

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

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

Two characteristics of the Latino population are especially noteworthy. First, Latinos are a young population. More than one-third are under 18 years of age and almost half are under age 25.<sup>2</sup> Both the size of the Latino population and its youthfulness mean that the well-being of the Hispanic community—and especially of Latino children—matters to the future economic and social status of the United States as a whole.

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

Hispanic children, whether or not they themselves are immigrants.

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

## Education

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

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

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school, compared with almost 90% of both white and black students.<sup>8</sup>

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

## Health

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

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

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

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

## Economic Status

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

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

## Box 1

### Indicators of Latino Family Economic Status and Security

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

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

## The Future

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

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

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

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

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

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

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

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

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

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

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

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

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## ENDNOTES

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

- for Hispanic children. *2002 AOL Time Warner Foundation/People En Español Joint Hispanic Opinion Tracker Study*. Available online at [http://www.hispanicprwire.com/print\\_AOL\\_Tracker\\_ENG.htm](http://www.hispanicprwire.com/print_AOL_Tracker_ENG.htm). Also, in a May 2002 poll (“National Hispanic Electorate”) by Bendixen and Associates for the New Democrat Network, almost half of Latinos rated education as their first or second choice as the most important public policy issue for the community.
6. National Household Education Surveys Program. *Parent interviews*. Washington, DC: National Center for Education Statistics, 2001.
  7. For further discussion of this topic, see the article by Takanishi in this journal issue.
  8. For further discussion of this topic, see the article by Fuligni and Hardway in this journal issue.
  9. National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs. *The growing number of limited English proficient students: 1991/92-2001/02*. Washington, DC: NCELALIEP, October 2002.
  10. National Clearinghouse for English Language Acquisition and Language Instruction Educational Programs. *Language backgrounds of limited English proficient (LEP) students in the U.S. and outlying areas: 2000-2001*. Washington, DC: NCELALIEP, May 2002.
  11. The Center on Education Policy. *From capital to the classroom: Year 2 of the No Child Left Behind Act*. Washington, DC: CEP, January 2004.
  12. According to the National Council of La Raza, Institute for Hispanic Health, one in ten adult Latinos has diabetes; of particular concern is the increase in the number of young people who are being diagnosed with type 2 diabetes. Research shows that Puerto Ricans and Mexican Americans are two to four times more susceptible to developing diabetes than the general population. More information available online at <http://www.nldi.org/opt03-01E.asp?Id=E>.
  13. Overall, Hispanic children in the United States have a rate of asthma (10.3%) comparable to or lower than that of other peer groups (11.4% and 17.7% for white and black children, respectively). See National Center for Health Statistics. Summary health statistics for U.S. children: National health interview survey. *Vital and Health Statistics* (March 2004) 10(221):7–8. However, data by ethnic subgroup show that as many as 20.1% of mainland Puerto Rican children have had asthma at some point in their lives, compared to 6.4% of non-Hispanic white and 9.1% of non-Hispanic black children. Evidence also suggests that all Latino children, but especially Puerto Rican children, experience high levels of asthma morbidity. In other words, when they do have asthma, the symptoms these children experience are more likely to be severe and to cause functional impairment, such as missed school days.
  14. According to the Kaiser Family Foundation, although Latinos composed 15% of the U.S. teenage population in 2001, they accounted for 21% of new AIDS cases reported among adolescents that year. See The Henry J. Kaiser Family Foundation. *HIV/AIDS policy fact sheet: Latinos and HIV/AIDS*. Menlo Park, CA: KFF, July 2003. Available online at 3029-03.cfm.
  15. In 2001, Hispanic females had the highest teenage birth rate in the nation (88 per 1,000 women), compared to 76 per 1,000 for black teenagers, and 31 per 1,000 for non-Hispanic white teens. See Hamilton, B.E., Sutton, P.D., and Ventura, S.J. *Revised birth and fertility rates for the 1990s and new rates for Hispanic populations, 2000 and 2001: United States*. National vital statistics report, vol. 15, no. 12. Hyattsville, MD: US Department of Health and Human Services, Centers for Disease Control and Prevention, August 4, 2003, pp. 15–16. Moreover, while the teen birth rates for other major ethnic groups have dropped by 30% or more over the last decade, the rate for Hispanic teens has dropped by only 13%, with most of that change occurring prior to 1998 and almost no further decrease since that time.
  16. Pérez, S.M. *U.S. Latino children: A status report*. Washington, DC: National Council of La Raza, 2000.
  17. U.S. Census Bureau. March 2001 Current Population Survey, Table HI01. Health insurance coverage: Status and type of coverage by selected characteristics: 2001. Washington, DC: U.S. Census Bureau, as revised September 23, 2002. Available online at [http://ferret.bls.census.gov/macro/032002/health/h01\\_000.htm](http://ferret.bls.census.gov/macro/032002/health/h01_000.htm).
  18. See note 17, Census Bureau, 2002.
  19. For further discussion of this topic, see the article by Nightingale and Fix in this journal issue.
  20. Lessard, G., and Ku, L. Gaps in coverage for children in immigrant families. *The Future of Children: Health Insurance for Children* (Spring 2003) 13(1):101–115.
  21. Data from U.S. Bureau of the Census. *Poverty in the United States: 2002*. Washington, DC: U.S. Bureau of the Census, 2003. Calculations by National Council of La Raza.
  22. National Council of La Raza. *NCLR agenda for Hispanic families: A public policy briefing book*. Washington, DC: NCLR, 2002. Available online at <http://www.nclr.policy.net/proactive/newsroom/release.vtml?id=23182>.
  23. Sorensen, S., Brewer, D.J., Carroll, S.J., and Bryton, E. *Increasing Hispanic participation in higher education: A desirable public investment*. Santa Monica, CA: RAND Corporation, 1995, as cited in *Moving up the economic ladder: Latino workers and the nation's future prosperity*. S.M. Pérez, ed. Washington, DC: National Council of La Raza, 2000.
  24. López, E., Ramírez, E., and Rochín, R.I. *Latinos and economic development in California*. Sacramento, CA: California Research Bureau, June 1999, as cited in *Moving up the economic ladder: Latino workers and the nation's future prosperity*. S.M. Pérez, ed. Washington, DC: National Council of La Raza, 2000.
  25. Fisher, M., Pérez, S.M., González, B., et al. *Latino education: Status and prospects: State of Hispanic America 1998*. Washington, DC: National Council of La Raza, 1998, pp. 87–109.
  26. Holahan, J., Dubay, L., and Kenney, G. Which children are still uninsured and why. *The Future of Children: Health Insurance for Children* (Spring 2003) 13(1):55–97.