population, were the largest minority group in the United States, and the Hispanic population was almost as large, representing 12 percent of the total.

Between 1997 and 1999, well-being among white families improved in five out of seven indicators—family income, food hardship, housing hardship, family structure, and health insurance. Black families realized gains in only one indicator—employment—during the period, and experienced losses in another indicator—housing hardship affordability. Between 1997 and 1999, Hispanic families saw decreases in poverty and the rate of single-parent families, but they experienced some declines in health status and health insurance.

HIGHLIGHTS

- ☐ Despite an increase in employment rates of low-income black adults and black parents from 1997 to 1999, poverty rates of black families remained unchanged.
- ☐ The gap between the percentages of blacks and whites with low incomes increased between 1996 and 1998.
- ☐ The gap between the percentage of Hispanic children in poverty and the percentage of white children in poverty decreased over the two-year period.

Employment

Employment rates of adults ages 25 to 542 held steady across the nation from 1997 to 1999. In both years, 82 percent of adults were working at the time of the interview. During this period, the employment rate of black parents increased significantly, from 76 to 80 percent (table 1). Hispanic and white parents experienced slight gains (less than 1 percent) as well, but those changes were not statistically significant. The change in employment among black parents narrowed the employment gap between black and white parents by 3 percent over the two-year period.

Among the low-income population, black adults were the only group to experience an increase in employment between 1997 and 1999 (from 56 to 60 percent). In contrast, employment rates for low-income white and Hispanic adults decreased slightly, although these changes were not statistically significant. Thus, the employment gap between black and white low-income adults decreased by almost 5 percent over the two-year period. In 1999 and 1997, Hispanic adults were less likely to be employed than either black or white adults.

TABLE 1 Employment of Adults Ages 25 to 54, by Race/Ethnicity, Income, and Parental Status, 1997–1999

	White, Non-Hispanic		Hispanic, All Races		Black, Non-Hispanic		All Races/Ethnicities	
	97	99	97	99	97	99	97	99
Below 200% of poverty level								
Adults	63.2	62.6	63.6	63.4	56.4	60.4 ▲	61.9	62.3
Parents	67.0	**67.0**	63.1	**63.3**	63.0	67.3	65.1	66.1
Above 200% of poverty level								
Adults	88.8	88.3	88.1	**86.1**	89.9	88.8	88.7	88.0 ▼
Parents	87.1	86.7	86.5	**85.2**	89.2	**91.4**	87.2	86.9
All incomes								
Adults	83.4	**83.4**	74.9	**74.7**	76.5	**77.5**	81.5	81.5
Parents	82.0	**82.2**	71.8	**72.7**	76.3	79.9 ▲	79.9	80.6

Note: "All races/ethnicities" includes Native Americans and Asian Americans. Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level. The symbols "▲" and "▼" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level. *Source:* Urban Institute

Family Income

Despite increases in employment among black parents and low-income black adults, black families experienced no significant changes in poverty rates from 1996 to 1998.[3] The poverty rate for black nonelderly persons was 27 percent in both years, and the percentage of black persons with low incomes (living in families with incomes below 200 percent of poverty) remained steady (figure 1 on page 3).[4]

Between 1996 and 1998, poverty rates and the percentage of people in low-income families declined for the nation as a whole. The national poverty rate dropped by 2 percentage points to 13 percent. Poverty rates also declined from 10 to 8 percent for whites and from 30 to 26 percent for Hispanics. The percentage of persons living in low-income families nationwide fell by 2 percentage points (from 33 to 31 percent) over the two-year period. Between 1996 and 1998, the percentage of persons living in low-income families declined from 26 to 24 percent for whites and from 61 to 56 percent for Hispanics.

