

# NEXO

The Official Newsletter of **The Julian Samora Research Institute**

The Midwest's Premier Latino Research Center



## Poverty and Health of Children from Racial/Ethnic Minority and Immigrant Families in the Midwest<sup>1</sup>

by Jean Kayitsinga, Julian Samora Research Institute

For U.S. children under eighteen years, the poverty rate and the number living in poverty increased from 18 percent (13.3 million) in 2007 to 19 percent (14.1 million) in 2008. Importantly, children experience poverty differently, depending on their racial/ethnic backgrounds, immigrant status, and metropolitan/nonmetropolitan residence and region. According to the U.S. Census, the overall poverty rate and the number in poverty in the Midwest<sup>2</sup> increased to 12.4 percent (8.1 million) in 2008, up from 11.1 percent (7.2 million) in 2007.

In 2008, about 2.7 million children in the Midwest (16.8 percent) lived below the official poverty line. The poverty rate for Non-Hispanic White children was lower than other racial groups—about 11.4 percent. The highest poverty rate among children was among Native American children, about 41 percent. The poverty rate for African American children was 39.4 percent, 26.3 percent for Latino children, and 12.4 percent for Asian children. Additionally, children living in nonmetropolitan areas experience more poverty than those in

Continued on Page 5

## "Going Beyond the Lesson Plans": Adapting and Evaluating Shapedown for Latino Families in the Midwest

by Pilar Horner and Rubén Martínez, Julian Samora Research Institute

*Many Hispanics don't think they have an obesity problem; they don't think that their children are obese. We are culturally brought up with the fact that a fat baby is a cute baby; not realizing that long term it could be diabetic, could have chronic diseases as it develops.* Debra Ehrmann, VP of Community Development, CMLF

### Introduction

It is a hot summer day. Temperatures are in the 80s, and Michigan's humidity strikes down any hopes of a cool evening. The Julian Samora Research Institute (JSRI) evaluation research team is in Pontiac, Michigan, a Midwest industrial city that is celebrating its sesquicentennial in 2011 and was home to GM's first major factories. The building is a community center near downtown and the team is there to evaluate how an existing nutrition and weight management intervention (the Shapedown program) can be adapted for Latinos. A small room holds thirteen families. Mothers, fathers, and children of all ages (including babies who are escaping the heat by sleeping through it) are sitting in a small air-conditioned room listening to a bilingual nutritionist talk about healthy eating habits. Everyone speaks in Spanish. The parents are most comfortable with this language, while the children are already easily able to handle either conversational English or Spanish (and some prefer English). The room is packed and the air-conditioning is failing, but the families listen attentively.



Continued on Page 11

# What's Become of the Public Good?

Rubén O. Martínez



At some point in recent times many members of the electorate and elected bodies lost sight of the primary purpose of holding elected office, namely, to uphold the Constitution and serve and promote the public good. With the rise of the Moral Majority in the 1980s, and other New Right political groups since then, has come a powerful emphasis on imposing conservative political, religious, and economic views on the larger society. Conventional politics is no longer about improving society and serving the public good; rather it is about winning at all costs. As a result, self interest and self righteousness have become major threats to the nation's Constitution. Several factors have contributed to the rise of elected ideologues, including the counter-movements to the Civil Rights Movement, negative economic impacts of globalization on the national economy, the rise of consumerism, and the impact of mass and social media.

The Civil Rights Movement changed not only the racial norms of everyday life, in which it was no longer acceptable to be an overt racist, but also the regulatory environment. A number of civil rights statutes were passed at federal and state levels which prohibited discrimination in contracting, employment, education, and other areas. It also ushered in affirmative action programs intended to alter a playing field characterized by White Privilege to one promoting the hiring of equally qualified minority applicants in employment and through limited set-asides in contracting. These programs psychologically impacted White Americans, whose racially privileged status in society (and the psyche benefits that came with it) was socially and legally questioned. No longer was White Supremacy affirmed in public accommodations, nor was the racial division of labor openly accepted. These changes set in motion a deep resentment among many White Americans that undergirded white flight to the suburbs, the rise of the ideology of reverse racism, and English-Only and other counter-movements to racial equality.

With the plant closings and the phenomenon of runaway plants that became widespread in the 1980s came job losses and economic instability for millions of U.S. workers (including minorities) and their families. As corporations moved their manufacturing plants abroad, U.S. workers were left having to “retool” their skills in order to find employment in a rapidly changing economy. That retooling process continues today as efforts are made to create a green economy. Throughout this process, the sense of stability that attended economic growth during the mid-twentieth century was replaced with a sense of vulnerability and frustration. In this context, vulnerable groups in society became the targets of those with a need to blame someone for the uneasiness they experienced from social and economic instability in society.

Ironically, during this period of social and economic changes, U.S. workers succumbed to the demands of advanced capitalism to purchase goods and services in ever increasing amounts. Consumerism was perhaps best

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MICHIGAN STATE  
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## Latinos and Michigan's Population Changes

by Rubén Martínez, Julian Samora Research Institute

Michigan has gone from being one of the slowest-growing states in the country to one which lost population between 2005 and 2009 (approximately 121,000 persons). Having peaked in 2004 with a population of 10.1 million, the state's population in 2009 was 9.9 million. It still ranks as the eighth most populous state in the country, but will probably lose that rank—which it has held for several decades—to Georgia when the results of the 2010 Census are made public.<sup>1</sup> Were it not for the growth in the Latino and the immigrant populations, Michigan would

exemplified by President George W. Bush, who, in the days following 9/11, exhorted U.S. citizens to go to the malls and shop as a way of demonstrating their patriotism. At the same time that the public sphere was reduced to mindless spending, the academic performance of the nation's students fell across the country. Consequently, the nation's international standing has steadily declined, threatening the nation's standing as a leader in education. The result is an increasingly uninformed U.S. electorate that is moved more by emotions and ideology than by an understanding of its historical period and a thoughtful analysis of the issues. Perhaps this is what led Paul Krugman, recipient of the 2008 Nobel Memorial Prize in Economics, to accuse conservatives of "know-nothingism," a reference to the nativist party of the 1840s and 1850s, which targeted Irish and German Catholic immigrants as threats to the nation. While not everyone today engages in know-nothing politics, enough do such that the quality of political debates and discussions has deteriorated considerably over the past few decades.

Finally, today's mass media have promoted formats in which political rants have become the primary form of engaging in political discourse. In the early 1990s, newspapers introduced the practice of printing comments by callers who had something to say about local issues. Given relative anonymity by the editors, the comments quickly became personal attacks on public leaders. At the same time, the rise of political talk shows on radio and television promoted talking heads whose uninformed rants on political issues tended to mobilize widespread fears engendered by rapid social changes. Web-based social media have further contributed to a culture of political rants that promote ideological politics at the expense of rational politics. By the time that Web-based forums, blogs, and wikis became fashionable, a culture of social authorities had emerged in which know-nothings were becoming opinion leaders among the fearful and uninformed. The result is a culture in which it is common to engage in personal attacks on political candidates and elected officials, while providing simplistic solutions to complex challenges facing the nation.

From supporting a wall at the nation's southern border to opposing universal health care and rejecting religious freedom, self-righteous ideological pundits and politicians have swept the public good out of the public discourse and replaced it with hate-filled rhetoric reacting to the impacts of globalization and the demographic shift that is underway. "We want our country back!" is thinly coded language for restoring White Privilege and narrow constructions of Americanism. Regrettably, while the fear and anger arising out of social change are real, the understanding of social change, the targets of the anger, and the solutions proposed are all off the mark.

The path to restoring civil public discourse and rational debates is through an informed citizenry, where the mass media carry out their reporting and programming activities using standards of quality, integrity, and validity. It also includes the restoration of standards of conduct for elected officials, many of whom intentionally lie and misinform the public in the pursuit of ideologically-defined goals. Finally, it includes the promotion of a political culture that eschews personal attacks on those with different political views and focuses the debate on the substance of viewpoints, their correspondence and relevance to the challenges facing the nation, and the public good. Ultimately, the nation's promise lies with restoring civil rights, educational prominence, and the values of democracy.

have experienced a greater net loss in population. It is estimated that between 2000 and 2009, the state's Latino population increased from 327,052 persons to 421,106, reflecting an increase of 29 percent.



During this decade Detroit, the largest city in the state, fell out of the ten largest cities in the country, a standing it had held since 1920. From the mid 1950s to the present, Detroit has lost more than one million persons, 80 percent of whom were White. Today, Detroit is one of the largest Black-majority cities in the country, and one of the poorest.

