



The Connecticut Commission on Children

CHILDREN AND THE LONG-TERM EFFECTS OF POVERTY

June 2004

Children and the Long-term Effects of Poverty

Over the last several years, the United States has experienced a rising trend in child poverty making it the nation with the highest child poverty rate out of 17 of the wealthiest countries in the world.ⁱ Between 2001 and 2002 alone, the number of poor children in the U.S. rose from 11.7 to 12.1 million.ⁱⁱ In Connecticut, one in ten children lives in poverty.ⁱⁱⁱ The negative long-term effects of poverty on children are numerous and run the gamut from outward aggression and depression to increased risk of lead paint poisoning and growth stunting, or low height for age. In addition, the economic costs of child poverty are severe. According to the Children's Defense Fund, every year that a child spends in poverty results in a cost of \$11,800 in lost future productivity.^{iv} In Connecticut alone, 66,678 adults and children receive assistance from Temporary Assistance for Needy Families (TANF). In CT schools, 46% of meals served are sold at a reduced price or are free for low-income students.^v Significant efforts to eliminate child poverty will not be effective unless the long-term effects of poverty on children are recognized and understood. The following is a report on some of the effects of poverty on children in the areas of physical health, cognitive ability, school achievement outcomes, emotional and behavioral outcomes, and teenage pregnancy.^{vi}

Physical Health^{vii}

National Statistics:

- According to the National Center for Health Statistics, children in poverty are 3.6 times more likely than nonpoor children to have poor health and 5 times more likely to die from an infectious disease.^{viii}
- Nationally, in 2002, 16% of children were poor and 7.7% of babies born had low birth weights.
- In the early 1990s, a National Health and Nutrition Examination survey revealed that "mean blood lead levels were 9% lower for one- to five-year-olds in families with incomes twice the poverty level than for those who were poor."^{ix}
- In 1999, between 8 and 12% of children enrolled in federal health programs had elevated blood lead levels
- 34% of children from lower income households are obese, compared to 19% of children from higher income households
- The number of overweight children in the WIC program between 1992 and 1998, rose from 11% to 13.2% and the prevalence of overweight rose 20%^x
- Poor children are more likely to have asthma than nonpoor children. In 2002, 8% of poor children had asthma compared to only 6% of nonpoor children^{xi}
- In 2001, only 72% of children of low-income families had vaccination coverage compared with 79% of higher income children^{xii}

Connecticut Statistics:

- The State of Connecticut fell just below the national averages with 12% of children living in poverty and 7.4% of babies born with low birth weights.^{xiii}
- CT ranks 22nd among states with babies of low birth weight^{xiv}
- In 1999 in CT, 9.1% of children on Medicaid had elevated blood lead levels.^{xv}
- A 1995 Hartford study emphasized the link between child poverty and lead poisoning with results that showed that children enrolled in Medicaid had a greater risk of being exposed to lead because of their living conditions.^{xvi}
- In 2000, 34% of Hartford residents polled were obese, which was an increase from 28% in 1997

Findings:

- Poor children are at an increased risk for low birth weight, asthma, anemia, growth stunting and lead poisoning among many other health complications.
- According to the Center for the Future of Children, “[s]erious physical disabilities, grade repetition, and learning disabilities are more prevalent among children who were low birth weight as infants...Low birth weight is also the key risk factor for infant mortality.”^{xvii}
- Low birth weight occurs most often to babies born to single mothers with little education and to African American mothers, all of which are groups with high poverty rates.^{xviii}
- According to the best available research, poor children experience growth stunting at two times the rate of nonpoor children, which can lead to problems with cognitive development.^{xix}
- Poor children are more likely to be exposed to lead because of sub-standard housing, which can result in learning disabilities, lower IQs, speech and hearing problems, and behavioral problems, all of which are long-term problems that may not be reversible.^{xx}

Cognitive Abilities

Research has shown that poverty can have a profound effect on a child’s cognitive development and that long-term exposure to poverty may result in more significant, but typically reversible, damage.

National Statistics:

- Children that live below the poverty line are 1.3 times more likely to have developmental delays or learning disabilities as other nonpoor children.^{xxi}

Findings:

- According to the Center on Hunger and Poverty at Brandeis University, “undernutrition along with environmental factors associated with poverty can permanently retard physical growth, brain development, and cognitive functioning.”^{xxii}
- Low nutritional intake typically results in low motivation, attentiveness, and emotional expression, which can negatively affect critical developmental processes, such as parent-child attachment and communication, play and learning.^{xxiii}
- If a child does not feel securely attached to his or her parent, he or she typically will lack the self-confidence necessary to form new relationships with friends and will lack a sense of efficacy resulting in a feeling of unimportance or worthlessness.^{xxiv}

School Achievement Outcomes

National Statistics:

- The most critical effect of child poverty in the classroom is what some researchers call school unreadiness, or the condition of 40% of American children who are not prepared for primary schooling.^{xxv}
- School unreadiness has lasting effects that extend well beyond kindergarten, in fact, “more than one third of children from low-income communities enters formal kindergarten classes already behind their peers and by fourth grade, more than 50% of these children will not meet the standard for reading proficiency.”^{xxvi}
- “Students in schools with more than 50 percent of their students eligible for free or reduced-price lunch had a lower average score than students in schools with a quarter or fewer of their students eligible for the program.”^{xxvii}

