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To our readers,

As part of our commitment to keep you up to date on legislation, federal programs, court decisions and private sector actions that affect your work with children, we publish InFocus, an in-depth look at emerging issues in school-based health and health care. Written by long-time ejournal editor Virginia Robinson, issues of InFocus explore current topics in school health. We invite you to contribute your own thoughts and look forward to hearing from you.

Julia Graham Lear
Director, Center for Health and Health Care in Schools

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Children in Immigrant Families

Noting that one in five children in the United States lives in an immigrant family, a panel of experts convened by the Brookings Institution and the Woodrow Wilson School of Public and International Affairs has pointed out that most children of immigrants will be lifelong U.S. residents and their presence will affect basic institutions, including the health system, that currently are not well equipped to handle their special circumstances.

“Children of immigrants face several difficulties that children of native-born parents do not, including adapting to cultural norms that may differ from those of their parents and learning a language that may not be spoken at home,” said the Brookings Institution’s Ron Haskins. “The poverty rate of children in immigrant families is 21 percent, as against 14 percent for children in native-born families. Nearly half of children in immigrant families have family incomes below 200 percent of poverty, compared with only 34 percent of native children. They are more likely to be in families worried about or encountering difficulties paying for food. They are nearly twice as likely to lack health insurance, and they are more than four times as likely to live in crowded housing.”

Though children in immigrant families experience higher poverty and hardship rates, they are less likely to receive public assistance, including Medicaid, than other low-income children—children of immigrants are about half as likely to participate in Medicaid, a gap that has widened in recent years. Changes in federal welfare law in 1996 made most noncitizens ineligible for Temporary Assistance to Needy Families (TANF) and Medicaid during their first five years in the United States and also restricted their eligibility for food stamps. Although these restrictions do not apply to children who were born in the United States to immigrant parents—those children are citizens entitled to all benefits enjoyed by other citizens—but the restrictions on parents have had a chilling effect on families’ participation in the programs. An Urban Institute report also indicates that young children of immigrants are less likely to be in center-based child care, potentially limiting their preparation for schooling.

A report on immigrant children prepared in 2004 by the David and Lucile Packard Foundation for the *Future of Children* series summarized strengths and challenges that set immigrant families apart from the mainstream. Authors Margie Shields and Richard Behrman noted that:

<http://www.healthinschools.org/focus/2005/no1.htm>

- Compared with children of U.S.-born parents, children of immigrants are more likely to be born healthier and to live with both parents. The percentage of immigrant children living in single-parent households is only about 16 percent, compared with 26 percent for children of U.S.-born families.
- Immigrant children are more likely to be living in poverty and to be without health insurance.
- Immigrants from Mexico, Asia, Central America, and the Caribbean, who make up the largest part of current immigrant populations, tend to be poorly educated, have limited English skills, and have poor job prospects. The fact that many are undocumented may subject their children to hardships greater than those experienced by children from other poor families.
- Immigrant families generally come to America eager to work hard, and they expect their children to do the same. “Children of immigrants typically are imbued with a strong sense of family obligation and ethnic pride, and with the importance of education,” and they tend to do better in school, at least through middle school, though by adolescence they may become disillusioned and their attitudes toward teachers and scholastic achievement can turn negative.
- Immigrant families tend to settle in communities with others from their same country of origin, which may give children a cohesive and culturally consonant community that can buffer some of the negative influences of mainstream society, but that may also make acquisition of a new language more difficult. Seventy-two percent of children in immigrant families speak a language other than English at home, and 26 percent live in linguistically isolated households where no one over the age of 14 has a strong command of the English language.

“Regardless of how one might feel about our nation’s immigration policies, there is no turning back the clock on the children of immigrants already living here,” and the implications of those populations for all aspects of our lives, including health care, the authors pointed out.

The Futures of Immigrant Children

Both the *Future of Children* report and the Brookings panelists suggested steps that might be taken to improve the health and well-being of children in immigrant families.

