

A Portrait of American Indian and Alaska Native Children and Families

Meryl Yoches Barofsky, Nina Chien, Lizabeth Malone,
Sara Bernstein, and Kaitlyn Mumma

OPRE Report #2018-70



Source: National Center on Early Childhood Development, Teaching, and Learning

Introduction

There is little national data about the need for early childhood and health services for American Indian and Alaska Native (AI/AN) children. The American Indian and Alaska Native Early Childhood Needs Assessment project was initiated in 2015 to develop three designs for future studies to inform a national early childhood needs assessment for AI/AN children. The designs aim to (1) describe AI/AN children under 5 (not yet in kindergarten; hereafter referred to as “AI/AN young children”) and their families, (2) explore early childhood services organization and delivery for AI/AN children, and (3) assess communities’ capacity for conducting their own needs assessments.¹

This brief summarizes findings from the implementation of the first design, which used existing data to create a national picture of the AI/AN population of young children and their families, and their access to and participation in early childhood services using the 2010–2014 American Community Survey (first published in Malone et al., 2017).² This brief will:

1. Describe the population of AI/AN young children and their families, including socioeconomic status, household employment, and highest household educational attainment; and
2. Estimate the need for early childhood and health services, including early care and education attendance and health care coverage of AI/AN young children and their families, by examining the services that families receive.

The main findings are:

- There are approximately 451,000 AI/AN young children in the United States.
- Almost half of AI/AN young children live with both parents.
- Almost one-third of AI/AN young children live in households below the federal poverty line (FPL).
- Almost three-quarters of AI/AN young children live in households where at least one household member has some college education or higher.
- Almost all AI/AN young children have at least one household member working either full or part time.
- About one-fifth of AI/AN young children attended nursery or preschool in the past three months.
- Almost one-third of AI/AN young children are enrolled in a health insurance program through a parent's employer or union, and almost 60 percent are enrolled in health insurance through Medicaid or any kind of medical assistance plan.
- Almost half of AI/AN young children lived with a parent who purchased health insurance through an employer or union, and about one-third lived with a parent who was enrolled in health insurance through Medicaid or any kind of medical assistance plan.

Methodology

This study used the 2010–2014 Five-Year American Community Survey (ACS), which is a nationally representative sample of households in the United States.³ The ACS is conducted annually and samples approximately one percent of the U.S. population. Because the ACS does not oversample for AI/AN individuals, we used data from across five years to obtain a larger sample and thus more precise estimates. Data for this particular analysis were extracted from the Integrated Public Use Microdata Series (IPUMS) database (Ruggles, et al., 2015). A report comparing the 2010 ACS with the 2010 Census found that the ACS under-counted the number of individuals who were AI/AN alone, yet

over-counted the number of individuals who were AI/AN in combination with other races/ethnicities (DeWeaver, 2013). Nonetheless, the ACS remains one of the best data sources for describing the AI/AN population at the national level.

The analytic sample for this brief includes the target AI/AN children (ages 0 through 5, not yet in kindergarten⁴) and all his/her household members. AI/AN children include those who are either AI/AN alone or AI/AN in combination with other race/ethnicities. Parents or other persons living in the household may or may not be AI/AN. We are interested in parents, regardless of race. Race/ethnicity is reported by survey respondents. In instances where there is more than one AI/AN child in a household with the same mother or the same father, a mother or father would be counted twice. For analysis of parent characteristics, we relied on IPUMS' identification of mothers and fathers. For some variables, we report characteristics at the household level (e.g., poverty status, employment, education). Households may contain not only parents and children, but also related individuals (such as grandparents and aunts/uncles) and unrelated individuals (such as friends and boarders). Appropriate household- and person-weights were applied to all estimates.



