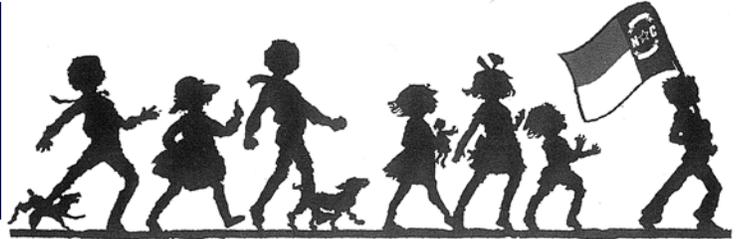


Profiles of N.C. Children

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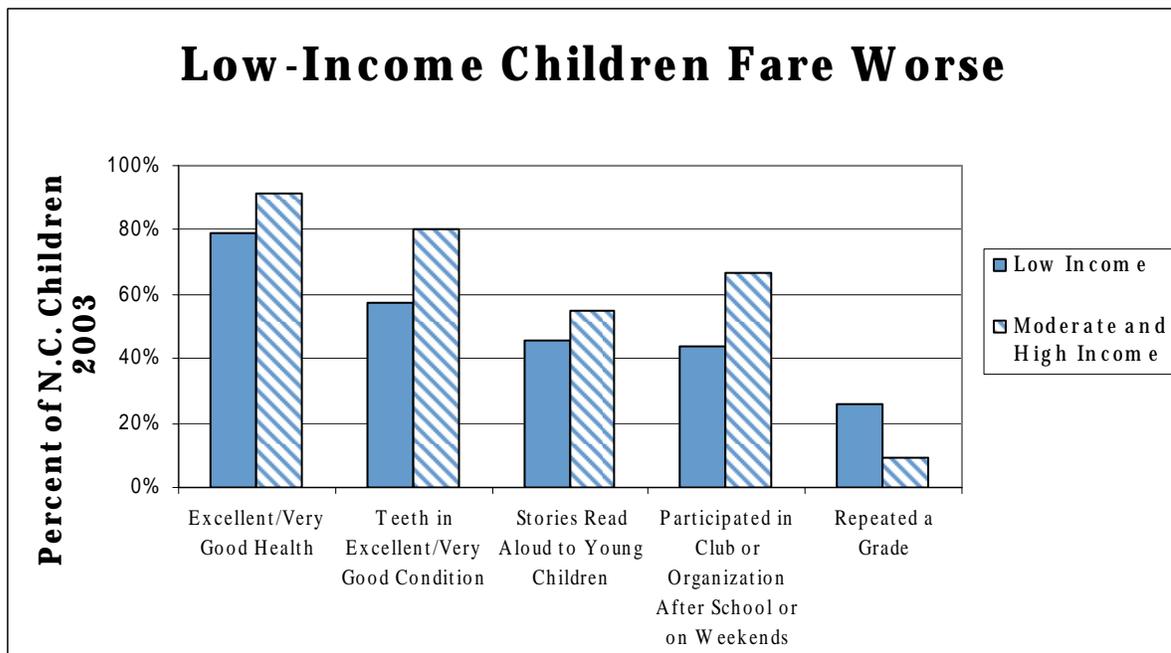
Outcomes by Income: Low-income children fare worse on many indicators

People say money can't buy love or happiness. However, money does appear to buy improved outcomes for North Carolina children, according to a survey from the Centers for Disease Control and Prevention. Children who live in families above 200% of the federal poverty line—about \$38,700 for a family of four—are more likely to enjoy excellent physical and dental health, more likely to be read to as young children, more likely to participate in after-school activities and sports, and less likely to repeat a grade than their lower-income peers.

Some of these factors may be financial issues—Mom or Dad cannot afford the sports fees and soccer cleats—but more often than not they have to do with broader access issues. Lower-income parents are far more likely to quit a job or refuse a job offer because of child care prob-

lems. They are far less likely to have employer-based health insurance for their children. They are somewhat less likely to say they have other people to turn to for support in parenting.

