

# The Current State of Young Hispanic Children in South Carolina:

## Projections and Implications for the Future

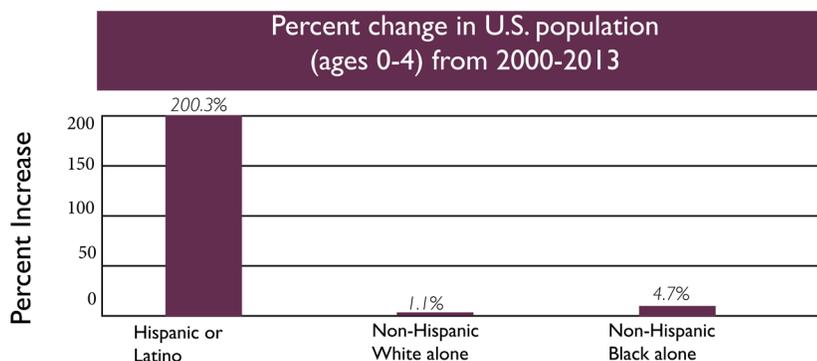
March 2016



INSTITUTE *for* CHILD SUCCESS

### (introduction)

In coming decades, the population of the United States is projected to evolve into a highly diverse young population contrasting a largely non-Hispanic white older population. By 2060, according to U.S. Census Bureau estimates, Hispanic children will comprise more than one third of the total child population<sup>1</sup> and as of 2013, more than 90 percent of these Hispanic children are US-born citizens.<sup>2</sup> In addition, between 2015 and 2060, the total Hispanic population in the United States will experience 125.6% growth; more than doubling in size from 53.3 million to 128.8 million. Considering this demographic shift and in order to ensure the well-being of the nation in the future, the growing Hispanic population must be taken into account as new policies are developed. Special attention must be focused on early childhood policies surrounding Hispanic children with a specific focus on the areas in which they currently lag behind other racial and ethnic groups. Due to the rapid growth of this population and their relatively new presence in certain areas of the United States, policies must be put in place now so they may take effect and evolve as necessary with the population as it continues to grow. This report is a compilation of recent data, and its implications, from the United States and South Carolina regarding various aspects of young Hispanic children and their families, in addition to recommendations for decision makers.



In recent decades the Hispanic<sup>1</sup> population in South Carolina and in the United States has undergone rapid growth which has led to visible demographic changes.<sup>3</sup> From 2000-2013, the Hispanic child population (ages 0-4) increased 200.3% while the non-Hispanic white and non-Hispanic black child populations increased 1.1% and 4.7%, respectively. More specifically, in South Carolina from 2000-

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1 In this document the terms "Hispanic" and "Latino" are used interchangeably

2010, the overall Hispanic population experienced a 148% increase in size- the most rapid growth of any state.<sup>4</sup> In 2003, Hispanic children (ages 0-4) comprised 5.3% of the total Hispanic population of South Carolina, increasing to 12% by 2012. In fact, the median age of South Carolina native-born Hispanics in 2010 was 10, indicating continued population growth in coming years as these children mature into childbearing years. Furthermore, projections calculated by the U.S. Census Bureau anticipate that by 2050 the percentage of the child population (ages 0-17) comprised of Hispanic children (35.6%) will almost equal that of non-Hispanic white children (36.4%).

The state of the current young child population will determine the future well-being of the nation; therefore, demographic changes that present new challenges must be taken into account in order to implement appropriate and effective public policies and programs that will benefit the entire U.S. population for generations to come. Additionally, the changes made to improve the quality of life and education for these children will also dictate the capabilities of the future workforce and the ability for South Carolina and the United States to remain competitive in the modern global economy.

“ From 2000-2010, the Hispanic population in South Carolina experienced the most rapid growth of all states; a 148% increase ”

(importance of quality early childhood experiences and education)

The birth to age five window is a critical time in the development of a child for his or her future success in health, education, and life.<sup>5</sup> During this time, the brain is developing rapidly and building cognitive and character skills required for success in school, health, career, and life. It has been found that children who receive quality early childhood care (educational and health services) are more likely to stay in school and retain jobs. Early education also encourages children to become responsible, tax-paying citizens that earn more and commit fewer crimes as adults<sup>6</sup>.