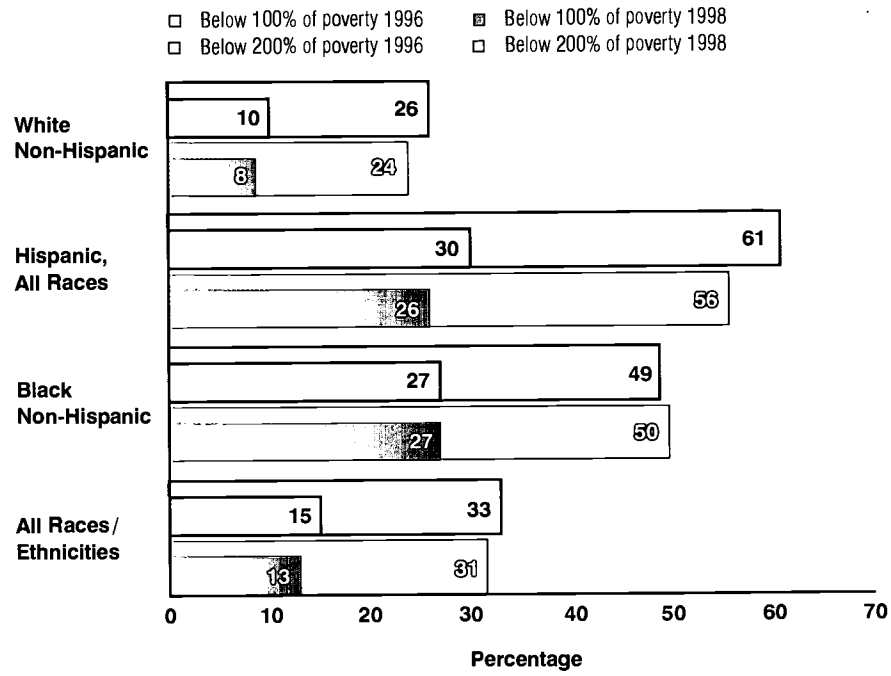
Therefore, over the two-year period, the gap between the percentage of blacks with low incomes and the percentage of whites with low incomes widened from 24 to 27 percentage points, despite employment increases among black parents. The disparity between white and Hispanic child poverty rates also narrowed by 5 percentage points over these two years. While blacks and Hispanics remained poorer than whites in 1998, there was no statistically significant difference between poverty rates for blacks and Hispanics.

Food Concerns and Affordability

To measure food hardship, the NSAF asked adults in the family whether, during the previous year, any family members had worried that food would run out before they got money to buy more, the food they bought did run out, or one or more adults ate less or skipped meals because there was not enough money for food. By these measures, food hardship declined among low-income nonelderly families from 49 percent in 1997 to 46 percent in 1999 (table 2).[5] Food hardship also declined among higher-income families, but this change was not statistically significant.

White families, in both low- and higher-income groups, experienced declines in food hardship during this period. Food hardship fell from 43 to 38 percent for low-income whites and from 12 to 11 percent for higher-income whites. There were no statistically significant changes in food hardship for black and Hispanic families. For both income groups, rates of food hardship for blacks and Hispanics remained higher than those for whites.

Figure 1: Poor and Low-Income Nonelderly, by Race and Ethnicity, 1996–1998



Note: "All races/ethnicities" includes Native Americans and Asian Americans. *Source:* Urban Institute

Affordability of Housing

To measure housing hardship, the NSAF asked adults whether they had been unable to pay their rent, mortgage, or utility bills at some point during the previous year. Nationwide, the housing hardship rate for nonelderly persons remained unchanged at 13 percent between 1997 and 1999 (table 2). Families' reported ability to afford housing may have stayed the same despite the economic boom because housing prices rose faster than incomes (Zedlewski 2000). Analysis of housing hardship by race and ethnicity reveals that while whites were better able to afford housing in 1999 than in 1997, blacks were more likely to encounter difficulties paying for housing than before. As a result, the disparity between blacks and whites in 1997 (Staveteig and Wigton 2000) widened during the two-year period. Housing hardship for Hispanics remained steady at 19 percent from 1997 to 1999.