Like the rest of the country, Michigan is experiencing a demographic shift in which the proportion of the White population is decreasing relative to the rest of the population, although occurring more slowly in Michigan, where the White population comprises 77.4 percent of the state's population, Blacks 14.2 percent, and Latinos 4.2 percent. Comprised mainly of persons of Mexican ancestry (73 percent), the overall Latino population includes Puerto Ricans (8.1 percent), Central Americans (4.2 percent), South Americans (2.8 percent), Cubans (2.3 percent) and Other Latinos (9.7 percent). Although the majority of the state's Latino population is native-born (74 percent), the share of the population that is foreign-born increased from 5.3 percent in 2000 to 5.9 percent in 2008.

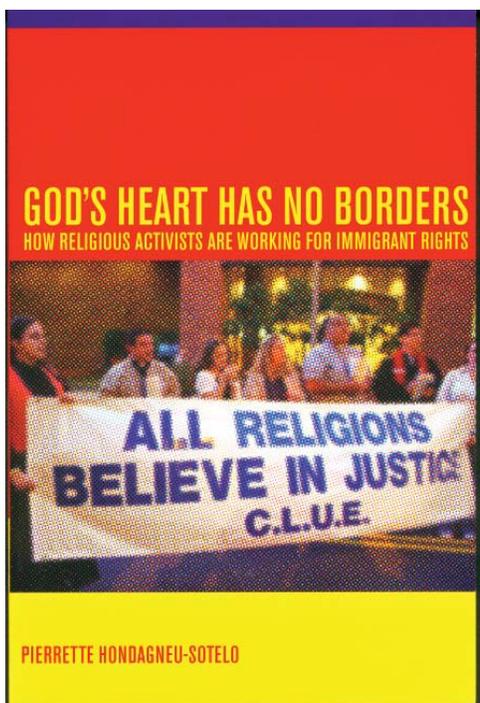
# BOOK REVIEW

by Pilar Horner, Julian Samora Research Institute

## **GOD'S HEART HAS NO BORDERS: How Religious Activists Are Working for Immigrant Rights**

By *Pierrette Hondagneu-Sotelo*

University of California Press  
Berkeley and Los Angeles, 2008



Pierrette Hondagneu-Sotelo presents the intersection between religion, immigration, and social justice in her book, *God's Heart Has No Borders*, published in 2008 by the University of California Press. Hondagneu-Sotelo examines how Muslim, Christian, and Jewish activists use their religions for social justice work. She appropriately uses qualitative methods, namely interviews and ethnographic work, to provide a “close-up view of religious people working for immigrant rights in three areas: civil rights in the post-9/11 climate, low-wage workplaces, and the increasingly dangerous U.S.-Mexico border.”

She notes the difficulties facing these activists in organizing in a post-9/11 climate, and that activists have turned to their religious bases and constituencies for the support to fulfill their political and social immigration agendas. Her work is an important contribution to the study of how these marginalized groups attempt to both contribute to American society and advance their political and social immigration work. She looks at race, culture, and religion to lay out the complex stories of their social justice movements.

Though her work does look at the complexities of these organizations, her treatment of gender is shockingly minimal. This is especially troublesome considering the author's concern for

religion, and her use of three major religions whose patriarchal paradigms have historically relegated women to low-ranking status. But this may be beyond her scope for this work.

Hondagneu-Sotelo cursorily makes a nod to not wanting her work to be aligned with religious extremism, but unfortunately she does not adequately address some basic historical and present structural barriers. For instance, in her critique of why Muslims do not openly use their religion to engage social change, she does not fully unravel the influence of Muslim extremists (and the desire of Muslim American activists not to be aligned with them) and the real presence of the Muslim openly religious government as a paradigm that is contrary to American pluralism. Hence, perhaps some activists cannot use religion as freely as others due to the very current and very real social realities of extremism.

Her book nicely examines how religion and social activism align to promote the well-being of communities and individuals. She demonstrates aptly how Muslims, Christian Latinos, and Jewish activists use their religious identities and structures to transform the world for the better. Yet her view seemingly through rose-colored glasses ignores to a great extent the political and religious structural dynamics that brought about the social injustices in the first place, instead blaming solely the re-Christianization of the United States while simultaneously putting religious activists on moral pedestals. Her book is still an important contribution to the immigration debate and provides a useful beginning to understanding some of the more cultural and religious nuances of immigration activism.

# Speaker on Transnational Labor Organizing Comes to JSRI-Sponsored Series

by Daniel Velez-Ortiz, Julian Samora Research Institute



JSRI, the Department of Sociology, and the Labor and Education Program/ School of Labor and Industrial Relations, with support from the Office of Inclusion and Intercultural Initiatives, hosted Julie Leininger Pycior, PhD, a historian from Manhattan College in New York and an MSU alumna (1970), as a featured speaker in the

Transnational Symposium Series on March 15, 2010.

Dr. Leininger Pycior's scholarship focuses primarily on

Mexican Americans, immigration, and transnational labor history. Her methods include traditional historical methodologies and biography/memoir and oral history. She is a nationally recognized historian and author of *LBJ and Mexican Americans: The Paradox of Power* and *Chicanos in South Bend: Some Historical Narratives*. She also edited the national bestseller, *Moyers on America: A Journalist and His Times*, by Bill Moyers, and is currently working on *Cutting-edge Civic Engagement with Deep Roots: Lessons from the Mexican Ethnic Community*.

Dr. Leininger Pycior's MSU presentation, entitled "Transnational Labor Organizing: Lessons from the Mexican-Heritage Community," focused on the historical roots of transnational labor organizing

[Continued on Page 6](#)

## Poverty and Health of Children [Continued from Page 1](#)

metropolitan areas. Children in principal cities of metropolitan areas also tend to experience more poverty than those living outside principal cities in metropolitan areas.

Numerous studies<sup>3</sup> have found that individuals at higher socioeconomic status (SES) levels do better on most measures of health status than their lower SES counterparts. Studies also show that poverty negatively influences children's physical health due to its effects on educational achievement; emotional and behavioral problems and depression; and other consequences, such as teen pregnancy and childbirth, child abuse and neglect, and violent crime. The pathways through which SES affects child health and development include the quality of a child's home environment, the quality of care outside the home, family economic hardship, parents' health, parent-child interactions, and characteristics of the neighborhoods in which poor families reside.

Similar to SES, race and ethnicity continues to be a remarkably strong determinant of variations in health status. Race/ethnicity is a socially constructed category and by itself may not influence health. Instead, other associated factors, such as segregation, racism, discrimination, and lack of better opportunities, create social and spatial contexts that may expose individuals to poor health conditions. Although SES often accounts for a large part of racial/ethnic differences in health, racial/ethnic differences in health persist even when SES is included in the analysis.

Much of the previous health-studies research conducted with immigrants consistently found that acculturation is detrimental to health. Newly arrived immigrants exhibit better health than similar natives, but immigrants' health advantage deteriorates with increasing duration in the U.S. and greater levels of acculturation. The basic premise of those studies is that culturally based behaviors change over time and deteriorate as a result of acculturation. One of the mechanisms through which acculturation impinges on health status is acculturation stress (e.g., perceived discrimination, language conflict, and legal status stress).

The main objective of this study is to determine the main, relative, and combined influences of poverty, race/ethnicity, and immigrant/generation status on children's health in the Midwest. This study tests the following hypotheses: (1) Increased poverty among children of all racial/ethnic groups predicts poorer children's physical health; (2) The more difficult economic conditions faced by poor Latino, African American, and Asian families leads to poorer physical health among their children compared to Non-Hispanic White children with equivalent poverty levels; (3) Immigrant children have poorer physical health than native children; and (4) Second-generation immigrant children have poorer health than first- and third-generation immigrant children.

[Continued on Page 15](#)

# Population Changes Continued from Page 3

Overall, Michigan's foreign-born population comprises only 6.4 percent of the state's overall population, having grown substantially during the 1990s. The largest numbers of immigrants are from India (10 percent) and China (7 percent). Of the legal immigrants in the state, approximately 52 percent are non-citizens. Michigan ranks among the ten states with the lowest number of undocumented workers—about 1.1 percent of its population.

Latinos are one of the youngest population groups in the state. While 40.1 percent of Latinos are 19 years of age or younger, 24.9 percent of the White population is in this age category. By contrast, only 2.9 percent of Latinos are 65 years of age or older, while 10.3 percent of Whites are in this age category. As the Baby Boomers continue to age, a greater percentage of the White population will join the ranks of seniors and become increasingly dependent on the younger members of the workforce to maintain a vibrant economy.