James Heckman, Nobel Laureate in Economics and professor at The University of Chicago, in collaboration with psychologists, statisticians, neuroscientists and economists, determined that investment in early childhood education is not only an effective method for the promotion of economic growth, but also extremely cost effective. Heckman states that “the best investment is in quality early childhood development from birth to five for disadvantaged children and their families.”<sup>7</sup> According to the U.S. Department of Education, every public dollar spent on high-quality preschool returns \$7 through a reduced need to provide other resources like special or remedial education, students repeating grades, as well as the increased productivity and earnings of these children as future working adults.<sup>8</sup> According to an MIT study, this \$7 return (per dollar investment) could reach up to \$13. Therefore, since investment in early childhood has been found to produce significant economic returns, it must be considered for the growth of the economies of our state and nation.

(strengths of the Hispanic community)

Hispanic families bring many strengths and assets to the raising of young children. One phenomenon known as the Hispanic paradox refers to the Hispanic population in the United States having comparable, if not better, health outcomes than those of other U.S. populations, despite having a lower socioeconomic status. In 2010, at birth, Hispanics in the U.S. had higher life expectancies than all other ethnic and racial groups, at 81.2 years.<sup>9</sup> Hispanic infants also have lower rates of infant mortality and higher positive birth outcomes, despite low rates of prenatal care among pregnant Hispanic women.

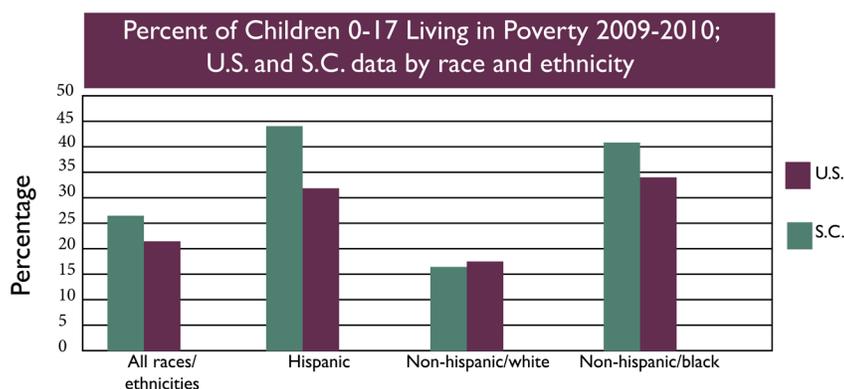
In addition to strong health outcomes, young Hispanic children also have a bilingual advantage that can serve them well in future schooling. Contrary to popular belief, early bilingual exposure does not negatively impact the linguistic, cognitive, or literacy developments of young children. Native language learning does not interrupt the learning of a secondary language, but rather serves as a foundation for the development of

new a language.<sup>10</sup> Additionally, children developing two or more languages have been found to exhibit higher levels of cognitive ability and mental flexibility than their monolingual counterparts.

More than 90 percent of Latino adults consider “being a good parent” to be “very important”, which leads to tightly-knit, exceptionally supportive families.<sup>11</sup> These strong social ties encourage children to be successful while also buffering them from adversity.<sup>12</sup> Hispanic children are less likely than their non-Hispanic white peers to enter kindergarten knowing their alphabet or numbers, but make up for this gap with well-developed social-emotional skills. Hispanic children are sometimes ahead of other children in this regard, exhibiting greater self-control, positive interpersonal communication abilities, and the ability to solve problems without physical conflict.<sup>13</sup> This is likely due to their close relationships with family members, and contributes to executive function, which is considered by many educators to be an important indicator of future success.<sup>14</sup>

## (challenges and weaknesses)

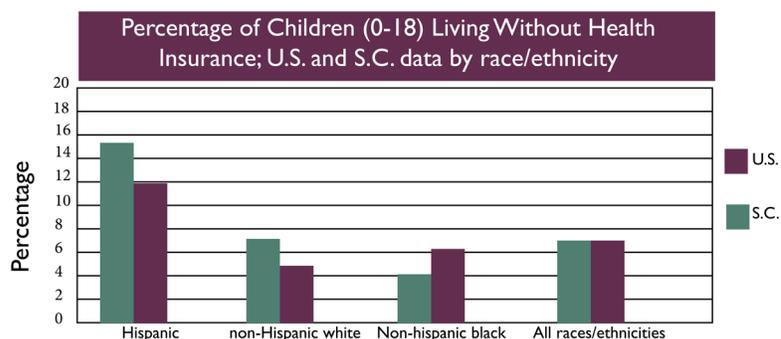
These and other strengths of Hispanic communities must be maintained. Yet the barriers and challenges that this population faces must also be addressed so they may have a positive impact on the population. The prevalence of poverty amongst the Hispanic population is a major concern, especially because of its known effects on children. In a single year (2009-2010) the poverty rate of Hispanic children (0-17) in the U.S. increased 32.3%.<sup>15</sup> Hispanic children are also more likely to live in high-poverty areas. By 2012, the percentage of Hispanic children nationwide living below the federal poverty level totaled 34%, while the national percentage for all races and ethnicities was 23%. In South Carolina in 2010, 43.9% of Hispanic children were living below the federal poverty line, compared to the 23.9% of children of all races and ethnicities. Many detrimental effects of poverty on young children have been studied. Children in poverty are more likely to experience low educational attainment, low wages, and limited access to general health services, mental health services, and social services. High-poverty areas also mean children are more likely to live in poor housing, attend poor schools, and encounter higher instances of crime. As a result, many Hispanic children enter school inadequately prepared to meet academic expectations, which is compounded by differences in culture and language that often produce disconnects between parents and schools.<sup>16</sup>



