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Distressing Projections for the Health of American Children: Are They Inevitable?

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Poverty, Educational Attainment and Health Among America's Children: Current and Future Effects of Population Diversification and Associated Socioeconomic Change by Murdock et al. presents us with a distressing view of the future for American children in general, and Texas children in particular. The authors combine U.S. Census Bureau projections in population size and racial/ethnic composition in the U.S. for 2040 with current childhood poverty rates in different racial/ethnic subgroups to estimate an increase of 39% in poor children, from 14.5 million in 2008 to 20.3 million in 2040. Using a similar methodology with population projections from the Texas State Data Center, they compute the corresponding increase in poor children in Texas at 53%, as the number of poor Texan children increases from 1.6 million in 2008 to 2.5 million in 2040. The overwhelming majority of poor children in 2040 will be minority children, in particular Hispanic children.

Using knowledge from the social determinants of health literature, the paper estimates some of the consequences of this huge increase in the number of poor children. Further analyses indicate what this large population of poor children will look like. In 2040, poor children will be more likely than in 2008 to live in a household with low education and will suffer from poorer health. In 2040, the authors estimate there will be 3.8 million poor obese children, 2.3 million poor children living with asthma, 2.4 million poor children with chronic health conditions or serious emotional or behavioral difficulties, and 5.7 million poor children with untreated cavities.

Before feeling overwhelmed and overcome by these scenarios of the future for our children, let's consider two issues. First, how reliable and accurate are these projections, and, second, are they inevitable?

The methodology used to extrapolate to 2040 is clearly described. Using population projections and racial/ethnic composition projections from well-regarded sources (the U.S. Census Bureau and the Texas State Data Center), the authors compute poverty rates (and educational attainment and health status) based on 2008 rates for different racial/ethnic groups in 2040, assuming that racial/ethnic groups will have the same rates in 2040 as in 2008. Of course, that is a simple, but heroic, assumption. Many factors contribute to poverty rates among minority populations, and it is unlikely that the distribution of these factors will be the same in 2040 among minority populations as it was in 2008. For example, poverty is associated with low educational attainment, and we see very low education among poor Hispanics in 2008. Over half of poor Hispanic children lived in a household with less than a high school diploma in 2008.¹ This is in large part due to the large representation of

immigrants among poor Hispanics.² If the increase in the Hispanic population in 2040 is fueled by high nativity rates among current Hispanic families living in the U.S. rather than by increases in immigration, the educational level of Hispanics in 2040 is likely to be higher than in 2008. Disease and disability rates also have multifactorial determinants, and it is therefore questionable whether poor children in 2040 will exhibit similar rates of obesity, asthma, and emotional and behavioral disorders as in 2008. For example, obesity rates appear to have stabilized after increasing for several decades.³ The authors clearly state that their predictions are based on the assumption that rates remain unchanged, but we can expect them to change. However, despite this limitation, the projections presented in the paper are likely to be in the right ballpark, painting a bleak future for our children.

This depressing picture is not inevitable. The authors point out several times that these projections are based on the absence of actions that improve socioeconomic status and/or mitigate the interrelationships between socioeconomic factors and race/ethnicity. Indeed, policies can be developed to impact childhood poverty and the relationship between childhood poverty and negative health and behavioral outcomes.⁴ One example of such policies are policies that provide more income for poor families with children, such as a child tax credit paid to caregivers of children without regard to other benefits received, so that it is an additional support for individuals with children. Other policies that focus on breaking the relationship between poverty and negative health and behavioral outcomes involve making high quality early-education available to poor children, possibly through centers that integrate childcare and education services for children with support services for their families, so as to provide every child with the best start in life. Britain has implemented such policies (introducing in 2003 the Child Tax Credit and operating 2,907 Sure Start Children's Centres by 2008). Britain also created the Children's Fund in 2000, which provides local government with resources for reducing disadvantage among children by protecting them from the negative consequences of poverty.⁵ These policies have been found to have a positive impact on poor children and improved their outcomes.^{6,7} Canada has also been able to considerably lower childhood poverty through targeted as well as broader policies.^{8,9} The examples from these countries lead us to believe that childhood poverty and its negative consequences are not inevitable. Given the will, the U.S. could also reduce poverty among children and break the cycle between poverty and negative outcomes, providing American children with a bright and hopeful future, unlike the bleak picture described in the article.

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