- *Birth to age eight.* Early learning experiences, extended into kindergarten and the early elementary grades, and special education might benefit many immigrant children, though children in immigrant families tend not to participate in any of these activities.
- *Middle childhood.* During middle childhood, it is critical to understand how experiences with racism and discrimination and perceptions of diminished life opportunities can influence the paths of immigrant children. Maintaining respect for parents and preserving connections to their cultural heritages seem very important in these years.
- *Adolescence.* Finishing school, acquiring work skills, postponing parenthood, and being physically and mentally healthy can help immigrant children negotiate the difficult passage to adulthood. Barriers include lack of health insurance and access to health care.

But not all children in immigrant families are the same. The *Future of Children* report describes the circumstances and needs of two groups, in particular—Latinos and Southeast Asians.

Latino Children

“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, driven both by high birth rates relative to other racial and ethnic groups, and by immigration,” writes Sonia Perez of the National Council of La Raza. Two characteristics of the Latino population are especially noteworthy, she points out. For one, it is a very young—more than one-third of Latinos in this country are under 18 years of age, and almost half are under 25. And second, while many of the children were born in the United States, they are likely to live in households that include immigrants and in which Spanish is the language most often spoken.

In school, Latinos now make up the second-largest population group, after non-Hispanic whites. Under the Bush administration’s No Child Left Behind education law, these children, even if they have limited proficiency in English, are expected to meet the same academic benchmarks as English-proficient students.

In another part of their lives—health—young Latinos also face significant challenges, Perez notes. They have disproportionately high rates of diabetes, asthma, and HIV/AIDS and the highest teen birth rate in the nation. These conditions result in part from, or are exacerbated by, widespread lack of health insurance. Latino young people are less likely to receive coverage through their parents’ jobs, which are often in industries such as construction, agriculture, and service, in which there are low wages and no benefits; and the 1996 federal welfare reforms bar many immigrants from federally funded health programs.

The *Future of Children* report points to one particular group of Latinos—immigrants from Mexico—as examples of both the strengths and the litany of challenges faced by all immigrants. Currently, it’s estimated that more than 5.1 million children in this country are children of Mexican immigrants, both documented and undocumented, who have come to the United States in search of economic opportunity. The level of parental education tends to be very low, and many work only part-time or seasonally. Mexican-Americans must contend with a long history of what the authors describe as “stigmatization, economic exploitation, and racial exclusion.” But children of Mexican immigrants also exemplify some of the strengths of immigrant groups in general—children are more likely to be living in intact families with one or more working parents and to be part of well-established and supportive communities.

Southeast Asian Children

Policymakers tend to look at Asian Americans as one large, undifferentiated group that is on the whole doing quite well in American society, and they are often cited as a “model minority.” But large numbers of children who emigrated, or whose parents emigrated, from Southeast Asia—Cambodia, Laos, and Vietnam—have problems with language, access to health care, and utilization of federal benefits that are very similar to those of Latino children, according to Ka Ying Yang, a former director of the Southeast Asia Resource Action Center.

Nearly three decades after the beginning of the refugee flight from Southeast Asia, many children in these immigrant families continue to struggle with formal education, due to

factors that include limited English language skills; discrimination; miscommunication between children and parents and between families and schools; and feelings of alienation from mainstream schools.

And as with Latinos, many Southeast Asian immigrant children are without health insurance or a usual source of health care. That may be particularly true of mental health care, where surveys indicate that Asian American youth are less than half as likely as white youths to receive counseling.

Authors Shields and Behrman conclude: "Implementing programs that promote the healthy development of children in immigrant families and that provide them with opportunities for achievement more equal to those of children in U.S.-born families clearly places an added financial burden on society. However, failure to implement such programs will also place a financial burden on society, a burden that will grow over time as these children enter adulthood and their lifetime earnings and tax contributions are less than they might have been had they received more supports earlier in life. To assure a cohesive society, a prosperous economy, and a strong safety net for the elderly, poor, and disabled into the next century, more attention must be paid to the developmental needs of the large numbers of children in immigrant families living in this country, especially those who are at greatest risk of failure."

The Future of Children report, "Children of Immigrant Families," is online at www.futureofchildren.org/pubs-info2825/pubs-info.htm?doc_id=240166. "The Health and Well-Being of Young Children of Immigrants", a research report by the Urban Institute, is online at www.urban.org/url.cfm?ID=311139. Also see: "Caring Across Cultures: Achieving Cultural Competence in Health Programs at School: Survey Results" at www.healthinschools.org/sh/cultresults.asp.