Economic and social supports for families can make a tremendous difference, especially for lower-income families. Child care subsidies allow working families access to reliable, educational child care, but currently over 30,000 North Carolina children languish on a waiting list. Quality early care and education help prepare children for later academic and economic success. Health insurance (public or private) allows children to access preventative health care so they can go to school healthy and ready to learn, yet tens of thousands of children in North Carolina are without such coverage. Safe neighborhoods and public parks make it easier for all children to get the exercise they need.



2003 National Survey of Children's Health, National Center for Health Statistics, Data Resource Center on Child and Adolescent Health. Calculations by Child Trends, 2005.

Child Health

Children in families with income above 200% of

the federal poverty line have significantly better health outcomes than children in lower income families. Such children are more likely to be in very good or excellent health and more likely to have teeth in very good or excellent condition. They are less likely to be overweight and more likely to exercise at least once per week.

These data also show that public health insurance, such as Medicaid and Health Choice, has been effective at helping to fill in the gap left by dwindling private health insurance coverage.

Children in moderate and higher-income families are slightly more likely to have health insurance than their low-income peers. However, these higher-income children are three times more likely to be covered by private

health insurance. Overall, about 60% of North Carolina children are covered by private health insurance, compared to 65% nationally.

This is not surprising given the changing economic make-up in North Carolina as manufacturing jobs (which tend to be higher-paying and offer benefits) are being replaced by service jobs (which tend to be lower-paying and lack benefits).

These data also show that public health insurance, such as Medicaid and Health Choice, has been effective at helping to fill in the gap left by dwindling private health insurance coverage. Thanks to state policies, funding, and concerted efforts by the Department of Health and Human Services, low-income children in North Carolina are more likely to have public health insurance than the U.S. average (62% compared to 58%).

<i>North Carolina Child Health</i>	Low-Income Children	Moderate and High- Income Children
Child is in excellent or very good health	79.2%	91.4%
Child's teeth are in excellent or very good condition	57.2%	80.4%
Child (age 10-17) is overweight	29.0%	12.7%
Percent of parents answering that, during the past week, child did not exercise for at least 20 minutes (i.e. participating in an activity that made him/her sweat and breathe hard, such as basketball, soccer, running, swimming laps, fast bicycling, fast dancing or similar aerobic activities)	13.2%	7.1%
Child gets enough sleep each night (aged 6-17)*	75.2%	67.6%
Child is currently insured and has had health insurance consistently for the past twelve months	80.6%	90.2%
Child is covered by private health insurance	27.7%	85.9%

All differences are significant at the p<.01 level unless otherwise indicated

*Significant at the p<.05 level

2003 National Survey of Children's Health, National Center for Health Statistics, Data Resource Center on Child and Adolescent Health. Calculations by Child Trends, 2005.

<i>North Carolina Early Care and Education</i>	Low-Income Children	Moderate and High-Income Children
During the past 12 months/since the birth of the child, someone in the family quit a job, did not take a job or greatly changed a job because of problems with child care	16.3%	6.6%
Child attends some type of non-parental child care	55.3%	76.9%
Parent has someone to turn to for day-to-day emotional help with parenthood/raising children	84.6%	94.5%
Stories are read aloud to the child 6-7 days per week (children 0-5 years)*	45.6%	55.1%
Since starting kindergarten, child has repeated a grade (age 6 -17 years)	25.8%	9.1%
During the past 12 months, child (age 6-17 years) was involved in community service or volunteer work at school, church or in the community	48.7%	69.6%
During the past 12 months, child (age 6-17 years) participated in a club or organization after-school or on weekends, such as Scouts, a religious group, or Boy's/Girl's Club	43.6%	66.7%
During the past 12 months, child (age 6-17 years) was on a sports team or took sports lessons after school or on weekends	40.7%	66.1%

Differences are significant at the $p < .01$ level unless otherwise indicated

*Difference is significant at the $p < .05$ level

2003 National Survey of Children's Health, National Center for Health Statistics, Data Resource Center on Child and Adolescent Health. Calculations by Child Trends, 2005.