As Michigan's population continues to diversify, Latinos remain one of the most marginalized population groups in the state. Only 28.9 percent of Latinos 25 years or older have a high school diploma, compared to Whites (32.5 percent), and fewer have a college education (14 percent compared to 25.7 percent among Whites). Consequently, 25.7 percent of Latinos live in poverty, compared to 10.7 percent of Whites. In terms of employment, they systematically experience higher unemployment rates, tend to earn less than Whites, and are more likely to be concentrated in low-paying jobs. Moreover, they are not positioned to move up within the occupational structure. Although the Latino workforce contributes approximately \$48.4 billion to the state's total economic output, by failing to effectively educate them, Michigan is losing out in terms of increased economic contributions by this population segment.

The integration of Latinos into the state's core institutions, such as education and the economy, requires deliberate and systematic attention if Michigan is to capture their full economic potential. This will require improved access to human capital-building opportunities and equal access to high-skilled occupations and high-pay industries. Obstacles to these opportunities and occupations include unequal education, limited social service delivery systems, and lack of targeted training programs. Not confronting these obstacles to fully integrate Latinos will not only limit Michigan's capacity to meet the workforce losses due to increased retirements among the White population, it will limit Michigan residents' opportunities to compete in the new economy, which increasingly requires a highly educated and highly skilled workforce.

Focusing on Latinos in Michigan and across the nation, the Julian Samora Research Institute at MSU conducts research and provides reports that shed light on the different aspects of Latino communities and their status within the larger society. Its mission is the generation, dissemination, and application of knowledge relative to Latino communities. Demographic briefs and research reports are available on its Web site ([www.jsri.msu.edu](http://www.jsri.msu.edu)).



<sup>1</sup> Much of the growth in Georgia over the past two decades has come from the Latino population, which today is the second largest ethnic population segment in the nation following White Americans.

## Speaker Comes to JSRI-Sponsored Series Continued from Page 5

across the U.S./Mexico border, including the work of Dr. Ernesto Galarza and the Pan American Union in the 1940s. She examined the various mutualism roots of labor organizing among Mexicans and Mexican Americans, emphasizing important shifts in ideology within the Mexican transnational labor force as it shifted from an informal and family-based agricultural environment into a more organized and bureaucratic unionized movement. She also spoke about the role of the Bracero Program in filling an extensive labor shortage in the agricultural sector of the U.S. economy due to the withdrawal of United States laborers into

the armed forces. This shortage led to a change in immigration policy with Mexico, which lasted until 1964, when the Bracero Program ended as a result of the work of Dr. Galarza. Dr. Leininger Pycior brought to light some of the tensions between the agricultural and industrial sectors, as different union movements impacted each other's capacity to advocate for their respective Mexican and Mexican American workers. During her visit, Dr. Leininger Pycior was a guest speaker in Social Work and Sociology classes, and met with faculty members and graduate students from across the College of Social Science.

# Michigan's Mid-term Elections and Latinos in 2010

by Rubén Martínez and Jean Kayitsinga, Julian Samora Research Institute

With the Latino electorate growing every year, their voting power will increasingly have greater impact in races at all levels as we move into the future. Across the country Latinos have made an impact at the ballot boxes in local, state, and national elections. Their voting numbers increased by about 2.1 million voters, from 7.6 million in the 2004 presidential election to 9.7 million in the 2008 presidential election. In general, Latinos tend to vote for Democrats, but they have also been viewed as swing voters, especially those who are foreign born. While in Michigan they remain relatively small, comprising only 4.2 percent of the overall population and approximately 2.5 percent of eligible voters in the state, their vote could make the difference between



winning and losing a close race.

In the 2008 election, approximately 70,000 of Michigan's 85,000 registered Latinos voted—about 82.4 percent of Latinos registered to vote, as compared to 88 percent for the state as a whole. Less than half of Latinos eligible to register to

vote, however, were actually registered. During mid-term elections, it is common for fewer voters to go to the polls than during presidential elections. About 78 percent of Michigan's registered voters went to the polls in the 2006 mid-term elections; this represents a 13 percent increase over the 1998 figures. Nationwide, about 72 percent of Latinos cast their votes in the 2006 mid-term elections, reflecting a 51 percent increase in their 1998 voting numbers. So, what can be expected for 2010?

Michigan has approximately 183,000 eligible Latino voters and ranks 15th in the country in terms of Latino eligible-voter population. Relative to Michigan's relatively large overall population, its 2.5 percent Latino eligible-voter population ranks 31st in the nation, making it a small but important voting group. Additionally, it is a relatively young voting population, with approximately 62 percent under 45 years of age.

Using data from previous mid-term elections (1998, 2002, and 2006), we modeled the likelihood of voting in the mid-term elections on ethnicity, controlling for age, socioeconomic status (SES), marital status, length of residence, and metropolitan residence. We then attempted to predict how many Latinos will likely vote in 2010 mid-term elections.



Based on these past three mid-term elections in Michigan, Latinos were 32 percent less likely to vote in mid-term elections than non-Latino voters. SES, being married, length of residence, and living in metro areas are positively associated with the likelihood of voting in mid-term elections. The likelihood of voting in mid-term elections were 59 percent higher for each unit increase in SES; 30 percent higher for married than non-married people; 12 percent higher for each additional length of time of residence in Michigan; and 28 percent higher for those who live in metropolitan areas compared with those in nonmetropolitan areas.

In terms of predicted number of Latino voters, we estimate that approximately 85,190 of Latinos in Michigan are likely to vote in this November's mid-term elections.<sup>1</sup> This would represent approximately 46.5 percent of the 183,000 Latino eligible voters in the state. The question that emerges, however, is which way will they vote? No one can definitively answer that question, but it is most likely that Latinos voters will continue to favor Democrats, particularly in a political environment where Republicans have become symbolic of anti-immigration and closed borders at a time when immigration continues to rank among the top five issues for Latinos. While some pollsters are predicting a low turnout among Latino voters, the aftermath of November 2nd will tell us where Latino voters are in a country that ranks 120th across the globe in terms of voter turnout.

<sup>1</sup> This is based on a predicted probability that a Latino will vote in a mid-term election and on a three-year average number of registered Latino voters in previous mid-term elections in Michigan.

# NCERA 216 Holds Mid-Year Meeting

by Jennifer Buntin, Julian Samora Research Institute

On May 25, 2010, JSRI participated in the mid-year meeting of the Latinos and Immigrants in Midwestern Communities, also known as North Central Education/Extension and Research Activity 216 (NCERA 216), which was held in Columbia, Missouri. The NCERA 216 meeting occurred as part of the 9th Annual Cambio de Colores Conference, which brought together scholars doing research on Latinos and immigrants in the Midwest. The meeting updated participants on research activities and developments relevant to NCERA 216 and provided an opportunity to meet with representatives from



the southern initiative on Latinos in the New South, organized as the Southern Extension and Research Activity 37 (SERA 37).

The purpose of NCERA 216 is “to organize collaborative research, education, and outreach opportunities on Latinos and immigrants in Midwestern communities.” This interstate initiative seeks to establish and maintain multidisciplinary regional linkages among researchers and outreach specialists, promote community development, and create plans to identify and obtain funding for single- and multi-state projects relating to Latinos and immigrants.

To this end, participants met to discuss the progress within the key thematic areas developed at the initiative’s organizational meeting in Lansing, Michigan, on November 4 and 5, 2009. The thematic areas include: strengthening families and education; supporting entrepreneurship and economic development; building immigrant-friendly communities; building diverse organizations; and promoting civic engagement. Representatives from each subgroup updated the whole group on research developments in these areas, as well as networking and funding opportunities.

NCERA 216 members were pleased to welcome several guests from SERA 37, who shared their experiences of developing a similar organization in the South, which began in the spring of 2008. SERA 37 developed several task forces (training, immersion, research, and inventory) to build a social infrastructure within their land-grant universities that would have the capacity to address the needs of Latinos in the South. The SERA 37 members provided NCERA 216 participants with valuable insights into the challenges and issues associated with developing a regional and multidisciplinary organization to address the needs of Latinos and immigrants.

In addition, members of both groups took this opportunity to discuss potential research and practical collaborations. U.S. Census data from 2000 demonstrate that the Midwest and the South are two regions that have been highly impacted by a rapid growth of Latino and immigrant populations. Comparative research between these two regions would provide significant insight into the social, economic, and political implications of this demographic phenomenon. Both groups agreed to continue communicating and working together to develop collaborative projects.

NCERA 216 closed its mid-year meeting with an organizational discussion regarding upcoming meetings and opportunities for online and telephonic interactions. The organization’s Executive Board will take these suggestions under advisement and make plans for the next NCERA 216 meeting, either in the fall of 2010 or in conjunction with the next Cambio de Colores Conference in May 2011.

Faculty and extension employees and community practitioners are invited to join and participate in NCERA 216. The initiative brings together participants from all twelve Midwestern states.

Contact JSRI at (517) 432-1317 for more information.



