

# Forum Session

NATIONAL  
HEALTH  
POLICY  
FORUM

## Growing Up in Urban America: Implications for Children's Health and Welfare

Tuesday, February 22, 2000

11:30 am to Noon - Lunch

Noon to 2:00 pm - Discussion

Congressional Hall of Honor, Fifth Floor

Reserve Officers' Association Building

One Constitution Avenue, N.E.

(Across from the Dirksen Senate Office Building)

A discussion featuring

**Dennis P. Andrulis, Ph.D.**

*Research Professor*

Department of Preventive Medicine

SUNY Health Science Center at

Brooklyn

**William P. O'Hare, Ph.D.**

*Kids Count Coordinator*

Annie E. Casey Foundation

Baltimore

With comments from

**Ron Haskins, Ph.D.**

*Staff Director*

Subcommittee on Human Resources

Committee on Ways and Means

U.S. House of Representatives

**Wendell E. Primus, Ph.D.**

*Director for Income Security*

Center on Budget and Policy

Priorities

Registration: Please call **Dagny Wolf** at 202/872-1392 as soon as possible.

The  
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## Growing Up in Urban America: Implications for Children's Health and Welfare

Each day, the metropolitan pages of major American

newspapers are filled with examples of the challenges facing children who were born and are being raised in inner cities—and, to an increasing extent, children growing up in surrounding suburbs, too. Exposure to poverty, long-term unemployment, violent crimes, illicit drugs, teenage pregnancy, deficient educational resources, environmental toxins, and other social and health hazards are part of being a child in many urban areas in the nation. Indeed, it is difficult to envision making public policy decisions affecting children in metropolitan areas without taking these factors into consideration.

These environmental factors provide important context to a number of the major health and welfare initiatives that the country is currently undertaking—including welfare reform based on the Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) of 1996, extension of health care coverage to low-income children who do not qualify for Medicaid via the State Children's Health Insurance Program (SCHIP), and efforts to assure that all eligible children receive the Medicaid benefits to which they are entitled. To a great extent, the outcomes of such programs depend on how well they accommodate the social and health policy environments in which they operate. For example, some posit that the success of welfare reform is contingent on reducing the number of births to teenaged and/or unmarried mothers, while others suggest that the success of Medicaid and SCHIP ultimately depends on the programs' ability to assure access to timely, regular prenatal care.

This Forum meeting will examine two recent pioneering studies of the urban environment and its effect on the health and well-being of America's children. The first—*The Social and Health Landscape of Urban and Suburban America* by Dennis P. Andrulis and Nanette J. Goodman, with support from the Robert Wood Johnson Foundation—analyzes trends in the nation's 100 largest cities and their metropolitan statistical areas (MSAs), comparing and contrasting indices for inner cities and their surrounding counties. The second—*The Right Start: Conditions of Babies and Their Families in America's Largest Cities*, produced under the direction

of William P. O'Hare with support from the Annie E. Casey Foundation—reviews data gleaned from birth certificates in America's 50 largest center cities.

To some extent, the two studies complement each other, with one offering a macro approach and the other a micro approach to urban environments. The Andrulis-Goodman study looks at central cities in the context of their larger metropolitan areas, while the O'Hare study considers some of the neighborhoods that comprise cities. Furthermore, the first study considers a number of indices in addition to those linked to children, while the latter study focuses directly on children, especially newborns. Each study draws general conclusions about the average indicators for all urban areas, while pointing out cities that are outliers in both positive and negative directions.

Andrulis and Goodman rank urban areas according to two indices—a child welfare index and a deprivation index<sup>1</sup>—that aggregate a number of indicators into single measures of the effects of urban areas on, respectively, the children growing up there and the adult population living there. Table 1, for example, shows the nation's ten largest cities ranked according to these indices.

The Casey study assesses similar data and concludes that “children living in central cities are far more likely to experience each of six risks associated with negative child outcomes”:

### FORUM SESSION

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**NHPF** is a nonpartisan education and information exchange for federal health policymakers.

**Table 1**  
**Ten Largest U.S. Cities\* Ranked by Andrulis-Goodman Indices**

	Child Welfare Index			Deprivation Index		
	City	County	MSA (excl. city)	City	County	MSA (excl. city)
<b>New York</b>	60	**	11	71	**	4
<b>Los Angeles</b>	33	46	62	80	90	71
<b>Chicago</b>	84	84	23	N.A.	N.A.	N.A.
<b>Houston</b>	50	**	38	68	**	49
<b>Philadelphia</b>	82	101	30	78	96	15
<b>San Diego</b>	16	17	28	24	45	57
<b>Dallas</b>	59	**	25	55	**	31
<b>Phoenix</b>	32	41	47	39	44	40
<b>Detroit</b>	100	94	33	96	97	35
<b>San Antonio</b>	58	72	69	75	86	51

*Source:* Dennis P. Andrulis and Nanette J. Goodman, *The Social and Health Landscape of Urban and Suburban America* (Chicago: AHA Press, 1999).

\* Inclusion of cities in this list of the nation's ten largest is based on 1992 data.

*Note:* Lower numbers indicate better overall status. Cities are ranked 1 through 100 for the Child Welfare Index and 1 through 98 for the Deprivation Index. Counties are ranked 1 through 108. MSAs excluding cities are ranked 1 through 83. \*\* indicates multiple surrounding counties. N.A. indicates not available.