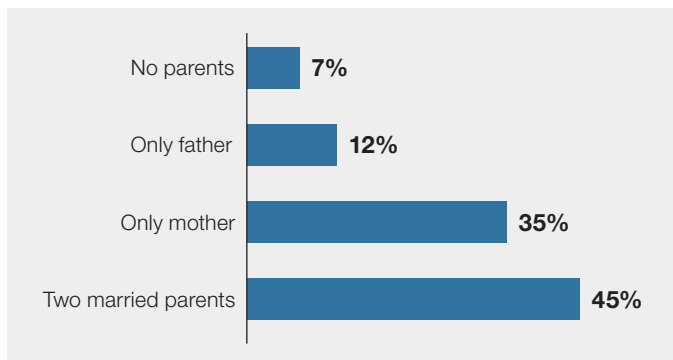
Source: National Center on Early Childhood Development, Teaching, and Learning

Results

What are the characteristics of AI/AN young children and families?

According to the ACS, there are approximately 451,000 AI/AN young children living in 327,000 households in the United States. Of those children, almost half (45 percent) live with two married parents, and 47 percent live with only one parent (Figure 1). In instances where children are living with both their mother and father, and the mother and father are unmarried, only the parent who shares the surname with the child is identified as a parent; the other parent would not be identified as a parent at all. In these cases, the child would appear to be living with only one parent although he or she might actually be living with both parents. Seven percent of AI/AN young children live with neither the mother nor the father.

Figure 1. About half of AI/AN young children live with two married parents.

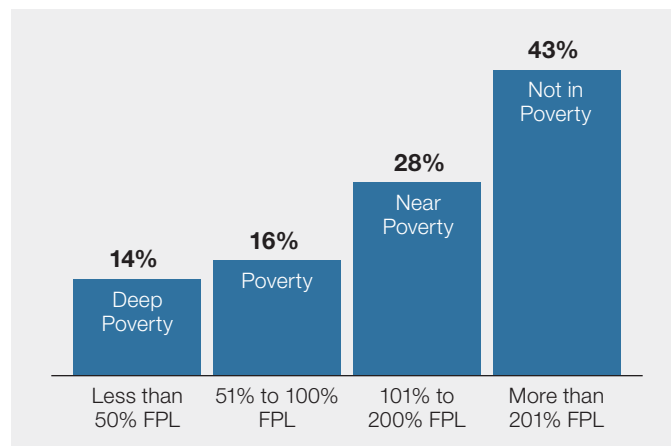


Source: 2010–2014 Five-Year American Community Survey Estimates

Note: Statistics are weighted to represent all AI/AN young children in the United States. Parents include biological, adoptive, or step parents. Children living with parents who are unmarried, and where the child shares a surname with only one of the parents, would be classified as living with “only father” or “only mother,” and linked to the parent who shares his/her surname.

Overall, almost one-third of AI/AN young children live in households with incomes below the FPL (Figure 2).⁵ This includes 14 percent who live in deep poverty.⁶ An additional 28 percent of AI/AN young children live near poverty.⁷

Figure 2. Almost one-third of AI/AN young children live in households under the federal poverty line.

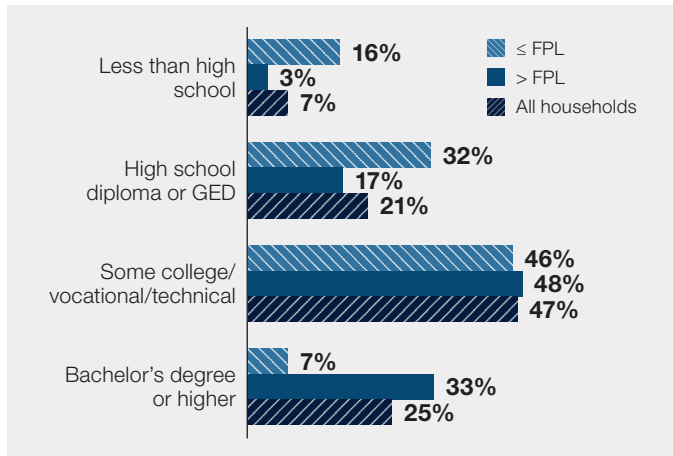


Source: 2010–2014 Five-Year American Community Survey Estimates

Note: Statistics are weighted to represent all AI/AN young children in the United States. The federal poverty threshold is based on 2014 thresholds set by the U.S. Census Bureau.