# Developing a Statewide Plan to Address Latino/a Issues in Michigan

by Ellen Hayse, Julian Samora Research Institute

On June 11, 2010, the second statewide Latino summit, *Developing a Statewide Plan to Address Latino/a Issues in Michigan*, hosted by the Julian Samora Research Institute (JSRI), was held in the Kellogg Conference Center on MSU's campus. Both summits were attended by Latino-informed leaders, with the most recent summit also including students from Latino student organizations who are interested in research and working to address Latino issues. The 2010 summit followed up on the work begun at the first summit, *Toward a Statewide Agenda on Latino Issues in Michigan*, held in July 2009. The first summit resulted in an agenda that identified critical issues that must be addressed in order to improve the quality of life for Latinos in Michigan.



The overarching goal of this year's summit was to cultivate a "voice at the state level, where most of the important policymaking is occurring." According to JSRI Director, Rubén Martínez, a demographic shift is occurring that will have significant consequences for the nation as the Baby Boomer generation retires from the workforce and the larger economy. The resulting labor market gaps will potentially mean greater opportunities for the growing Latino population. Unfortunately, the current Latino population is significantly marginalized from the nation's institutions and is not positioned to meet the high-end workforce demands of the economy. Resources must be marshaled to intervene and promote Latino institutional integration that will position Latinos to fill the gaps as they become scientists, educators, and civic and political leaders.

Summit participants determined that a means by which the Latino voice will be heard statewide had to be developed. Subsequently, a plan of action was agreed upon that included the formation of a steering committee to begin taking steps toward creating a

statewide Latino network. The Latino network will facilitate institutional integration by marshaling the resources, power, and influence necessary for reshaping the distribution of public and private support and opportunities.

These goals will be accomplished through advocacy and policy shifts that promote and sustain Latino incorporation and integration. The network's role in the integration process includes, but is not limited to:

- Coordinating efforts across the state;
- Partnering with the philanthropic sector;
- Helping to close the gap between the community's needs and resources;
- Creating alliances with research institutes and university faculty, staff, and students to develop Latino-focused research, including a special aspect – incorporating our most valuable resource, students, by creating opportunities for service learning and leadership; and
- Closing the service delivery gap by changing how populations are targeted and the ways by which services are delivered.

The newly established steering committee is charged with the following implementation tasks for the Latino network:

- Develop a concept paper for organizing and disseminating information that will build a case for establishing a statewide network, garner support, and provide a systems analysis;
- Create a network structure and develop a process timeline;
- Set up a financial structure and process;
- Operate according to a code of conduct;
- Engage the Latino community by conducting a needs assessment of current assets and gaps that require systematic attention; and
- Establish a clearinghouse to collect and disseminate information, and develop a communication mechanism to launch action alerts and mobilize people.

Much remains to be done to bring Latinos to a point where they are fully integrated into the fabric of U.S. society and where they are qualified and ready to take their rightful place in the workforce and the economy. Only through a collaborative programmatic approach will improvements be achieved.

# New JSRI Faculty and Staff

## Olga Santiago

### Visiting Assistant Professor



Olga obtained her master's degree in health and hospital administration from the School of Public Health, University of Puerto Rico and her PhD in kinesiology from MSU. She worked in Puerto Rico for thirteen years as administrator of public and private hospitals and outpatient clinics. Olga's work experiences helped her recognize the importance of health education at young ages, which motivated her to pursue her PhD at MSU. Her focus has been in studying how physical activity/sports can be used as a means to prevent obesity and drug/alcohol use among children and adolescents; and looking at family-level factors that influence children/adolescents' physical activity behaviors and obesity, especially among Hispanics in the U.S. Additionally she is interested in educating health professionals regarding the need and relevance of assessing and counseling patients/clients of any age about physical activity behaviors.

## Bette Avila

### Research Associate



Bette was born and raised in Michigan, attending MSU and obtaining her bachelor's degree in political science and international relations with a focus on Latin America. Upon completing her undergraduate degree, she traveled to New York City where she obtained her master's degree in public administration from Baruch College and worked for NYC's budgeting office. Realizing that budgeting didn't provide her with enough of an opportunity to apply her policy skills to changing the world for the better, Bette returned to MSU, entering the doctoral program in the Department of Sociology. Her personal research interests are domestic violence and the specific hurdles that Latina immigrants face in resolving these conflicts. She is currently working on several projects for JSRI that focus on Latino unemployment in Michigan.

## William Escalante

### Research Associate



William is a doctoral student in the Department of Sociology at MSU. He received his BA in social relations with a specialization in Chicano/Latino Studies (CLS) from MSU's James Madison College. As an undergraduate, he was a McNair

Scholar and became, and continues to be, a member of the African Atlantic Research Team. His research interests fall in the categories of race and ethnicity, and current issues affecting Chicano/Latino communities in the U.S. Prior to graduate school he studied Spanish at the Instituto Tecnológico de Estudios Superiores in Monterrey, Mexico, where in addition to coursework he completed an unpaid internship at the Museum of Mexican History. Most recently, William worked as an admissions counselor/recruiter, was vice-chair of the Diversity Coalition, and served on various committees at Nevada State College. He recruited students, conducted bilingual community outreach regarding college readiness at area elementary and high schools, and worked with different community organizations and college preparatory programs to host campus visits for students of all backgrounds. At JSRI he is currently working on an article concerning immigration policy and its significance to the context of reception for immigrants in the Midwest.

## Juan Vasquez

### Research Associate



Juan was born in Austin, Texas, and raised in the migrant fields of Central and West Texas, Traverse City and Western Michigan, and Perrysburg/Toledo, Ohio (from 'babyhood' to his senior year of college!). With a BA in sociology from St. Mary's University in San Antonio and an MEd from the University of Texas in Austin, he is currently a second-year doctoral student in CLS at MSU. Juan has worked at MSU in Student Support Services, as a part-time academic adviser in the College of Communication Arts and Sciences, as recruitment coordinator for the CAMP program, and as a graduate assistant in CLS. His research interests are migrant life and labor, leadership development, and adult continuing education.

## Terri Bailey

### Administrative Assistant



Terri manages the daily operations of the JSRI office, including budgeting and finances for departmental and grant accounts, Web site updates, and publication coordination—managing the process from design and layout, through proofing and editing, to printing and mailing. Prior to joining JSRI, she spent nine years working with the Center for Gender in Global Context, in MSU's International Studies and Programs. She is currently a junior at MSU working to complete her bachelor's degree in professional writing.

# 2010-11 Recipients of the Julian Samora Endowed Scholarship

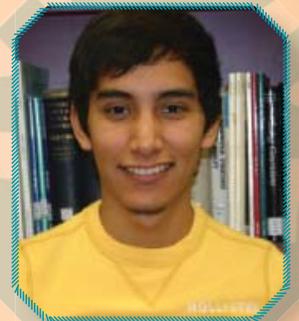
Each year the Julian Samora Endowed Scholarship, founded by Julian Samora in 1993, provides support to one graduate and one undergraduate student engaged in scholarly activities focusing on Latinos in midwestern communities. The recipients for the 2010–11 academic year are Cristián Doña-Reveco and Ricardo Borrromeo.

**Cristián Doña-Reveco** is a doctoral candidate pursuing a dual degree in sociology and history, initially funded by the prestigious Fulbright-Comisión Nacional de Investigación Científica y Tecnológica (CONICYT) Fellowship (2005–2009). He has a professional degree in sociology from the Universidad de Chile; a master's degree in political sciences and international relations from the Pontificia Universidad Católica de Chile; and an MA in sociology from MSU. His current research focuses on the intersection of history and biography in the migration process from the Southern Cone of South America to the U.S. He has been a research assistant for the International Organization for Migration in Chile and for the Latin American and Caribbean Demographic Center of the U.N. Economic Commission for Latin America and the Caribbean. At MSU he has worked on research projects on topics of globalization, demography, and international migration with Dr. Brendan Mullan in the Department of Sociology and on topics of contemporary urban history in Chile with



Dr. Edward Murphy in the Department of History. Cristián has presented his research at a variety of national and international conferences and has taught sociology-related courses at universities in Chile and at MSU on topics of international migration, race and ethnicity, youth, social stratification, sociological analysis, sociological methods, and demography. Cristián has been living in the United States since August 2005 with his wife and two daughters.