- Not living with two parents.
- Living in a household headed by a high-school dropout.
- Having family income below the poverty line.
- Residing with parent(s) who lack steady, full-time employment.
- Receipt of welfare benefits.
- Lack of health insurance for children in the household.

The study suggests that children with four or more of these risk factors are at high risk; it finds that “20 percent of kids living in central cities are in the high-risk category, compared to only 8 percent of those living in the suburbs and 14 percent of those living outside metro areas.”

In preparing the Casey study, O'Hare and colleagues developed two indices of their own—a healthy birth

index and a risk index based on maternal characteristics.<sup>2</sup> These indices for the ten largest cities in the United States are shown in Table 2.

Andrulis and Goodman are also able to present regional differences, based on their analysis, showing, for example, that between 1985 and 1995, major increases in child poverty occurred in cities of the North Central (32 percent) and Western (26 percent) census regions, while the Northeast consistently had the lowest average increases in child poverty rates; this was true for inner cities, for surrounding counties, and for MSAs as a whole in the Northeast.

In the past, when addressing the disadvantages characteristic of children living in inner cities, policy-makers have considered a variety of approaches. Among these have been strategies oriented toward the individual child (such as Head Start), toward the family (such as PRWORA), toward the neighborhood (such as

**Table 2**  
**Ten Largest U.S. Cities\* Measured by Casey Foundation Indices**

	Healthy Birth Index			Risk Index (based on maternal characteristics)		
	City	State	50-City Average	City	State	50-City Average
<b>New York</b>	61.0	67.1	61.6	5.9	5.1	8.6
<b>Los Angeles</b>	N.A.	N.A.	61.6	6.7	5.9	8.6
<b>Chicago</b>	59.1	67.0	61.6	11.5	6.9	8.6
<b>Houston</b>	N.A.	N.A.	61.6	8.7	7.8	8.6
<b>Philadelphia</b>	55.9	68.8	61.6	11.6	5.7	8.6
<b>San Diego</b>	N.A.	N.A.	61.6	5.2	5.9	8.6
<b>Dallas</b>	N.A.	N.A.	61.6	10.5	7.8	8.6
<b>Phoenix</b>	58.6	60.8	61.6	10.5	8.6	8.6
<b>Detroit</b>	53.2	68.3	61.6	12.5	6.7	8.6
<b>San Antonio</b>	N.A.	N.A.	61.6	8.0	7.8	8.6

*Source:* William P. O'Hare et al., *The Right Start: Conditions of Babies and Their Families in America's Largest Cities*, Annie E. Casey Foundation, 1999.

\* Inclusion of cities in this list of the nation's ten largest is based on 1992 data.

Note: N.A. means not available. Higher healthy birth indices are better, while lower risk indices are better.

empowerment zones), and toward the broader community or the MSA (such as the activities of the Washington, D.C., Council of Governments). Each of these approaches has its advantages and disadvantages, some of which will be discussed in the Forum meeting.

## THE FORUM MEETING

Following presentations on the two studies by their principal authors, **Dennis Andrulis, Ph.D.**, and **William O'Hare, Ph.D.**, the Forum meeting will turn to a discussion of the public policy implications, featuring two prominent respondents, **Ron Haskins, Ph.D.**, majority staff director of the Subcommittee on Human Resources of the House Ways and Means Committee, and **Wendell Primus, Ph.D.**, director, income security, at the Center on Budget and Policy Priorities. Among the questions to be discussed are the following:

- How reliable are the data elements used in the two studies? What major data elements are currently unavailable yet needed to gauge interurban or urban-suburban differences related to children?
- In response to the original funding formula for the SCHIP program, many states expressed concern about the volatility of some of the elements used in the allocation formulas. Should federal formulas used to allocate funds among states and/or urban areas utilize any of the factors highlighted in either of these reports? Or are these data at best useful for program planning?
- To what extent, if at all, can government intervene to resolve some of the conditions affecting children living in inner cities or economically depressed suburbs, and to what degree is resolution dependent on private initiatives?

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- To what degree can inequities affecting children in inner cities and depressed suburban areas be dealt with locally? Regionally? By the states?
  - In a limited number of jurisdictions, solutions to school desegregation and disparities in school resources (that is, property tax bases) have been addressed through metropolitan approaches. Can such strategies be pursued in the health and welfare areas?
  - To what extent do racial or ethnic disparities account for urban-suburban or urban-nonurban disparities? That is, should race or ethnicity be a consideration in government or private-sector action?
  - Given the continued slowing of growth—or even declining populations—in many of the nation’s older cities, especially in the Northeast and North Central regions—will cities ever again have the political power to get the attention they formerly commanded from Congress and state legislatures?
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## ENDNOTES

1. The *child welfare index* incorporates the child poverty rate and the infant mortality rate as well as percentages of low birthweight infants, female-headed households, and births to teenage mothers. The *deprivation index* includes the poverty rate, level of educational attainment, unemployment rate, percentage of the population that does not speak English, per capita income, and crime rate.

2. The *healthy birth index* is based on percent of births in 1997 classified as healthy based on: birthweight of at least 5.5 pounds, gestation period of at least 37 completed weeks, start of prenatal care in the first trimester, and five-minute APGAR index of nine or ten. (APGAR scores are a global measure used to gauge the health of newborns. The letters in the acronym stand for Appearance, Pulse, Grimace [reflex], Activity, and Respiration. Zero, one, or two points are assigned to each factor when the assessment is performed). The *risk index based on maternal characteristics* is related to the percent of births to women who were under age 20, were unmarried, and had less than 12 years of education.