Almost three-quarters (72 percent) of households with an AI/AN young child have an adult with at least some college experience (Figure 3). Forty-seven percent of households have an adult with some college, vocational school, or technical school experience, and 25 percent report having a bachelor’s degree or higher. The remaining households report the highest education by any adults as a high school diploma or GED (21 percent) or less than a high school diploma (7 percent). However, this varies by poverty status (Figure 3).⁸ Of households at or below the FPL, only seven percent report the highest education by any adult as a bachelor’s degree or higher, compared to one-third of households over the FPL. Similarly, of households below the FPL, 16 percent report the highest education of any adult as less than a high school diploma, compared to three percent of households over the FPL.

Figure 3. The majority of households with AI/AN young children have an adult with at least some college.

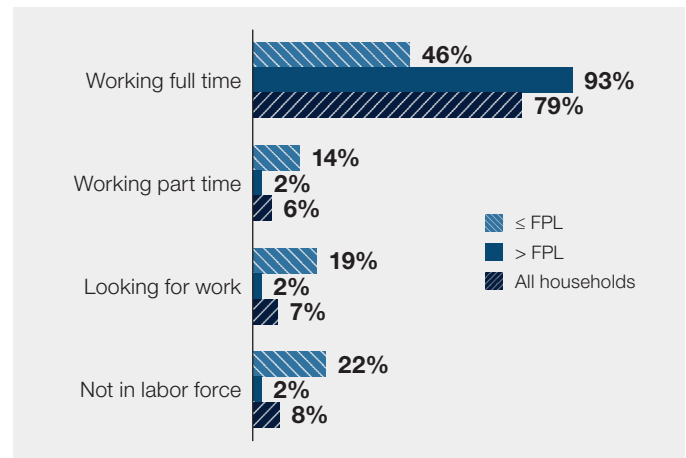


Source: 2010–2014 Five-Year American Community Survey Estimates

Note: Statistics are weighted to represent all AI/AN young children in the United States.

Almost all households (85 percent) with an AI/AN young child have at least one employed adult (full or part time; see Figure 4). Again, this varies by poverty status. For AI/AN young children living in households under the FPL, only 60 percent live with at least one employed adult. For those above the FPL, almost all live in households where at least one adult works (95 percent). Similarly, in households below the FPL, 22 percent live with adults not in the labor force, compared to only 2 percent for households over the FPL.

Figure 4. Almost all AI/AN young children live in a household with at least one employed adult.



Source: 2010–2014 Five-Year American Community Survey Estimates

Note: Statistics are weighted to represent all AI/AN young children in the United States. Working full time is defined as working 30 or more hours. The “looking for work” category includes those who report being unemployed and in the labor force (regardless of whether they report looking for work) and those who report not being in the labor force and looking for work.

What is the need for early childhood services among the AI/AN population?

Early Care and Education and Home Visiting

Most AI/AN young children live in a household with at least one employed adult, which may indicate the need for early care and education services. However, only 21 percent of AI/AN young children attended a nursery or preschool in the last three months.

We also estimated the number of mothers and infants who might benefit from services such as home visiting during the postnatal period. Based on the number of infants and women who gave birth in the past year, approximately 76,000 to 78,000 infants⁹ may be potential beneficiaries of postnatal services. Only about 12,000 AI/AN families received home visiting services in 2016 nationally (National Home Visiting Resource Center, 2018).