**Ricardo Borrromeo** is a sophomore at MSU majoring in humanities prelaw. He participates in the College Assistance Migrant Program (CAMP) Scholars Initiative, which provides support services to students of migrant and seasonal farm worker families. He also works as a departmental aide for JSRI, where he is learning about the challenges facing Latino communities, including immigrants and migrants. Born in Veracruz, Mexico, and raised in the U.S., Ricardo has experienced both Mexican and American cultures, and is bilingual and bicultural. He began working in a chicken processing plant to help support his family at the age of eighteen and has seen firsthand the discrimination and abuse experienced by Latino workers in that industry. Growing up, he also witnessed the many hardships Latino immigrants encounter when coming to, or trying to remain in, the U.S. Ricardo ultimately hopes to obtain a law degree so that he can help address the forms of individual and institutional discrimination suffered by minorities in this country. Last spring he participated in the Alternative Spring Break Program, traveling to Cuernavaca, Mexico, where he helped paint the houses of the poor and provided other forms of assistance. He plans to participate in the program this coming spring as a site leader.



## Shapedown Continued from Page 1

The nutritionist explains the food pyramid. For many of the families, this is the first time anyone has spent time explaining the differences in portion sizes, food servings, and appropriate food substitutions in their language and using their native foods. The audience asks many questions, and the nutritionist answers them in a friendly, engaging way that always includes examples with the families in mind. The nutritionist asks one of the fathers how many glasses of milk he drinks a day. The middle-aged thin man bears a dark

black mustache and smiles a sheepish grin saying, “No, nada.” He laughs at himself and the nutritionist smiles, while asking him how many servings of dairy products he thinks he needs. He replies again, through his thoughtful smile, “No sé.” The nutritionist replies that he, and all men, should have two servings every day. The whole room bursts into laughter. The nutritionist then asks everyone how many servings of tortillas they should eat. No one answers, and when she follows up by saying that each person should only eat two tortillas, women and children gasp loudly, “No puede ser!” and this time the nutritionist smiles deeply, reassuring them.

Continued on Page 12

# Shapedown

Samples of healthy snacks are passed out: yogurt and small juice boxes. Everyone eats, and the nutritionist turns to her left and says to the man with the black mustache again, “See, now you have had one of your necessary dairy servings.” He smiles warmly at her. The class ends with the group excited about returning next week.

## The Project

With support from the Michigan Nutrition Network and Michigan State University Extension, JSRI is implementing a nutrition education intervention project targeting low-income Latino families in Pontiac. JSRI’s community partner is the Centro Multicultural de la Familia, a not-for-profit service agency providing culturally competent support to families in Pontiac. “Shapedown,” a weight management program with a strong nutrition education component, was designed by faculty in the School of Medicine at the University



of California, San Francisco. It was chosen for the Latino population in Pontiac because of its emphasis on the family and its flexibility in implementation. Respecting and understanding the

family unit is an important dimension of working with Latino families. The aim of the project is to examine how successfully the program can be adapted to Latino families. Though all the materials were available in Spanish (“Shapedown” has already translated all the materials), many changes were made in adapting it for the families in Pontiac. The Shapedown team that implemented the program week-to-week included a coordinator, a nutritionist, a physical activity director, and a Shapedown consultant. This article describes the ways in which the program staff adapted the Shapedown program to meet the needs of this particular population and provides preliminary findings from the qualitative research component.

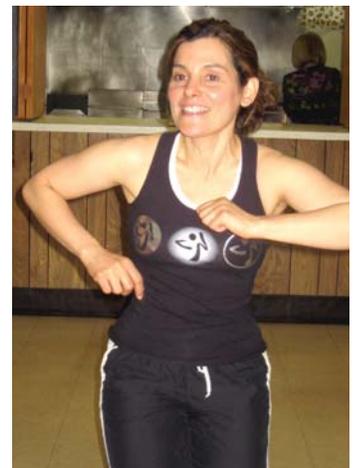
## Latinos and Obesity: The Importance to the Community

It is widely recognized that obesity among Latinos, especially Latino children, is a pressing health issue. Moreover, it is also widely recognized that overweight and obesity, or excessive fat accumulation, presents serious health risks for a number of chronic diseases, including diabetes, high blood pressure and cardiovascular diseases, and certain types of cancer.

The occurrences of these health problems are further compounded when considering the rapidly changing demographics in the United States. While the U.S. population as a whole is getting older because of the aging Baby-Boomer population, the Latino population is experiencing rapid growth and remains a young population. More than one-third (34.4 percent) of the Latino population in the United States is under the age of eighteen. Due to the rapidly growing population of Latino youth, and the prevalence of obesity on the rise within this group, the need to work with young Latinos and their families is a critical health issue.

## Methods

The growing number of overweight and obese Latino families suggests a community need for culturally competent interventions. In order to look at how a nutrition education program could meet the needs of Latinos, JSRI set out to evaluate the adaptability of the Shapedown program for Latinos in the Midwest by implementing a pilot project in Pontiac. The project utilized a quasi-experimental design with two ten-week program sessions: the first was conducted in the spring of 2010 and the second in the late summer and early fall of the same year. Staff from the Centro Multicultural de la Familia (CMLF) recruited Latino families from low-income areas that were assigned either into a ten-week intervention or a ten-week control group. The intervention groups participated in weekly modules in which nutrition education activities were supported with cooking and exercise demonstrations. The control group did not receive the Shapedown intervention but did receive printed materials related to healthy nutrition. The control group also participated in a nutrition education lecture and a Zumba class (a Latin music-based dance/hip-hop exercise program). Follow-up with participants is planned ten months following completion of the respective sessions.



Qualitative evaluation analysis was utilized to find out how the program adapted to meet the needs of the Latino community. In-depth interviews and participant observation were conducted from January to August 2010. Each of the four Shapedown staff members was interviewed using open-ended questions, including: Tell me about a typical session and what you were in charge of doing; How would you say you had to adapt the program for the Latinos?; Tell me a about a time

when the Shapedown program could not address the needs of the participants; Tell me about a time when you had a successful session; What made it successful? Interviews were transcribed, entered into maxQDA (a qualitative software program), and coded for themes. In addition, participant observation was conducted for each of the staff meetings (three) and at the initial and final meetings of the Shapedown program. Notes were taken during the meeting and reviewed for themes.

## Results

In adapting the Shapedown program for Latino families in Pontiac, many changes had to be made. Some of the barriers and issues that came up during the meetings and in the interviews are summarized in the following three major categories: (1) flexibility; (2) establishing trust; and (3) cultural competence (beyond just speaking Spanish).

### Flexibility

A major theme that quickly became apparent in the intervention was the need to have detailed lesson plans prepared in advance and tailored to the Latino population. Since the lesson plans from Shapedown were not created with the Latino population in mind, a review of the translated materials revealed that they had been translated directly, meaning that further adaptations had to be made by the staff so that they could be more culturally relevant and useable with the program participants in Pontiac. Further, staff members had to be prepared to be flexible as the sessions unfolded because of challenges facing low-income Latino families. As one staff put it, “We had to do lesson plans every week, but these folks ... they go beyond the lesson plans.” One reason staff needed to be flexible was because of the barriers that faced many of the participants, namely transportation, child care, and education-level discrepancies.

Transportation was often difficult for some families to secure, and as such many would arrive late or not attend if the weather was bad. Child care issues became a continuing problem as Shapedown is designed for children six years of age and older, and many families had children younger than six. In order to meet this need, CMLF had to use its own funds (not grant monies) to hire a child care provider who could watch, play with, and entertain the younger children so that the parents and older siblings could participate in the program. Finally the education level of most of the participants was not much beyond a sixth-grade proficiency. The Shapedown program requires weekly take-home assignments to be filled out and returned. The staff had to switch the focus to meet this need and instead transferred their activities to “orally based communications.”

## Establishing Trust

As with all community programs, gaining and maintaining community trust was vital to the Shapedown intervention. First and foremost, the focus on the family helped the community to gain confidence in the program and the staff. CMLF chose as the meeting site a church located in the community and not far from CMLF’s offices in order for the families to feel safe. As one staff member put it, “[it’s the] trust factor, the importance of making sure that they



understand, but more importantly that they know they feel safe. And that’s one of the reasons too that we go to the churches, because families do feel very

safe there.” The space was very important. Families had to be connected to each other even if they were in different rooms, so having a building that could accommodate instructional sessions (a large room) as well as physical activities (the gym) proved invaluable.

In addition, as one CMLF staff put it, this community is not used to being part of a research program and the rigors of working with University protocols. Pre- and post-test instruments had to be adjusted, language simplified, and culture respected in order for the sessions to continue to completion. In addition, at the start of the program there was a great deal of discussion between the JSRI and CMLF teams as to the purpose of the program, how it could impact the community, its importance, and the acceptable exercises/interventions that could be done within the constraints of the grant. These issues made it difficult at times to implement the program with community participants, and other times it provided important opportunities for the CMLF team to engage in creative work with the families.

Finally, having fun and celebrating with each other was important for the community and the Shapedown staff. One highly successful evening had one member of the MSU team teaching Zumba to all the families (mothers, fathers, children, grandparents) in the cafeteria. The music blared, the families laughed, and great Latin dancing and exercising brought the group together.