The family structure in which young children are raised has been shown to impact their lifetime trajectories. Children raised without both biological parents present in the same household are more prone to cognitive, emotional, and social problems. In 2012, 42% of Hispanic children in the United States were living in single-parent homes. This was significantly higher than the national average of 35%, and even greater than the percentage of non-Hispanic white children in single-parent homes, at 25%. In 2000, in South Carolina, 28% of Hispanic children were living in single-parent homes.<sup>17</sup> Teen (ages 15-19) birth rates are also very high among Hispanics, further impacting family structure. In South Carolina in 2005, there were 157 births to teen mothers per 1000 live births; 38 to non-Hispanic white teen mothers and 68 to non-Hispanic black teen mothers.<sup>18</sup> There are significant social and economic consequences associated with teen births to both the mothers and children, including lower school achievement and higher risk of additional health

problems.

In addition to impacts of family structure, the educational attainment of parents also has an effect on children in terms of their own education and establishment of career goals. Parents with higher educational achievement provide more stimulating physical, cognitive, and emotional environments for their children and also tend to have greater access to resources and opportunities. In 2008, 44% of Hispanic children in South Carolina were living in a home in which the mother lacked a high school diploma.<sup>19</sup> This rate was almost four times greater than among non-Hispanic white children (12%) and was almost double that of non-Hispanic black children (24%). Latino parents are also less likely to read to their children daily, which may be related to lower levels of parental education. Approximately one third of Latino children have parents that read to them, compared with two-thirds of non-Hispanic white children.<sup>20</sup> Literacy promotion is fundamental in helping children get a strong start in school and continue successfully, ensuring they have the capabilities to eventually achieve higher education and greater social mobility.



Hispanic families also face challenges related to health, including the prevalence of childhood obesity<sup>2</sup> and high rates of families living without health insurance. Uninsured children receive fewer annual doctor visits and are thus less likely to have a source of routine healthcare. Not having health insurance can cause children to miss excess school days. In South Carolina, during 2013, 15% of Hispanic children were uninsured.<sup>21</sup> This percentage was double that of uninsured non-Hispanic white children (7%) and more than three times that of uninsured non-Hispanic black children (4%). In addition, only 84.6% of Hispanic children ages 0-5 had a well-child visit in the year 2014-2014; fewer than for any other racial or ethnic group. This can affect the detection of various health and development-related issues.<sup>22</sup> Another challenge facing Hispanic children is childhood obesity. Childhood obesity is a threatening epidemic because it causes the acceleration of health problems in children that were previously solely associated with adults, including but not limited to: diabetes, high blood pressure, and high cholesterol. According to data from a 2011-2012 survey concerning children (ages 10-17) nationwide, South Carolina ranked second in the nation for the highest percentage (21.5%) of obese children; with 38.6% of Hispanic children being overweight/obese, along with 33.9% of non-Hispanic white children and 46.7% of non-Hispanic black children.<sup>23</sup>



Language can be an obstacle for Hispanic children, both directly and indirectly. Directly, the pressure to speak English in school coupled with discrimination and stigma from other students can produce excess stress. Indirectly, parents may encounter language barriers affecting their ability to participate and enroll in services that would be beneficial to their children, including health services, educational services, and additional enrichment programs. In South Carolina in 2013, 62% of children in immigrant families had parents who experienced difficulty speaking English.