- In a study that covered dropout rates by family income from 1972 until 2001, high school students from low-income families dropped out of school six times as often as students from high-income families.^{xxviii}

Connecticut Statistics:

- In CT inner cities, such as Hartford, Bridgeport, New London, and New Britain, the high school drop-out rate is between 29-31%^{xxix}
- During the 1998-99 school year, 454 kindergarten students and 1456 first grade students were suspended and out of the 454 kindergarten students suspended, 376 students were not in special education classes^{xxx}
- “Connecticut ranks 43 out of the 50 states in the number of low-income children participating in the School Breakfast Program that participate in the National School Lunch Program. In Connecticut only 33 free or reduced-price eligible students participate in the School Breakfast Program for every 100 free or reduced-price eligible student that participates in the National School Lunch Program.”^{xxxi}

Findings:

- According to the National Center for Education Statistics, an Early Childhood Longitudinal Study revealed that as a child’s risk factors, such as poverty, increase, the child experiences smaller gains between kindergarten and third grade in the areas of reading and mathematics.^{xxxii}
- Poor high school students are taught by out-of-field teachers more often than nonpoor students, which means that poor students may not always be taught by a teacher with the same expertise in English, science, and math as nonpoor children.^{xxxiii}
- School performance is affected by a child’s nutrition level, as according to the Center on Hunger and Poverty, “poor children who attend school hungry perform significantly below non-hungry low income peers on standardized test scores.”^{xxxiv}

Emotional and Behavioral Outcomes

National Statistics:

- Parental depression has been found to be twice as common among low-income parents
- According to the National Center for Children in Poverty, results of the CalWORKS Project show that children under age six whose parents exhibit depression, substance abuse and domestic violence are “at two to five times greater risk for: homelessness, use of food banks, lack of needed medical care, unreliable or unsafe child care, [and] placement in foster care by child welfare services.”^{xxxv}

Findings:

- Research has shown that child from low-income families experience emotional and behavioral problems more often than nonpoor children, in fact, “one study of low birth weight five-year-olds...found that children in persistently poor families had more internalizing and externalizing behavior problems than children who had never been poor.”^{xxxvi}

- A number of factors have been cited to explain increased emotional and behavioral problems in poor children, including increased exposure to parental depression and domestic violence and substance abuse and alcoholism.^{xxxvii}
- According to the National Institute of Child Health and Development, poor behavioral and cognitive performance was exhibited more often among three-year-old children with depressed mothers than children whose mothers were not depressed.^{xxxviii}
- Poor children with depressed mothers may also suffer from aggression, problems forging relationships with other children, trust issues, and future vulnerability to substance abuse.^{xxxix}
- Research has shown that teachers can also contribute to poor children's negative school experience by paying less attention to poor children and ignoring developmental and behavioral problems that need addressing.^{xl}

Teenage Pregnancy

National Statistics:

- In 2001, 25 out of every 1,000 teenage girls between the ages of 15 and 17 gave birth to a child.^{xli}

Connecticut Statistics:

- In 2001 in CT, 15 per 1,000 girls gave birth.^{xlii}

Findings:

- Teenage birth rates are higher among poor teens, in fact, poor teens give birth at three times the rate of nonpoor teens.^{xliii}
- The probability of a teenager's having an out-of-wedlock birth decline[s] significantly at family income levels above twice the poverty threshold.^{xliv}
- According to the National Institute of Child Health and Human Development, teen mothers are more likely to drop out of high school and are less likely to receive a college degree.^{xlv}
- "The children of teenage mothers are more likely to perform poorly in school. They are 50% more likely to repeat a grade, have lower performance on standardized tests, and are less likely to complete high school than the children of older mothers."^{xlvi}

ⁱ 2004 Connecticut KIDS COUNT Data Book: Family Economic Security, Connecticut Association for Human Services

ⁱⁱ 2004 Connecticut KIDS COUNT Data Book: Family Economic Security, Connecticut Association for Human Services

ⁱⁱⁱ Children in Connecticut, January 2003, Children's Defense Fund, www.childrensdefense.org

^{iv} Children's Defense Fund, www.childrensdefense.org

^v "Investing in Families...Investing in Our Future" 2004 Connecticut KIDS COUNT Data Book

^{vi} Future of Children, Volume 7, Number 2, Summer/Fall 1997, "The Effects of Poverty on Children," Jeanne Brooks-Gunn and Greg J. Duncan

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^{viii} Free the Children, www.freethechildren.org/youthinaction/child_poverty_usa.htm.

^{ix} Future of Children, Volume 7, Number 2, Summer/Fall 1997, "The Effects of Poverty on Children," page 61, Jeanne Brooks-Gunn and Greg J. Duncan

^x WIC Program, Executive Summary, www.fns.usda.gov/oane/MENU/Published/WIC/FILES/overweight.htm

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- ^{xi} Child Trends Data Bank, www.childtrendsdatabank.org/pdf/43_PDF.pdf
- ^{xii} America's Children, Childhood Immunization, www.childstats.gov/ac2003/indicators.asp?IID=123
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- ^{xxvi} Elaine Zimmerman, Executive Director, Commission on Children, Literacy Speech
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