Source: National Center on Early Childhood Development, Teaching, and Learning

Health Insurance

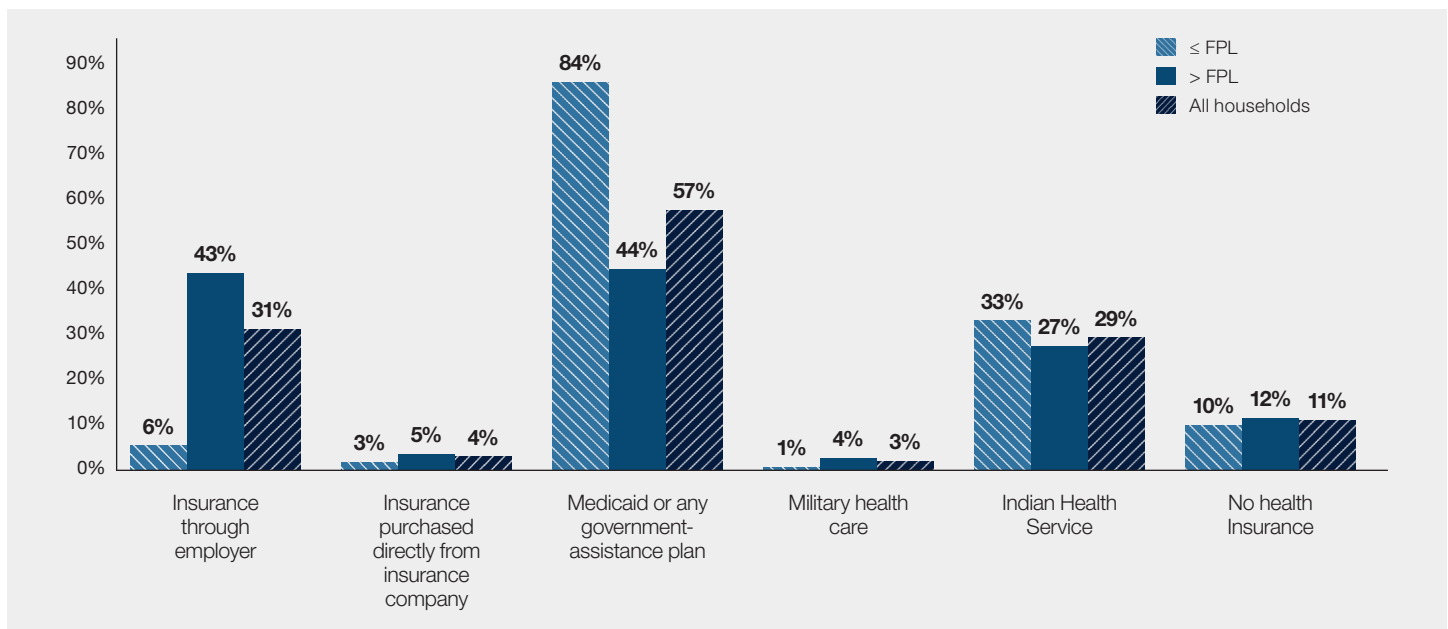
AI/AN young children and their families in general are covered by health insurance; however, coverage varies (Figure 5). The two most common insurance sources for children were government-assistance plans, such as Medicaid (57 percent), and insurance through a parent’s employer or union (31 percent). Note that these categories are not mutually exclusive and that children may be covered by one or more programs. Eleven percent of AI/AN young children did not have any health insurance coverage.¹⁰

With respect to parents, almost half (43 percent) of AI/AN young children lived with at least one parent who had purchased insurance through an employer or union, while 33 percent lived with at least one parent who was enrolled in Medicaid, medical assistance, or another kind

of government-assistance plan (Figure 6). Approximately 28 percent of children lived with at least one parent with no health insurance.

Nearly one in ten AI/AN young children (9 percent) live with a parent who reports having at least one of four common health difficulties: difficulty concentrating, remembering things, or making decisions; serious difficulty walking/ climbing stairs; difficulty dressing or bathing; and difficulty doing errands alone. This estimate is even higher for children living in poverty, where 14 percent have a parent with at least one of these health difficulties. (Among children living above the FPL, that figure is 7 percent). In these families with greater need due to having parent who experiences health difficulties, two-generation programs such as Head Start and home visiting may provide important services and support.