In the United States, Hispanic children and their families fall subject to unique challenges related to immigration status, laws, and/or negative perceptions. The unauthorized state of a parent has been found to negatively influence the cognitive development and educational progress of a child, primarily due to the effect of anti-immigration laws and the lack of social networks and support systems for these parents. In 2012, an estimated 3.8% of K-12 students in South Carolina had at least one unauthorized immigrant<sup>3</sup> parent.<sup>24</sup> Being unauthorized carries various stressors, such as frequent relocation due to employment changes, unresolved legal issues related to immigration, and real or perceived stress due to immigration laws.<sup>25</sup> This environment can produce toxic levels of stress and lead to traumatic events, such as parental separation, parental incarceration, violence – whether experienced or witnessed – and deportation, among others.

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Currently, early childhood education programs in the United States and in South Carolina have lower enrollment rates among Hispanic children. This is due to the many barriers present in reaching and providing services to this population, identified in one Chicago study to include: affordability, lack of transportation, misalignment of school hours with work hours, no availability, lack of information about preschool options, and worries regarding documentation requirements for enrollment.<sup>27</sup> In South Carolina from 2009- 2011, 26% of Hispanic children were attending pre-school; compared with 49% of non-Hispanic white children and 44% of non-Hispanic black children. If enrollment remains low, early childhood development programs will be unable to reach their full potential as a resource for young Hispanic children and their families to potentially overcome many of the challenges identified above.

### (final considerations for policy makers)

There is much to accomplish to close the gaps in achievement for young Hispanic children. Fortunately, a variety of specific challenges have been identified allowing progress to be made towards improvement. Since the population is growing at such a rapid rate, action must be taken immediately to address the needs of this community to ensure the future well-being of the nation and our state. Hispanic children in the United States and in South Carolina are currently at greater risk of living in poverty, suffering from obesity, and being born to young parents, many of whom have less than a high school diploma. They are also less likely to have health insurance, and less likely to be enrolled in preschool and other early childhood education and support services. Furthermore, their access to services is often limited by the barriers discussed here, in addition to others.

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3 “Unauthorized immigrants” are all foreign-born non-citizens residing in the country who are not “legal immigrants.” These definitions reflect standard and customary usage by the Department of Homeland Security and researchers

### Proposed Strategies for Improvement include:

- Invest in early childhood development programs for all children and seek to eliminate disparities between racial/ethnic groups starting from a young age
- Improve the provision of culturally and linguistically appropriate resources, support, and skills necessary for Hispanic parents to help their children thrive during the early childhood years and beyond
- Expand accessibility of services: increase affordability, transportation solutions, fewer language barriers, and culturally-responsive programs
- Increase the ability of service agencies to address cultural differences and effectively serve Latino families

An interconnected network of different service providers able to aid Hispanic families and communities is essential for maximum impact. Service providers in a community should have the ability to direct families towards an array of different services which may be needed. In addition, engagement and empowerment of Hispanic communities through trust building and cultural mediation will improve participation in early childhood services and programs. The well-being of the young Hispanic population is becoming increasingly essential for the future success of the state and nation. These young children must be assisted in overcoming challenges and barriers hindering them and their families, thereby allowing them to reach their full potential.

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## (endnotes)

1 U.S. Census Bureau, Population Division. These data are available on the Census Bureau Web site on the Population Estimates and Population Projections pages. The data for 1980 to 2009 are intercensal estimates and incorporate the 1980, 1990, 2000, and 2010 Censuses as benchmarks

2 Murphey, David, Guzman, Lina, and Torres, Alicia. (2014). America's Hispanic Children: Gaining Ground, Looking Forward. Child Trends Hispanic Institute. Sept. 24, 2014.

3 Frey, W.H. (2011, April 1). America's Diverse Future: Initial Glimpses at the U.S. Child Population from the 2010 Census. State of Metropolitan America.

4 U.S. Census Bureau, Population Division. These data are available on the Census Bureau Web site on the Population Estimates and Population Projections pages. The data for 1980 to 2009 are intercensal estimates and incorporate the 1980, 1990, 2000, and 2010 Censuses as benchmarks

5 Heckman, James J. "Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy | Heckman." [Http://heckmanequation.org](http://heckmanequation.org). Pritzker's Children Initiative. Web. 1 Feb. 2015

6 Calman, L. J., & Tarr-Whelan, L. (2005). Early Childhood Education for All, A Wise Investment. New York, NY: MIT Workplace Center.

7 Heckman, James J. "Invest in Early Childhood Development: Reduce Deficits, Strengthen the Economy | Heckman." [Http://heckmanequation.org](http://heckmanequation.org). Pritzker's Children Initiative. Web. 1 Feb. 2015

8 Early Learning. (n.d.). U.S. Department of Education. Retrieved August 3, 2014, from <http://www.ed.gov/early-learning> Retrieved July 15, 2014 from <http://www.ed.gov/early-learning>.

