

Children of Immigrants: Healthy Beginnings Derailed by Food Insecurity

Children of immigrants are the fastest growing child population in the United States.¹ More than 20 percent of children under age six have immigrant parents; approximately 93 percent of these children are American citizens.¹ Of the children who are non-citizens, two-thirds will grow up to become citizens,² playing a critical role in our nation's future.

Children of immigrants start life with many factors in their favor. Research by Children's HealthWatch³ found that when compared to children of U.S.-born mothers, children of immigrant mothers were more likely to:

- Live in a two-parent family
- Have been born at a healthy weight and breastfed
- Have a mother who is not depressed

> Nutrition assistance not reaching children of immigrants

Despite their healthier start, children of immigrants and their parents face great challenges during their parents' first few years in the U.S. For some, their limited education makes all but low-wage jobs unattainable.⁴ Federal regulations also limit access for recent immigrants to public assistance programs. Many states have five-year waiting periods before documented immigrant adults can access nutrition and health programs, such as the Supplemental Nutrition Assistance Program (SNAP, formerly food stamps), for which they otherwise qualify.⁵ Paradoxically, these regulations bar people from receiving assistance when they most need it — when they are new to the U.S. and facing the challenge of establishing themselves. Moreover, the regulations cause confusion as children can be eligible even if their parents are not. Even if parents understand that their children qualify, some fear that applying for any benefits could compromise their chances of becoming U.S. citizens.⁵ So while immigrant families have higher rates of poverty and food insecurity,^{1,6} their children are less likely than those of U.S.-born parents to receive important nutritional and health benefits.¹

Family Hardship — Food Insecurity is limited or uncertain access to enough nutritious food for all household members to lead an active and healthy life due to economic constraints.

> Risk of poor health and food insecurity highest among children of recent immigrants

Research by Children's HealthWatch found:

Poor Health: Young children whose mothers had been in the U.S. less than ten years were 26 percent more likely to be in fair or poor health than those with U.S.-born mothers. After mothers had been in the U.S. for more than ten years, the odds of fair or poor health for children of U.S. born and immigrant mothers were virtually the same.³

Food Insecurity: Households with immigrant mothers were at greater risk of food insecurity than those with U.S.-born mothers. However, the odds of food insecurity declined the longer a family lived in the U.S. Immigrants in the U.S. five or less years were 145 percent more likely to be food insecure than U.S. born families. After ten years in the U.S., the likelihood of being food insecure decreased significantly.^{3,7}

Food insecurity contributes to poor health: Food insecurity played a significant role in increasing rates of fair or poor child health among children of immigrants.³

The latest research on brain development demonstrates that very young children are uniquely vulnerable to periodic scarcity of food and other basic needs, making children's earliest years a critical influence on their future health and development.⁸ When families lack adequate access to nutritious food, young children are put at increased risk of poor health, hospitalizations, iron-deficiency anemia, and developmental delays,⁹ all factors that undercut their ability to arrive at school ready to learn.

Summary of Findings

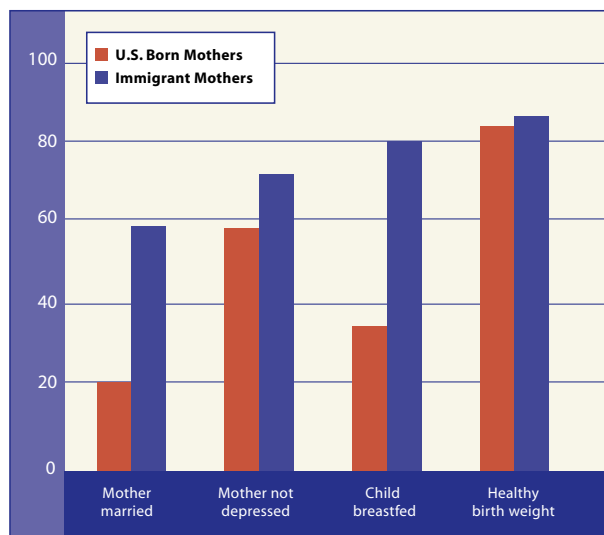
1. U.S.-born children of immigrant mothers are more likely to be breastfed, have a healthy birth weight, and live with two parents than children of U.S.-born mothers.
2. Despite this healthier start, young children of recent immigrants are more likely to be in poor health and food insecure.
3. Food insecurity plays a significant role in harming the health of young children of immigrants.