### Cultural Competence: Beyond Just Speaking Spanish

Although it is very important that the entire CMLF team was bilingual—all the parents preferred to speak in Spanish, while their children tended to prefer

## Shapedown

English—language was not the only important aspect of making this program culturally competent.

The adapted Shapedown program placed heavy importance on the family—spending time together, eating together, and being a regular part of each others' lives. However, the Latino families in Pontiac were already very close with each other. This aspect resonated with them, but it did not inform their behaviors or attitudes. One struggle that the CMLF staff had was trying to come up with culturally relevant yet nutritious and healthy recipes and choices for these families. The examples given in the Shapedown materials simply were not applicable or culturally relevant for Spanish-speaking Latino families.

In order to meet this need, the CMLF team was provided with Spanish-language nutrition and recipe booklets, such as *Nos Gusta Comer* by Celina Wille. CMLF staff members also searched outside the Shapedown manual for food suggestions and recipes that included culturally appropriate but still healthy suggestions. Even though the Shapedown staff was bilingual, they had to remain open to the cultures of the families in the program that were different from their own. As one



staff member states, “In Mexico people eat very heavy at breakfast; they eat heavy, we don’t do that. First of all, I’m from Puerto Rico and we are more American

influenced, y yo puedo desayunar los huevos, los pancakes [but] Mexicans don’t do that, so the Shapedown program doesn’t take that into consideration... [I]t’s not only that the level of education is not appropriate but it is also the Hispanic population that you’re trying to target. It was very interesting because the majority of the participants

are Mexican. I don’t think it was intentional, it was just random, but we try to also adjust to their culture.”

Another example of this came during the educational exercise sessions. The Shapedown physical education leader noted that many of the kids were used to playing soccer, but lacked in hand-eye coordination. Many were not used to forming teams with the other children and at times there was difficulty in bringing the children together for simple organized sports. Because some of the children apparently feel isolated in their communities, or are not allowed to wander their neighborhoods for safety reasons, they have grown up too sedentary, hidden away in their homes with TV, video games, and computer programs.



### Conclusion

An ongoing flexibility and willingness to meet the clients where they are is important for all service providers. Cultural competence is not just about being able to speak Spanish, but also recognizing culturally appropriate cues and barriers, respecting the community, and remaining flexible to the needs of the families. The family then becomes the unit of change. That the program was having an impact on the participants was increasingly evident. Some parents reported that some of the children were becoming highly attuned to the caloric content of the foods around them. Further, as Sonia Acosta, President of CMLF, put it, “You could see how people were starting to make some changes and how the children would tell the parents—‘hey... you were doing this or you were not doing that.’ The children would say something about the parents’ eating habits or not exercising—they would say, ‘Come on! You have to go on a walk with me’ or things of that nature... The whole thing is that you’re doing it in a social atmosphere, especially designed for Hispanics.”

*We are especially thankful to the other members of the JSRI Shapedown Evaluation Team, which includes Jean Kayitsinga, Celina Wille, Daniel Vélez-Ortiz, and Ellen Hayse, for their individual contributions to the project. We are also grateful to Sonia Acosta and Debra Ehrmann, of the Centro Multicultural de la Familia (CMLF), who made this project possible; to the CMLF staff members who made the project happen: Daisy Casanovas, Sonia Buitrago, Steve Benavides, Sandra Orozco, and Laura Williams; and to the volunteer nurses, who assisted with anthropomorphic measuring.*

# Poverty and Health of Children Continued from Page 5

## METHODS

### *Data and Sample*

This study uses data from the 2007–2009 Annual Social and Economic Supplement (ASEC) of the Current Population Surveys (CPS). The CPS is a national sample of about 50,000 households, representative of the U.S., individual states, and other specified areas. The ASEC includes basic CPS monthly demographic and labor force data plus data on work experience, income, noncash benefits, and migration. ASEC data is supplemented with a sample of approximately 4,500 Hispanic households.

### *Measures*

*Child health.* Respondents were asked, “Would you say your health in general is excellent, very good, good, fair, or poor?” Their responses were coded on a five-point scale, with 5 representing poor health and 1 excellent health. Previous studies have found self-ratings of health to be strongly associated with objective measures of health status and mortality, with reports of poor and fair health strongly predictive of all-cause mortality. Because of fewer cases in the poor and fair categories among children (about 1.8 percent of all children), child general health was dichotomized into “poor” health, grouping poor, fair, or good categories, and “better” health for reports of very good or excellent health in multivariate analyses.

*Child poverty.* Child poverty is defined as the share of children under age eighteen who live in families with incomes below the federal poverty threshold, as defined by the U.S. Office of Management and Budget. A measure of family income-to-poverty ratio (IPR) is used to classify children into different categories based on family income and poverty thresholds. In multivariate analyses, a child is considered poor if IPR is less than 1.25.

*Race/ethnicity.* Race/ethnicity is constructed from child’s race and Hispanic origin variables. First, Latino children are distinguished from non-Latino children. Latinos include Mexican Americans, Puerto Ricans, Cubans, Central Americans, South Americans, and Other Latinos. For non-Latino households, race is categorized as White, Black, and Asian, including Pacific Islander, or other races (Native Americans or Alaska natives and mixed races). For this study, other racial groups were excluded in the analyses.

*Immigrant/generation status.* Children with at least one foreign-born parent are classified as the children of immigrants, and the remaining as children of natives. Children of immigrants who were born outside the U.S. are further classified as first-generation immigrant children. Children of immigrants who were born in the U.S. are considered second-generation immigrant children. Native-born children of native-born parents are considered third- or higher-generation.

*Control variables.* The following socio-demographic and household characteristics were used as controls: child gender; child age; family structure; parental education; parental employment status; average parental age; health insurance coverage; and metropolitan/nonmetropolitan residence.

### *Analytical Strategy*

The primary outcome of interest is child poor health, coded 1 for yes and 0 for no. A logistic regression model for binary outcomes is used to model the odds that a child has “poor” health as opposed to “very good” or “excellent” health. The first set of models examines the effects of race/ethnicity, controlling for child sex and age (Model 1). The second stage adds immigrant/generation status (Model 2). The third stage adds poverty, interactions between poverty and race/ethnicity, and interactions between poverty and immigrant/generation status (Model 3). The last set of models adds controls for household structure, parental education, and average parental age (Model 4), and finally health insurance and metropolitan/nonmetropolitan residence are added (Model 5). Descriptive statistics are weighted by household weight. All results in multivariate analyses presented use normalized weights to compensate for the CPS sampling design.

## RESULTS

### *Descriptive Analysis*

A summary of descriptive statistics of selected characteristics is available in the longer version of this paper on the JRSI Web site (<http://www.jsri.msu.edu>). The next analysis evaluates the bivariate relationships between race/ethnicity, immigrant/generation status, and child poverty with child health. Figure 1 (pg. 16) plots the proportion of children with reported poor physical health by race/ethnicity. African American children are twice as likely to experience poor health as Non-Hispanic White children. Mexican American children are almost twice as likely to experience poor health as Non-Hispanic White children. Asian and Other Latino children are respectively 1.5 and

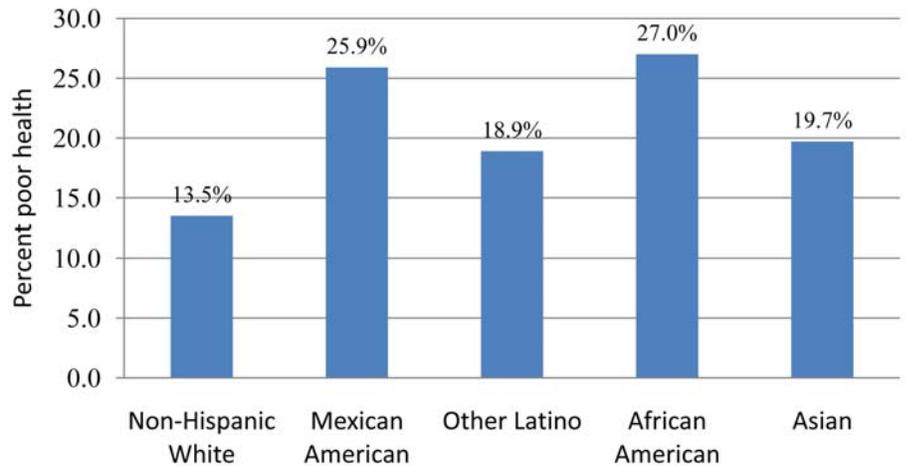
# Poverty and Health of Children

1.4 times more likely to experience poor health than Non-Hispanic White children.