9 Murphy, S. L., Xu, J., & Kochanek, K. D. (2013). Deaths: Final Data for 2010. National Vital Statistics Report-CDC, 61(4), 30. Retrieved July 31, 2014 from [http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61\\_04.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr61/nvsr61_04.pdf).

10 Beltran, E. (2011, June 30). Preschool education: delivering on the promise for Latino children. National Council of La Raza. Retrieved May 27, 2014, from [http://www.nclr.org/index.php/publications/preschool\\_education](http://www.nclr.org/index.php/publications/preschool_education)

11 Murphey, David, Guzman, Lina, and Torres, Alicia. (2014). America's Hispanic Children: Gaining Ground, Looking Forward. Child Trends Hispanic Institute. Sept. 24, 2014.

12 Ibid.

13 Ibid.

14 Ibid.

15 Bureau, P. R. (2014). 2014 Kids Count Data Book: State Trends in Child Well-Being. Baltimore, MD: Annie E. Casey Foundation.

16 Murphey, David, Guzman, Lina, and Torres, Alicia. (2014). America's Hispanic Children: Gaining Ground, Looking Forward. Child Trends Hispanic Institute. Sept. 24, 2014.

17 NCLR Workbook 3 "Children in Single-Parent Families by Race/Ethnicity and State, 2000" Source: Population Reference Bureau calculation from the U.S. Census Bureau's 2000 Census 5-Percent Public Use Microdata Sample (PUMS) Data, Retrieved May 26, 2014 from [http://ftp2.census.gov/census\\_2000/datasets/PUMS/FivePercent/](http://ftp2.census.gov/census_2000/datasets/PUMS/FivePercent/)

18 Kathryn Kost, Stanley Henshaw and Liz Carlin, "Table 3.4 Rates of Pregnancy, Birth and Abortion Among Women Aged 15–19, by State of Residence, According to Race and Ethnicity, 2005," U.S. Teenage Pregnancies, Births and Abortions: National and State Trends and Trends by Race and Ethnicity (New York: Guttmacher Institute, 2010),

19 NCLR Source: Population Reference Bureau calculation from the U.S. Census Bureau's 2008 American Community Survey. Public Use Microdata Sample (PUMS) 1-year Data, [http://factfinder.census.gov/home/en/ace\\_pums\\_2008\\_lyr.html](http://factfinder.census.gov/home/en/ace_pums_2008_lyr.html)

20 Murphey, David, Guzman, Lina, and Torres, Alicia. (2014). America's Hispanic Children: Gaining Ground, Looking Forward. Child Trends Hispanic Institute. Sept. 24, 2014.

21 Bureau, P. R. (2014). 2014 Kids Count Data Book: State Trends in Child Well-Being. Baltimore, MD: Annie E. Casey Foundation.

22 Murphey, David, Guzman, Lina, and Torres, Alicia. (2014). America's Hispanic Children: Gaining Ground, Looking Forward. Child Trends Hispanic Institute. Sept. 24, 2014.

23 Indicator 1.4a: How many children 10-17 are currently overweight or obese, based on BMI for age. (2012). Retrieved April 27, 2014, from Data Resource Center for Child and Adolescent Health: <http://childhealthdata.org/browse/survey/results?q=2416&r=1&r2=42&g=456&a=3879>

24 Chokshi, N. (2014, November 21). The Undocumented Immigrant Population Explained, in 7 maps. Retrieved from The Washington Post: <http://www.washingtonpost.com/blogs/govbeat/wp/2014/11/21/the-undocumented-immigrant-population-explained-in-7-maps/>

25 Murphey, David, Guzman, Lina, and Torres, Alicia. (2014). America's Hispanic Children: Gaining Ground, Looking Forward. Child Trends Hispanic Institute. Sept. 24, 2014.

26 <http://datacenter.kidscount.org/data/tables/132-children-in-immigrant-families-in-which-resident-parents-have-difficulty-speaking-english?loc=1&loct=2#detailed/2/42/false/36,868,867,133,38/any/478,479>

27 Nores, M. (n.d.). Immigrants and Dual Language Learners: Participation in pre-K and Kindergarten entry gaps. National Institute for Early Education Research.

**\*\* This issue brief is based on a longer report of the same name that provides more statistics and details on the current state of young Hispanic children in South Carolina and across the United States. The full report is available at [www.sph.sc.edu/cli](http://www.sph.sc.edu/cli), <http://www.scpasos.org/>, and [www.instituteforchildsuccess.org](http://www.instituteforchildsuccess.org).**

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