TABLE 2 Affordability of Food and Housing, by Race and Ethnicity, 1997–1999

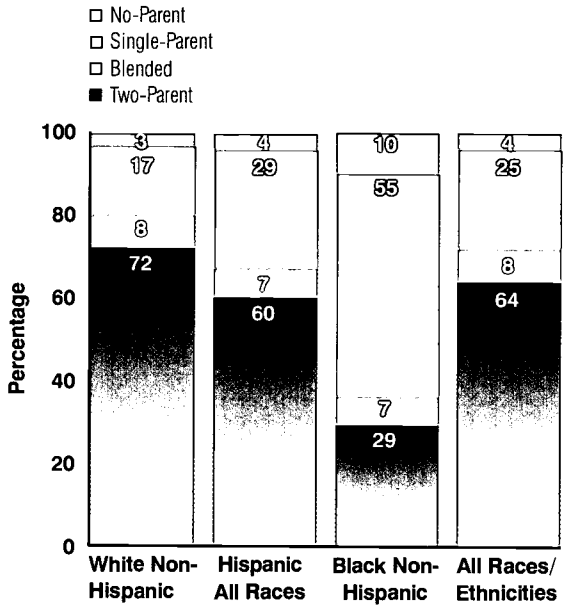
	White, Non-Hispanic		Hispanic, All Races		Black, Non-Hispanic		All Races/Ethnicities	
	97	99	97	99	97	99	97	99
Nonelderly Americans Living in Families That Worried about or Experienced Difficulties Affording Food								
Below 200% of poverty level	43.3	**38.4** ▽	56.1	**53.9**	57.0	**56.3**	49.0	45.6 ▽
Above 200% of poverty level	11.9	**10.5** ▽	22.9	**23.7**	22.3	**23.9**	13.9	13.1
All incomes	19.9	**17.1** ▽	43.0	**40.6**	39.4	**40.1**	25.6	23.2 ▽
Nonelderly Americans Living in Families with Problems Paying Their Mortgage, Rent, or Utility Bills								
Below 200% of poverty level	24.2	**23.2**	24.5	24.9	29.8	**33.1**	25.4	25.5
Above 200% of poverty level	6.5	**6.2**	11.6	**12.3**	13.2	**16.1**	7.4	7.6
All incomes	11.1	**10.2** ▽	19.4	**19.4**	21.4	**24.6** △	13.4	13.2

Note: "All races/ethnicities" includes Native Americans and Asian Americans. Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level. The symbols "△" and "▽" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level. *Source:* Urban Institute

Family Structure

Each child's family has been categorized into one of four types: a two-parent family (two biological or adoptive parents), a single-parent family (an unmarried biological or adoptive parent who might or might not be living with other adults), a blended family (a biological or adoptive parent married to a spouse who has not adopted the child), or a no-parent family (a child living with relatives other than his or her parents, with unrelated adults, or as an emancipated minor).

Figure 2: Children's Family Structures, by Race and Ethnicity, 1999



Note: "All races/ethnicities" includes Native Americans and Asian Americans.
Source: Urban Institute

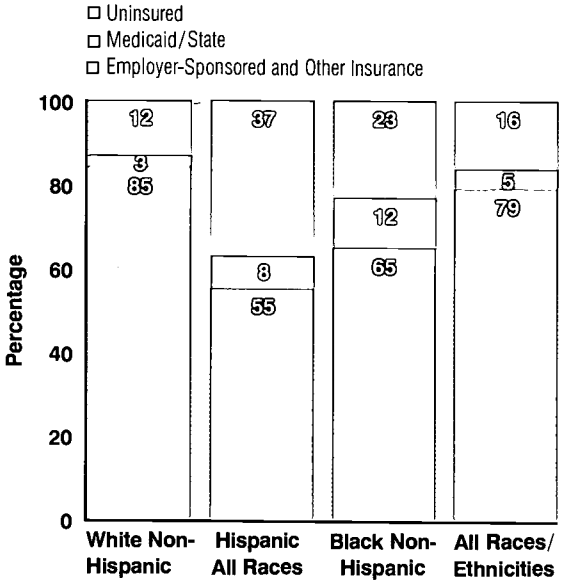
Nationwide, in 1999, 64 percent of children lived in two-parent families, versus 62 percent in 1997. White children's two-parent family rates increased slightly over this period, from 71 to 72 percent. The percentage of Hispanic children living in two-parent families rose from 58 to 60 percent, but this was not statistically significant. The rate of two-parent families among black children remained at 29 percent in both years, much lower than rates for white and Hispanic children.