Early Care and Education

Children in moderate and higher income families tend toward higher academic success, but families at all income levels tend to struggle with child care and other issues.

Parents need safe, reliable child care to be reliable employees. When parents depend on a patchwork of child care arrangements that may fall through at the last minute, they are more likely to miss work. State child care subsidies can help parents afford the steady child care

they need to make it to work every day, but currently over 30,000 children are on a waiting list.

Problems with child care led one out of ten parents (10%) in North Carolina to quit or change a job in just one year. Lower-income parents were more than twice as likely to need to change jobs based on child care issues (parents of 16% of children compared to 7%). This difference may be in part due to the fact that children in moderate and higher income families are 39% more likely to attend some type of child care. They

are also more likely to be read to almost every day (55% compared to 46%). On a positive note, a strong majority of parents at both income levels reported that they had someone to turn to for day-to-day emotional help with parenting/raising children.

Once children enter school, children from lower income families tend to have worse outcomes. They are two and half times as likely to repeat a grade (26% compared to 9%). Low-income children in North Carolina are also far more likely to be retained a grade than other low-income

American children (26% compared to 18%). Research shows that grade retention results in lower academic achievement and socio-emotional adjustment and children who repeat a grade are more likely to later drop-out of school and have lower earnings throughout life.¹

Children in lower-income families are also less likely to participate in after-school

activities, sports and community service activities. Such participation is associated with better academic outcomes, higher self-esteem and improved social skills.²

Problems with child care led one out of ten parents (10%) in North Carolina to quit or change a job in just one year.

¹Impact of retentions from S. R. Jimerson, G. Anderson, A. Whipple and others cited in Position Statement of Student Grade Retention and Social Promotion from the National Association of School Psychologists. April 12, 2003. Lower earnings of drop-outs from the Economic Policy Institute, *State of Working America*, 2005.

²Barber, Bonnie, Eccles, Jacquelynne, and Margaret Stone. (2003, March) "Adolescent Participation in Organized Activities." Symposium conducted at Child Trends, Washington, D.C.

Data

Unless otherwise indicated, data reflect weighted estimates calculated by Child Trends. Survey data are from the Child and Adolescent Health Measurement Initiative, 2005, *National Survey of Children's Health*, Data Resource Center on Child and Adolescent Health, retrieved September 2005; available at <http://www.childhealthdata.org>. In North Carolina, 1,873 parents were surveyed: 645 below 200% of the federal poverty line; 1,228 above 200% of the federal poverty line. In 2003, the federal poverty line for a family of four was \$18,400 so 200% of the federal poverty line was \$36,800 (the poverty line varies by family size). In 2005, the poverty line is \$19,350 for a family of four (so 200% is \$38,700).

North Carolina Child Advocacy Institute

Since 1983, NCCAI has been serving the citizens of the state by providing research and data that drives public policy as it relates to children's issues. NCCAI is the only statewide, nonprofit, nonpartisan organization that publishes data and research findings to the entire state, focusing on improving the well-being of nearly two million of North Carolina's children from birth to age 18.

In addition to promoting well-informed governmental decisions by compiling and widely sharing accurate, up-to-date statistics, analyzing indicators of child well-being and conducting policy re-

search and development, NCCAI works in partnership with community leaders to directly influence the attitudes and actions of citizens across the state. NCCAI currently focuses on four issue areas: child health and safety, early care and education, child maltreatment and juvenile justice.

The **vision** of NCCAI is that North Carolina will be the best place to be a child and raise a child. The **mission** of NCCAI is to improve child well-being by bringing together and educating all citizens to ensure that our children are healthy, safe, well educated and have every opportunity for success.

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