www.childrenshealthwatch.org

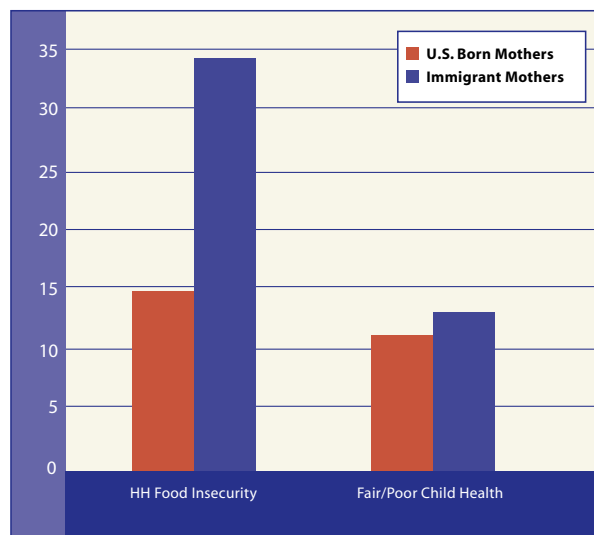
A non-partisan pediatric research center that monitors the impact of public policies and economic conditions on the health of young children.

**Figure 1: Children of Immigrants —
Healthier Start than U.S.-Born Peers**



Source: M Chilton, et al. American Journal of Public Health, 2009.
All differences statistically significant at $p < .001$

**Figure 2: Children of Immigrants —
Higher Rates of Food Insecurity and Poor Health**



Source: M Chilton, et al. American Journal of Public Health, 2009
All differences statistically significant at $p < .001$

Conclusion

We are a nation of immigrants whose hard work and creativity has contributed to our success. However the current debates over immigration resolve, children of immigrants will continue to play an important role in shaping our future as a nation. As such, we must ensure they have access to the nutrition they need to be healthy, no matter where their parents come from. Adequate nutrition is fundamental to the growth and development of all children. Anything less is short-sighted and, in the long run, costly for our nation.

We recommend that waiting periods for documented immigrants be eliminated in order to enhance the likelihood that their children will be enrolled in nutrition support programs, and that outreach to immigrant families is increased¹⁰ to ensure that all children receive the nutritional supports for which they are eligible. The need is urgent. Children are growing and learning now – their bodies and minds cannot wait. Prioritizing our youngest Americans' health and access to food is an investment in the health and wealth of the nation. In doing so we ensure that all children have the chance to develop to their full potential and arrive at school ready to learn.

This Policy Action Brief was prepared by Stephanie Ettinger de Cuba, MPH, Research and Policy Director, Karen Jeng, AB, Research and Policy Fellow, Elizabeth L. March, MCP, Executive Director, John T. Cook, PhD, MAEd, Co-Principal Investigator, Annie Gayman, AB, Research and Policy Fellow, Deborah A. Frank, MD, Co-Principal Investigator, and Mariana Chilton, PhD, MPH, Co-Principal Investigator.

We would like to thank Leighton Ku for his generous time and assistance in reviewing this brief.

Children's HealthWatch is a non-partisan pediatric research center that monitors the impact of economic conditions and public policies on the health and well-being of very young children. For more than a decade, Children's HealthWatch has interviewed families with young children in five hospitals in Baltimore, Boston, Little Rock, Minneapolis and Philadelphia that serve some of the nation's poorest families. The database of more than 38,000 children, more than 80% of whom are minorities, is the largest clinical database in the nation on very young children living in poverty. Data are collected on a wide variety of issues, including demographics, food security, public benefits, housing, home energy, and children's health status and developmental risk.

¹ R Capps, M Fix, J Ost, J Reardon-Anderson, JS Passel. Urban Institute, November 2004.

² L Ku. The George Washington University School of Public Health and Health Services, Department of Health Policy, January 2009.

³ M Chilton, M Black, C Berkowitz, P Casey, J Cook, D Cutts, R Rose Jacobs, T Heeren, S Ettinger de Cuba, S Coleman, A Meyers, D Frank. *American Journal of Public Health*. 2009;99;3:556-562.

⁴ R Capps, M Fix, JS Passel, J Ost and D Perez-Lopez. Urban Institute, November 2003.

⁵ R Capps, M Fix, J Ost, J Reardon-Anderson, JS Passel. Urban Institute, February 2005.

⁶ R. Capps, A Horowitz, K Fortuny, J Bronte-Tinkew, M Zaslow. *Child Trends*, February 2009.

⁷ Likelihood of being household food insecure drops dramatically over time from 145% more likely (Immigrants in the U.S. for five years or less) to 44% more likely (Immigrants in the U.S. ten years or more).

⁸ E March, JT Cook, S Ettinger de Cuba, A Gayman and DA Frank. *Children's HealthWatch*, June 2010.

⁹ JT Cook and DA Frank. *Annals of the New York Academy of Sciences*. 2008;xxxx:1-16.

¹⁰ G Flores, M Abreu, SC Tomany-Korman. *Pediatrics*. 2006;118:e730-e740.