Almost one in five white children and almost one in three Hispanic children lived in single-parent families in 1999 (figure 2). In contrast, more than half of all black children did. Between 1997 and 1999, fewer white and Hispanic children lived in a single-parent family (declines of 2 and 4 percentage points, respectively). The gap in single-parent family rates between whites and Hispanics declined over the two-year period. The high rate of single-parent families among black children, however, remained steady at 55 percent.

Health Insurance

Three types of health insurance coverage are reviewed: employer-sponsored (including coverage offered through the military) and other insurance coverage (including private nongroup plans and Medicare), Medicaid or state-based coverage (called Medicaid/State for adults and Medicaid/SCHIP/State for children), and no insurance.[6]

Figure 3: Health Insurance Coverage of Nonelderly Adults, by Race and Ethnicity, 1999



Note: "All races/ethnicities" includes Native Americans and Asian Americans.
Source: Urban Institute

Adults. From 1997 to 1999, the gap in insurance coverage between low-income Hispanic adults and low-income white adults increased (table 3 on page 6). For white low-income adults, the uninsurance rate fell from 31 percent in 1997 to 29 percent in 1999. Over half of low-income Hispanic adults were uninsured in both 1997 and 1999. As a result, the gap in health insurance between low-income white and Hispanic adults grew from 21 percentage points to 25 percentage points over the two-year period. From 1997 to 1999, the rate of uninsurance among low-income black adults remained unchanged at 33 percent.

Among higher-income adults, health insurance rates changed little. The only change was a slight increase in Medicaid and state-based coverage of higher-income adults, which was significant only for the nation and blacks. Uninsurance also increased for higher-income black and Hispanic adults (from 13 to 16 percent and from 17 to 19 percent, respectively), but these increases were not statistically significant. Uninsurance rates remained the same among higher-income white adults, at 8 percent in both years. Figure 3 shows adults' health insurance coverage by race and ethnicity in 1999.

Children. Low-income children nationwide experienced a 1 percent decrease in Medicaid, State Children's Health Insurance Program (SCHIP), and state-based coverage (table 3 on page 6). This drop was offset by a 1 percent increase in employer-sponsored insurance coverage. Neither change was statistically significant. Medicaid, SCHIP, and state-based coverage of low-income Hispanic children dropped off nearly 5 percent in the two year period. A similar decrease did not occur for any other racial or ethnic group. The accompanying increases in uninsurance and employer-sponsored insurance coverage for low-income Hispanic children were not statistically significant.

The insurance coverage gap between higher-income white and Hispanic children grew between 1997 and 1999. Among higher-income white and Hispanic children, rates of employer-sponsored and other insurance coverage decreased (from 89 to 87 percent and 82 to 77 percent, respectively). For higher-income white children, the drop in employer-sponsored and other coverage was accompanied by an increase in Medicaid, SCHIP, and state-based coverage, yielding no statistically significant increase in uninsurance rates. For higher-income Hispanic children, however, the drop in employer-sponsored and other coverage was not offset by an increase in Medicaid, SCHIP, and state-based coverage, yielding a 5 percent increase in uninsurance rates. Higher-income black children experienced no statistically significant change in insurance status from 1997 to 1999.

Health Status

The NSAF asked adults whether their current health status (and that of their children) was excellent, very good, good, fair, or poor. In both 1997 and 1999, 12 percent of nonelderly adults reported being in fair or poor health (table 3 on page 7). Health status varied across racial/ethnic groups. In 1999, 10 percent of nonelderly white adults, 17 percent of nonelderly black adults, and 24 percent of nonelderly Hispanic adults reported that they were in fair or poor health. Children were much less likely to be in fair or poor health than adults. In both 1997 and 1999, 5 percent of children nationwide were reported to be in fair or poor health. Three percent of white children were reported to be in fair or poor health in 1999, compared with 8 percent of black children and 11 percent of Hispanic children. None of these changes in overall health status were statistically significant for any racial/ethnic group.