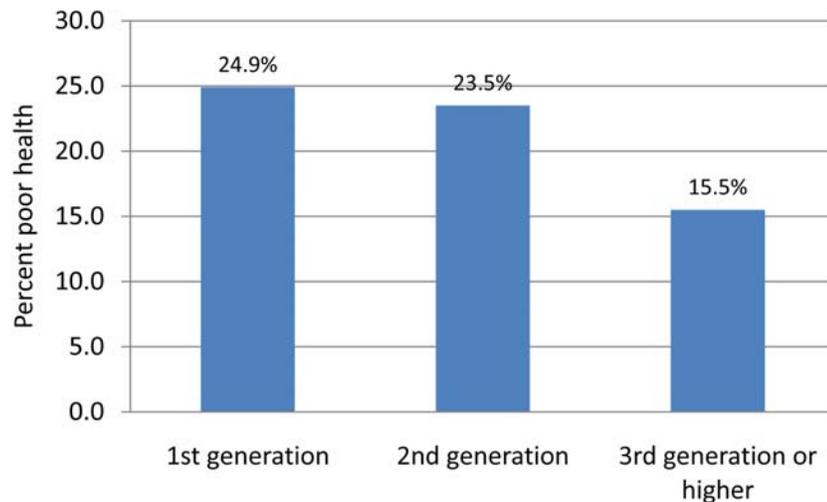
Figure 2 plots the proportion of children with reported poor physical health by immigrant/generation status. First- and second-generation immigrant children are significantly more likely than children of third-generation or higher to experience poor health.

Figure 3 plots the proportion of children with poor health by family IPR. As expected, increased poverty (lower values of IPR) is associated with poorer children's physical health.

**Figure 1. Child Poor Health by Race/Ethnicity**



**Figure 2. Child Poor Health by Immigrant/Generation Status**



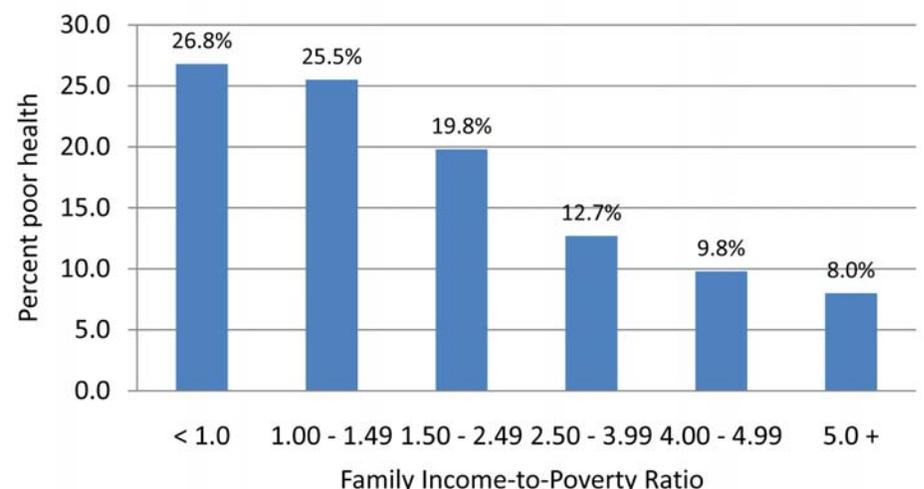
## Multivariate Analysis

Table 1 (pg. 17) presents the coefficient estimates from logistic regression models of child poor health on child and family predictors. Model 1 (in Table 1) estimates racial/ethnic disparities in children's physical health, controlling for child's age and sex, providing a baseline of comparison for subsequent models that add other explanatory variables. Mexican American children's odds of poor health are 2.29 [ $\exp(.830)$ ] those of Non-Hispanic Whites. Other Latinos' odds are 1.5 those of Non-Hispanic Whites. The odds of child poor health for African Americans are 2.38 those of Non-Hispanic Whites, and for

Asians the odds of poor health are 1.61 those of Non-Hispanic Whites. The results in Model 1 also indicate that the odds of poor health are 20 percent ( $100 \times [1 - \exp(-.219)]$ ) lower for children under six years and 14 percent lower for children ages six to eleven years than those of children ages twelve to seventeen years.

Model 2 assesses the effects of immigrant/generation status on children's health. The results in Model 2 reveal that poorer child health is reported for immigrant children, especially second-

**Figure 3. Child Poor Health by Family Income-to-Poverty Ratio**



**Table 1. Logistic Regression Coefficients of Poor Child Health<sup>2</sup> on Child Poverty**

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)	Coeff. (SE)
Intercept	-1.721 (.028)***	-1.741 (.028)***	-1.878 (.030)***	2.621 (.095)***	-2.794 (.096)***
Mexican <sup>a</sup>	.830 (.044)***	.548 (.057)***	.645 (.068)***	.373 (.072)***	.298 (.073)***
Other Latino <sup>a</sup>	.407 (.092)***	.261 (.094)**	.394 (.113)**	.228 (.115)*	.143 (.117)
African American <sup>a</sup>	.869 (.036)***	.889 (.037)***	.828 (.052)***	.638 (.054)***	.579 (.055)***
Asian <sup>a</sup>	.474 (.077)***	.185 (.088)*	.129 (.102)	.305 (.104)**	.297 (.105)**
Female <sup>b</sup>	-.046 (.027)	-.043 (.028)	-.046 (.028)	-.046 (.028)	-.046 (.028)
< 6 years <sup>c</sup>	-.219 (.034)***	-.219 (.034)***	-.280 (.034)***	-.120 (.039)**	-.179 (.039)***
6–11 years <sup>c</sup>	-.148 (.033)***	-.151 (.033)***	-.187 (.034)***	-.092 (.035)**	-.114 (.035)***
First generation <sup>d</sup>		.214 (.109)*	.109 (.112)	.234 (.113)*	.221 (.114)***
Second generation <sup>d</sup>		.405 (.055)***	.464 (.064)***	.505 (.066)***	.514 (.067)***
Mexican x first generation		.491 (.167)**	.529 (.169)**	.431 (.170)*	.388 (.171)*
African American x second generation		-.478 (.154)**	-.380 (.155)*	-.298 (.157)	-.239 (.158)
Child poverty <sup>e</sup>			.915 (.042)***	.558 (.046)***	.212 (.050)***
Mexican x child poverty			-.663 (.107)***	-.474 (.108)***	-.368 (.109)***
Other Latino x child poverty			-.755 (.202)***	-.653 (.204)***	-.581 (.204)**
African American x child poverty			-.475 (.076)***	-.406 (.077)***	-.300 (.078)***
Asian x child poverty			.206 (.190)	.014 (.193)	.036 (.194)
Second generation x child poverty			-.225 (.105)*	-.206 (.106)	-.212 (.107)*
Two-parent family <sup>f</sup>				-.271 (.035)***	-.192 (.035)***
Less than high school <sup>g</sup>				.812 (.057)***	.574 (.058)***
High school <sup>g</sup>				.807 (.042)***	.624 (.043)***
Some college <sup>g</sup>				.555 (.039)***	.423 (.040)***
Average age of parents				.013 (.002)***	.013 (.002)***
Government health insurance only <sup>h</sup>					.759 (.044)***
Government + private insurance <sup>h</sup>					.683 (.040)***
Uninsured <sup>h</sup>					.625 (.062)***
Nonmetropolitan <sup>i</sup>					.152 (.035)***
Model $\chi^2$ /df	803.82***/7	870.35***/11	1384.82***/17	1949.61***/22	2395.97***/26

\*p < .05; \*\*p < .01; \*\*\*p < .001

**Notes:**

- Non-Hispanic White = reference group
- Male = reference group
- 12–17 years = reference group
- Third-generation or higher = reference group
- Child poverty is defined here as family IPR < 1.25
- Single-parent family = reference group
- College education (i.e., Bachelor's degree or higher) = reference group
- Private insurance coverage only (i.e., provided by private employer or purchased) = reference group
- Metropolitan residence = reference group

<sup>2</sup> Poor child health is a dummy variable, coded as 1 for poor, fair, and good health and 0 for very good and excellent health. "Poor" is therefore used to refer to the health of children when it is not considered very good or excellent.