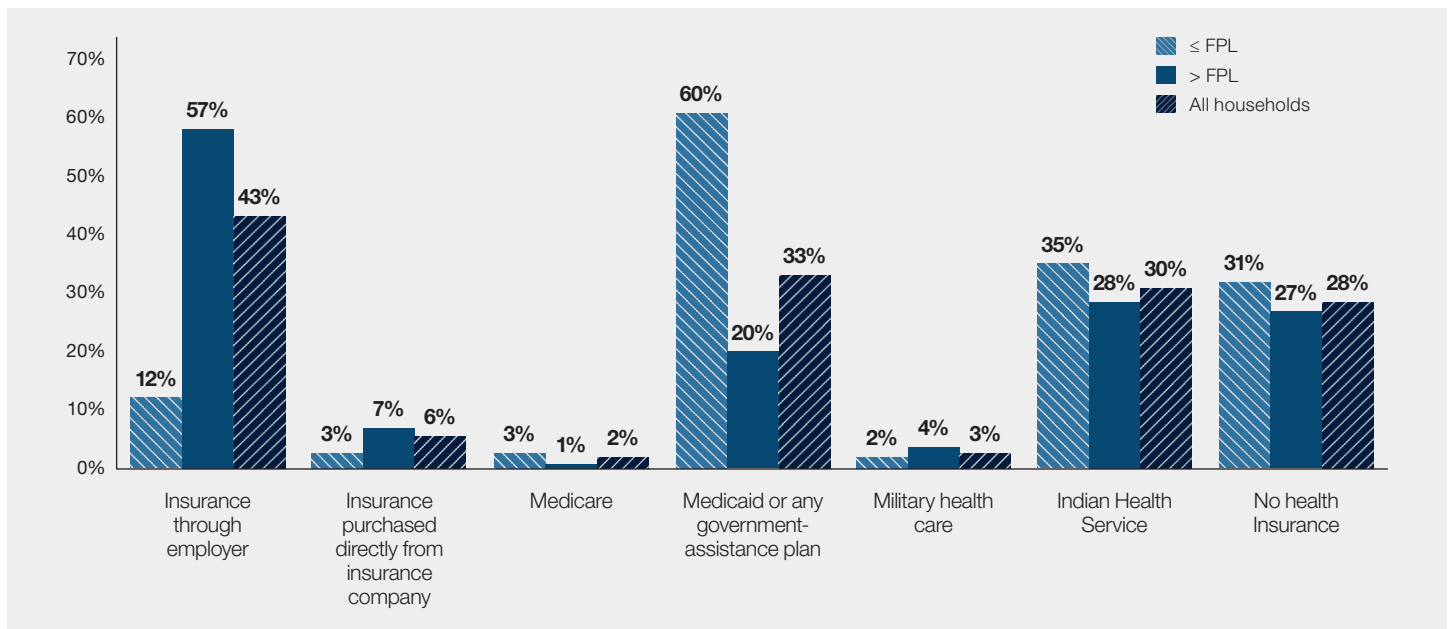
Figure 5. Most AI/AN young children are covered by health insurance.



Source: 2010–2014 Five-Year American Community Survey Estimates

Note: Statistics are weighted to represent all AI/AN young children in the United States. U.S. Department of Veterans Affairs care (0.2 percent) was not included. Consistent with Census Bureau and other federal agency definitions, “no health insurance” includes individuals who had only Indian Health Service (IHS provides specific medical services but is not considered by experts to be a comprehensive source of coverage). Categories are not mutually exclusive—a child may be covered by more than one program.

Figure 6. Most AI/AN young children living with at least one parent who is covered by health insurance.



Source: 2010–2014 Five-Year American Community Survey Estimates

Note: Statistics are weighted to represent all AI/AN young children in the United States. U.S. Department of Veterans Affairs care (2 percent) was not included. Consistent with Census Bureau and other federal agency definitions, “no health insurance” includes individuals who had only Indian Health Service (IHS provides specific medical services but is not considered by experts to be a comprehensive source of coverage). Categories are not mutually exclusive—a child may be covered by more than one program.

Discussion

The data presented in this brief suggest many strengths and opportunities for AI/AN young children and their families. The majority of AI/AN young children live with a parent, and most live with an adult with some higher-education experience. Most AI/AN young children live in households with a working adult, and most have health insurance and live with a parent who is covered by health insurance as well.

However, despite these positive indicators, almost one-third live in households at or below the FPL. Participation in preschool and nursery school is also quite low, at 21 percent, despite a high rate of adult employment. Additionally, few AI/AN mothers received home visiting services.

The AI/AN Early Childhood Needs Assessment project was a first step in understanding the characteristics of AI/AN young children and their families. This brief provides a snapshot of indicators of need and potential unmet need for early childhood services. Future work is needed to understand the service provisions, availability, and barriers that exist to support families.