Higher-income children were slightly more likely to be in fair or poor health in 1999 (3 percent) than in 1997 (2 percent). Higher-income Hispanic children also experienced an increase in fair or poor health status, from 3 to 5 percent. Higher-income white and black children's increases in fair or poor health status were less than 2 percent and were not statistically significant. Thus, the initial gap in health status between higher-income white and Hispanic children increased by a small but statistically significant amount between 1997 and 1999.

Discussion

Across the nation, poverty rates declined, food hardship decreased among low-income families, and the rate of two-parent families increased from 1997 to 1999. Although both white and Hispanic families experienced a decrease in poverty and single-parent family rates during this period, white families experienced a drop in housing hardship that Hispanic families did not. Further, higher-income Hispanic children were the only group whose rates of health insurance decreased and whose health status declined from 1997 to 1999. During the same period, employment rates of black parents and black low-income adults rose. Despite increases in employment, black families experienced no decrease in rates of poverty, food hardship, or the incidence of single-parent families, and their housing hardship worsened.

TABLE 3 Key Indicators by Race and Ethnicity

	White, Non-Hispanic		Hispanic, All Races		Black, Non-Hispanic		All Races/Ethnicities	
Population (%), by Age	97	99	97	99	97	99	97	99
Children 0–17	64.9	64.1 ▽	14.8	15.8 △	15.6	15.3 ▽	100.0	100.0
Adults 18–64	72.9	72.5 ▽	10.8	10.9 △	12.0	12.0 ▽	100.0	100.0
All nonelderly	70.4	70.0 ▽	12.0	12.4 △	13.1	13.0 ▽	100.0	100.0
Family Income (%), by Age	96	98	96	98	96	98	96	98
Below 100% of poverty level								
Children 0–17	12.1	**9.9** ▽	38.8	**31.5** ▽	38.4	**35.4**	20.6	17.5 ▽
Adults 18–64	9.0	**7.7** ▽	24.6	**22.5**	21.2	**22.0**	12.5	11.2 ▽
All nonelderly	9.9	**8.3** ▽	29.9	**26.0** ▽	27.4	**26.8**	14.9	13.1 ▽
Below 200% of poverty level								
Children 0–17	32.1	**29.8** ▽	69.2	**63.6** ▽	63.9	**63.5**	42.8	40.4 ▽
Adults 18–64	23.3	**21.2** ▽	55.5	**51.6** ▽	40.9	**43.0**	29.2	27.3 ▽
All nonelderly	25.8	**23.6** ▽	60.7	**56.3** ▽	49.3	**50.3**	33.4	31.3 ▽
Children (%) Living in Various Family Structures								
	97	99	97	99	97	99	97	99
Two-parent	70.7	**72.1** △	58.0	59.9	29.3	**28.6**	62.4	63.6 △
Blended	8.8	**8.3**	5.5	6.9 △	6.8	6.7	7.7	7.8
Single-parent	18.9	**17.0** ▽	33.3	**29.4** ▽	54.9	**54.7**	26.7	24.8 ▽
No-parent	1.7	**2.5** △	3.3	**3.8**	9.0	**10.0**	3.2	3.9 △
Health Insurance of Nonelderly Adults (%), by Income								
Below 200% of poverty level								
Employer-sponsored	43.3	**48.2** △	29.9	**29.5**	34.8	**36.0**	38.5	41.7 △
Medicaid/State	13.3	**12.4**	13.7	13.2	24.5	**24.1**	15.3	14.7
Other coverage	12.1	**10.7**	4.1	**3.2**	7.5	**6.8**	9.7	8.8
Uninsured	31.3	**28.7** ▽	52.3	**54.1**	33.3	33.2	36.5	34.9
Above 200% of poverty level								
Employer-sponsored	85.6	**85.0**	77.3	**76.6**	81.8	**78.2**	84.5	83.7
Medicaid/State	0.8	**0.8**	1.8	1.3	1.5	**3.0** △	0.9	1.1 △
Other coverage	6.1	**6.4**	3.6	**3.2**	3.5	**3.4**	5.7	5.8
Uninsured	7.6	**7.8**	17.3	**18.9**	13.3	**15.5**	8.9	9.4
All Incomes								
Employer-sponsored	75.8	**77.3** △	51.2	**52.2**	62.4	**60.4**	71.1	72.3 △
Medicaid/State	3.7	**3.3**	8.4	**7.5**	10.9	**11.9**	5.1	4.8
Other coverage	7.5	**7.3**	3.9	**3.2**	5.2	**4.8**	6.9	6.6
Uninsured	13.1	**12.2**	36.6	**37.1**	21.5	**22.9**	16.9	16.3