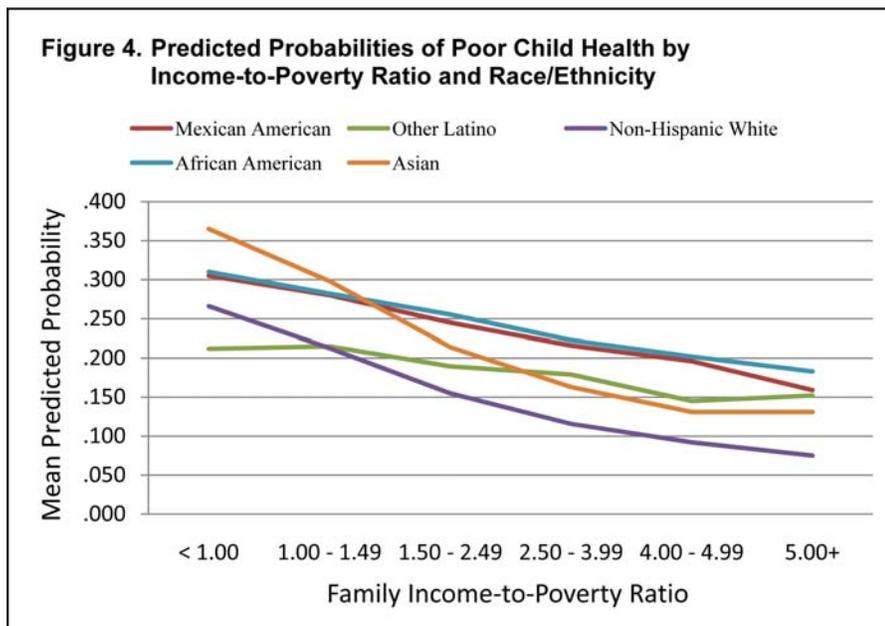
# Poverty and Health of Children

generation immigrant children. Second-generation immigrant children’s odds of poor health are 1.50 those of third- or higher-generation children, and first-generation immigrant children’s odds are 1.24 those of third- or higher-generation children. Immigrant/generation status is associated with poor child health for all racial/ethnic groups, especially first-generation Mexican, except for second-generation Blacks, as indicated by the negative interaction coefficients. When the comparison is restricted to third-generation immigrant children, the odds of poor health remain significantly higher for Mexican American children than those of Non-Hispanic White children—about 1.73 times higher. When compared to third-generation immigrant children, the odds of poor health for Other Latino children are 1.30 those of Non-Hispanic White children, while for Asian children they are 1.20 those of Non-Hispanic White children.

Model 3 assesses the effects of child poverty and the multiplicative interactions of child poverty and race/ethnicity on child health. Consistent with previous descriptive statistics, the odds of child poor health are significantly higher for poor children than non-poor children regardless of race/ethnicity. When the comparison is restricted to Non-Hispanic White, third-generation male children between twelve and seventeen years of age (reference groups), the odds of poor health for poor children are 2.52 those of non-poor children. However, the effects of poverty on child health vary by racial/ethnic groups. The odds of poor child health are in respective order higher for poor African American children, followed by those of Asian, Mexican, Non-Hispanic White, and Other Latino children. Among the non-poor children, the odds of poor health are in respective order higher for African American children, followed by Mexican, Other Latino, Asian, and Non-Hispanic White children.

Model 4 introduces controls for family structure, parental education, and average parental age. Children living in a two-parent family household and those whose parents have a bachelor’s degree or higher have relatively lower odds of poor health when compared to children in one-parent family households or those whose parents have less than a bachelor’s degree. The results in Model 4 also show that average parental age is positively related to the odds of child poor health.

Model 5 controls for health insurance coverage and metropolitan/nonmetropolitan residence. The odds of poor health are higher for children covered by government health insurance, those covered by a combination of government and private health insurance, and uninsured children than they are for children with private health insurance coverage. Living in nonmetropolitan as compared to metropolitan areas is associated with poor child health.



The nature of racial/ethnic disparities in the effects of poverty on child health is further illuminated in Figure 4. This figure plots the mean predicted values for child poor health against the family IPR by race/ethnicity. As Figure 4 illustrates, the mean predicted probability of poor health is higher for children in poverty (IPR < 1.0) and its value decreases as IPR increases. This suggests that higher child poverty (lower value of IPR) is associated with worse child health for all children, controlling for child age, immigrant status, parental education and parental age, household structure, health insurance coverage, and metropolitan/nonmetropolitan residence. However, poor Asian, African American, and Mexican American children exhibit worse

health than Non-Hispanic White and Other Latino children. At the higher end of the income spectrum (i.e., children in well-off families), Mexican American and African American, followed by Other Latino and Asian children, exhibit worse health than Non-Hispanic White children.

Figure 5 plots the mean predicted values for child poor health against the family IPR by immigrant/generation status. As the figure illustrates, first-generation poor children suffer worse child health than second- or third-generation children. However, at the higher end of the income spectrum, second-generation children suffer worse child health than first- or third-generation children.

## DISCUSSION

This study reveals that Mexican American, African American, and to a lesser extent Other Latino and Asian children experience worse health than Non-Hispanic White children. It also shows

that the gap in children's health between Non-Hispanic White and minority children is significantly reduced and partially explained by immigrant status, poverty, family structure, parental education, health insurance coverage, and metropolitan/nonmetropolitan residence. However, even after controlling for these factors, racial/ethnic disparities in physical health among children persist.

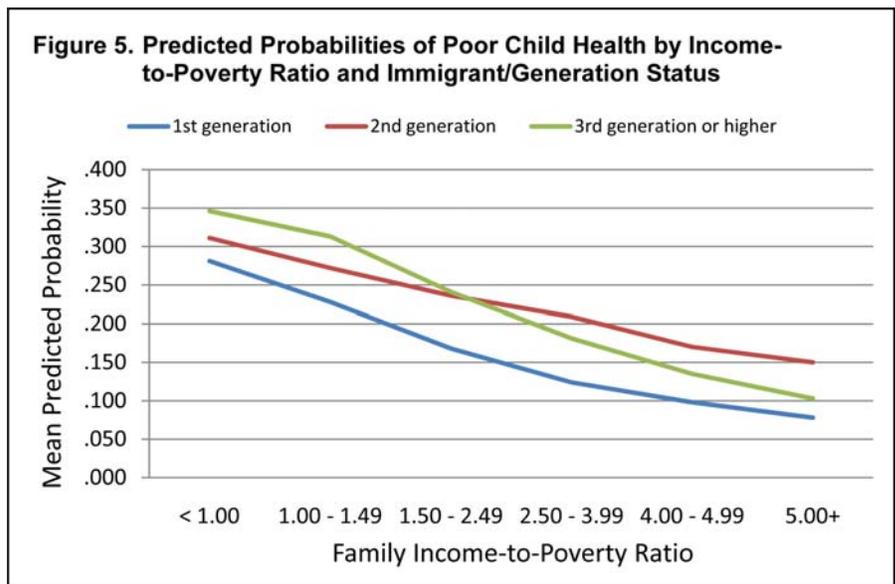
The results also show that increased poverty among children predicts poorer children's physical health. The more difficult economic conditions faced by poor Latino, African American, and Asian families, the worse physical health among their children when compared to Non-Hispanic White children with equivalent poverty levels. Poor African American, Asian, and Mexican American children experience worse health than Non-Hispanic White and Other Latino children. Among well-off families, however, Mexican American and African American children, followed by Other Latino and Asian children, experience worse health than Non-Hispanic White children.

Findings are also consistent with the hypotheses that immigrant children will have poorer physical health than natives and that second-generation, immigrant children will have poorer health than first- and third-generation immigrant children. Findings in this study also reveal that first-generation poor children are predicted to suffer worse child health than second-, third-, or higher-generation children. However, at the higher end of the income spectrum, second-generation children are predicted to experience worse child health than first-, third-, or higher-generation children.

## CONCLUSION

This study reveals the health disadvantages of Midwestern children from racial/ethnic minority and immigrant families living in poverty. Improving economic well-being, i.e., tackling the issue of poverty, would improve child health and the overall well-being of tomorrow's adults. In particular, improving the economic well-being of racial/ethnic minorities and immigrant children, especially second-generation immigrant children, would enhance their health. For immigrant children, this will require, among other things, highlighting the importance of healthy lifestyles and reinforcing native and ethnic values and norms that support healthy lifestyles.

This study is not without limitations. Other factors that may further help explain disparities in children's health were not available in the data. These factors include children's health lifestyles (e.g., physical activity, nutrition, smoking, drinking, and substance use), parent-child interactions and other family social processes, the overall quality of a child's home environment, family economic hardships, parental health and stress, and outside-the-home environment characteristics (e.g., economic disadvantage/affluence, social, institutional, and cultural resources). Future research on children's health should focus on specific health outcomes (e.g., obesity, mental health, behavioral problems, etc.) and child development.



<sup>1</sup> This paper was presented at the *Cambio de Colores: Latinos in the Heartland Conference*, "Latinos and Immigrants in Midwestern Communities," held May 24–26, 2010, in Columbia, Missouri.

<sup>2</sup> The Midwest is comprised of the following twelve states: Kansas, Illinois, Indiana, Iowa, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota and Wisconsin.

<sup>3</sup> References are available in the longer version of this paper on JSRI's Web site (<http://www.jsri.msu.edu>).

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