Source: National Center on Early Childhood Development, Teaching, and Learning

Notes

¹ To develop the design for the studies, we convened a Community of Learning (CoL) composed of native practitioners and research partners from tribal Head Start and Early Head Start, child care, and home visiting; researchers from the Tribal Early Childhood Research Center and Mathematica Policy Research; and federal staff from the Administration for Children and Families. A design report documenting that process and the study designs developed was published in Malone et al., 2016.

² The larger project investigated the availability of information in the following six datasets: 2010 Decennial Census; American Community Survey; Maternal, Infant, and Early Childhood Home Visiting Form 1 (MIECHV Form 1); Child Care and Development Fund ACF 801; Child Care and Development Fund ACF 700; and the Head Start Program Information Report. See Malone et al., 2017 for more information about the research report that informed this brief.

³ The 2010–2014 data are the most recent available from the American Community Survey.

⁴ We determine whether a child is “not yet in kindergarten” based on the following item series within the ACS. The ACS asks: “At any time in the last 3 months, has this person attended school or college?”; and, if yes, “What grade or level was this person attending?” Options include nursery school, preschool, kindergarten, grades 1–12, college undergraduate years, or graduate or professional school. For those who responded that they had not attended school in the last three months, they are considered to not yet be in kindergarten. Thus, given ACF’s interest in children not yet in kindergarten, the ACS is limited further to children ages 0–5 who have not yet participated in kindergarten, nor any of the grades beyond.

⁵ The federal poverty thresholds are set by the U.S. Census Bureau.

⁶ Deep poverty is defined as less than 50 percent of the FPL. In 2014, this was \$11,925 for a family of four.

⁷ Near poverty is defined as between 100 and 200 percent of the FPL. In 2014, this was between \$23,850 and \$47,700 for a family of four.

⁸ Please note that no tests were conducted to determine whether any differences between those groups are statistically significant. These estimates by poverty level serve to provide a rough proxy of those who are likely to be eligible for federal services (those in poverty) and those who are not.

⁹ This estimate does not include pregnant persons.

¹⁰ Consistent with the broader literature, ACS considers “no health insurance” to include individuals only receiving Indian Health Service (and no other insurance type).

References

N. DeWeaver. (2013). American Community Survey Data on the American Indian/Alaska Native Population: A Look behind the Numbers. Available at http://www.ncai.org/policy-research-center/initiatives/ACS_data_on_the_AIAN_Population_paper_by_Norm_DeWeaver.pdf

L. Malone, E. Knas, S. Bernstein, and L. Read Feinberg. (2017). Understanding American Indian and Alaska Native Early Childhood Needs: The Potential of Existing Data. OPRE Report #2017-44, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

L. Malone, E. Knas, M. Cavanaugh, and J. West. (2016). Early Care, Education, and Home Visiting in American Indian and Alaska Native Communities: Design Options for Assessing Early Childhood Needs. OPRE Report #2016-49, Washington, DC: Office of Planning, Research and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

National Home Visiting Resource Center. (2018). Data Supplement to the 2017 Home Visiting Yearbook. Arlington, VA: James Bell Associates and the Urban Institute.

S. Ruggles, K. Genadek, R. Goeken, J. Grover, and M. Sobek. (2015). Integrated Public Use Microdata Series: Version 6.0. [American Community Survey 2010–2014]. Minneapolis: University of Minnesota. <http://doi.org/10.18128/D010.V6.0>.

Suggested Citation

Barofsky, M. Y., Chien, N., Malone, L., Bernstein, S., & Mumma, K. (July, 2018). A Portrait of American Indian and Alaska Native Children and Families. Brief prepared for the Office of Planning, Research, and Evaluation, Administration for Children and Families, U.S. Department of Health and Human Services.

Disclaimer

The views expressed in this publication do not necessarily represent the views or policies of the Office of Planning, Research and Evaluation (OPRE); Administration for Children and Families; or the U.S. Department of Health and Human Services.

Authors

Meryl Yoches Barofsky, Office for Planning, Research, and Evaluation; Nina Chien, Office for the Assistant Secretary for Planning and Evaluation; Elizabeth Malone, Mathematica Policy Research; Sara Bernstein, Mathematica Policy Research; and Kaitlyn Mumma, George Mason University.