Although blacks and Hispanics gained in only a few of the indicators examined here, they may have experienced improvements that were not captured by the survey. NSAF sample sizes for blacks and Hispanics are approximately one-sixth those for whites, making it harder to detect changes for these groups, especially statistically significant changes. The data strongly suggest that the circumstances of whites are improving, but there is little evidence of similar improvements among minority populations.

Of the seven indicators reviewed, NSAF data show four widening gaps between whites and blacks or whites and Hispanics and three narrowing gaps. The disparity in employment rates between blacks and whites (among parents and low-income adults) has decreased, but disparities in housing hardship and the likelihood of being low income have increased. Disparities in child poverty and rates of single-parent families between whites and Hispanics have decreased, but disparities in health status and health insurance among higher-income children have increased.

These data show the importance of looking beyond national averages when analyzing trends during this period of changing social policies. Increasing racial and ethnic disparities could imply that public policies are working better for whites than they are for minorities. This possibility cannot be confirmed with the data presented here, but it underscores the need for additional monitoring and analysis.

TABLE 3 Key Indicators by Race and Ethnicity (continued)

	White, Non-Hispanic		Hispanic, All Races		Black, Non-Hispanic		All Races/Ethnicities	
	97	99	97	99	97	99	97	99
Health Insurance Coverage of Children Ages 0–18 (%), by Family Income								
Below 200% of poverty level								
Employer-sponsored	48.1	**48.4**	24.7	**27.3**	31.6	**29.9**	37.8	38.7
Medicaid/SCHIP/State	27.0	**27.4**	42.0	**37.3** ▽	47.8	**49.0**	35.9	35.2
Other coverage	5.6	**4.9**	3.1	**2.5**	3.0	**2.8**	4.3	3.8
Uninsured	19.3	**19.3**	30.2	**32.9**	17.7	**18.2**	22.0	22.4
Above 200% of poverty level								
Employer-sponsored	89.0	**86.9** ▽	82.2	**76.9** ▽	84.6	**81.3**	88.1	85.3 ▽
Medicaid/SCHIP/State	2.0	**2.9** △	6.5	**5.8**	6.7	**8.4**	2.8	3.8 △
Other coverage	4.8	**5.2**	2.9	4.5	1.8	**2.4**	4.2	4.9 △
Uninsured	4.3	**5.0**	8.3	**12.9** △	6.9	7.9	5.0	6.0 △
All Incomes								
Employer-sponsored	76.0	**75.6**	42.5	**45.8** △	51.1	**48.8**	66.8	66.7
Medicaid/SCHIP/State	9.9	**10.2**	31.0	**25.5** ▽	32.6	**34.1**	16.8	16.4
Other coverage	5.0	**5.1**	3.1	**3.3**	2.6	**2.7**	4.2	4.5
Uninsured	9.0	**9.2**	23.4	**25.4**	13.8	**14.4**	12.2	12.5
Nonelderly Persons (%) in Fair or Poor Health, by Family Income								
Below 200% of poverty level								
Children	5.2	**4.2**	15.5	**14.1**	7.9	9.4	8.3	7.9
Adults	20.3	**20.3**	34.2	**32.4**	24.8	**26.2**	23.6	23.8
Above 200% of poverty level								
Children	1.5	**1.8**	2.7	**4.5** △	4.4	4.5	1.9	2.5 △
Adults	7.0	**7.1**	13.4	**14.9**	9.7	**11.0**	7.8	8.0
All Incomes								
Children	2.7	**2.5**	11.5	**10.5**	6.6	**7.6**	4.6	4.7
Adults	10.1	**9.9**	24.9	**24.0**	15.9	**17.4**	12.4	12.3

Note: "All races/ethnicities" includes Native Americans and Asian Americans. Figures in color represent values that are statistically significantly different from the 1999 national average at the 0.10 confidence level. The symbols "△" and "▽" represent statistically significant increases and decreases, respectively, between 1997 and 1999 at the 0.10 confidence level. *Source:* Urban Institute

SNAPSHOTS
of America's Families II

This Snapshot presents findings from the 1997 and 1999 rounds of the National Survey of America's Families (NSAF). Information on more than 100,000 people was gathered in each round from more than 42,000 households with and without telephones that are representative of the nation as a whole and of 13 selected states. As in all surveys, the data are subject to sampling variability and other sources of error. Additional information on NSAF methods can be obtained at http://newfederalism.urban.org/nsaf/methodology.html.

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Acknowledgements

The authors wish to thank Rana Atie, Emily Greenman, Jenny Haley, and Junko Homma for their support with preparation of data.

Endnotes

1 The NSAF asks the most knowledgeable adult in the family to identify race and ethnicity for himself or herself and for each sampled family member. Respondents were first asked about ethnicity ("[Are you/Is family member] of Spanish or Hispanic origin?"), and then about race ("What is [your/family member's] race?"). The NSAF used the two standard Census categories for ethnicity (Hispanic and non-Hispanic) and the four standard Census categories for race (white, black, American Indian or Alaskan Native, and Asian or Pacific Islander). Values for respondents who chose not to answer the question or who gave an answer that did not fit into one of these categories were imputed. In the 1999 NSAF, ethnicity was imputed for 2 percent of respondents and race was imputed for 9 percent.

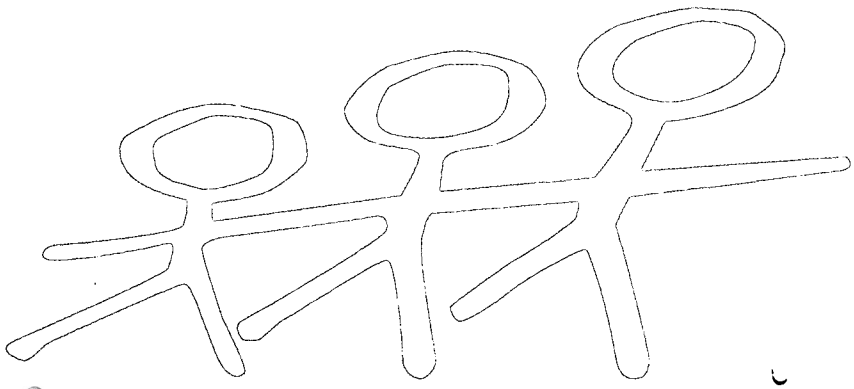
2 Adults ages 25 to 54 are considered prime-age workers.

3 Since income is measured over the past year, the 1999 survey measured 1998 income and the 1997 survey measured 1996 income.

4 The rate increased from 49 to 50 percent over the two-year period, but this was not statistically significant.

5 Although the food and housing hardship measures ascertain hardship in the 12 months prior to the interview, the text refers to the years 1997 and 1999 (rather than 1996–97 and 1998–99) for simplicity.

6 Persons were categorized as having no insurance if they (or their primary caretaker) reported none of these types of coverage and confirmed that they did, in fact, lack health insurance.



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