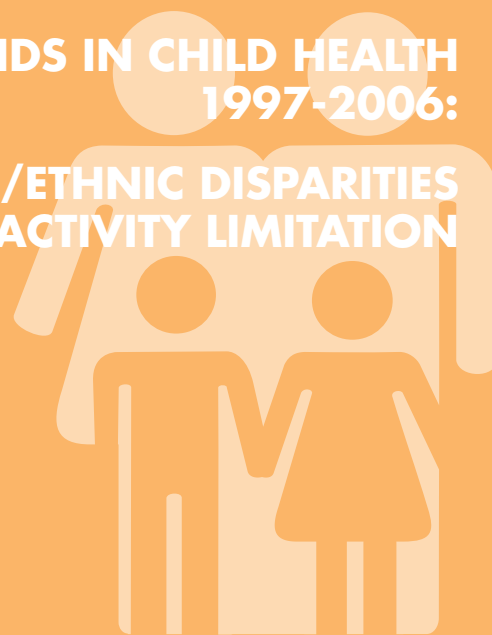


**TRENDS IN CHILD HEALTH
1997-2006:**

**ASSESSING RACIAL/ETHNIC DISPARITIES
IN ACTIVITY LIMITATION**



**WILHELMINA A. LEIGH, PH.D.
ANNA L. WHEATLEY**

JULY 2009



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FOREWORD

The health of children is a direct reflection and a critical measure of a nation's overall quality of life. For that reason, the persistent disparities in child health indicators across racial and ethnic lines should raise concern in every American community. Our country can do and be better than this.

Promoting greater knowledge and understanding of these disparities is a key objective of the Joint Center for Political and Economic Studies, which, with generous support from the W.K. Kellogg Foundation, has analyzed data for selected indicators on the health of children and has examined trends over time (1997-2006). These indicators—specifically, low birthweight, rated health status, unmet dental care need, ADHD/ADD diagnosis, asthma diagnosis, learning disability diagnosis and activity limitation—provide insight into an array of factors that can influence health and quality of life throughout the lifespan.

The findings from this analysis are presented in a series of issue briefs, each of which highlights differences in health outcomes by race/ethnicity (for black, white and Hispanic children). In this brief, disparities in the rates of activity limitation among African American children, Hispanic children and white children are explored.

I would like to extend a special thanks to Dr. Wilhelmina Leigh of the Joint Center and her research assistant, Anna L. Wheatley. Their work, along with that of many other Joint Center staff members, has produced a series of briefs that will prove invaluable to our national policymakers as they look to improve our health care system. In particular, we hope that the information herein will help them in their efforts to craft new policies and programs that will deliver the broadest possible benefits and, at the same time, have the greatest impact on expanding hope, opportunity and improving the quality of life for all Americans.

Ralph B. Everett
President and CEO
Joint Center for Political and Economic Studies

The ability to perform daily functions (such as eating, bathing, dressing or getting around inside the home) is one of the simplest indicators of health status for people of all ages. As such, limitation of activity due to a physical, mental or emotional health problem provides a general indication of health-related quality of life and well-being. Among children, major contributors to activity limitation include: learning disabilities and other developmental problems, behavioral and emotional problems, vision and hearing impairments and asthma (Institute of Medicine 1991; Newacheck and Halfon 1998).

Depending on severity, duration and cause, an activity limitation can have an impact on an individual child's health and functional status, as well as on the educational system and the health care system (Newacheck and Halfon 1998). These impacts may include adverse outcomes for child development and well-being, long-term detrimental impacts on social and economic status in adulthood, additional caretaking demands and lost income for parents, restricted participation in school activities for extended periods or the need for special education.

This brief examines the rates of activity limitation among children under the age of 18 who are African American, Hispanic or white. The data analyzed in this brief relate to children who were reported as having any activity limitation, without specific information as to the cause or severity of the limitation. This analysis makes comparisons between the racial/ethnic groups of children overall and between children of various racial/ethnic groups in families with comparable sociodemographic characteristics.

METHODOLOGY

Data from the National Health Interview Survey (NHIS) for the years 1997 through 2006 were used to compare activity limitations among non-Hispanic white (white) children, non-Hispanic black (black) or African American children and Hispanic (Latino) children under age 18. The NHIS variable for any activity limitation (LANY) captures limitations in a child's activity due to a physical, mental or emotional problem (Integrated Health Interview Series, n.d.). The NHIS collects data for the major Hispanic subpopulations (Mexican American, Puerto Rican and Cuban) as well as for all of the Hispanic subpopulations combined. The data for Hispanic subpopulations were not used, however, because of small sample sizes in each year between 1997 and 2006. Thus, the data analyzed for Hispanic children combine children of the various Latino subpopulations.

In each year between 1997 and 2006, comparisons of the percent of children reported to have an activity limitation were made first for children belonging to pairs of the three racial/ethnic groups as a whole. Then, to examine the ways in which differences in sociodemographic (i.e., socioeconomic, familial and demographic) characteristics are associated with differences in the rates of activity limitation for children belonging to pairs of the races/ethnicities, children in families with characteristics corresponding to the following nine sociodemographic variables were compared.

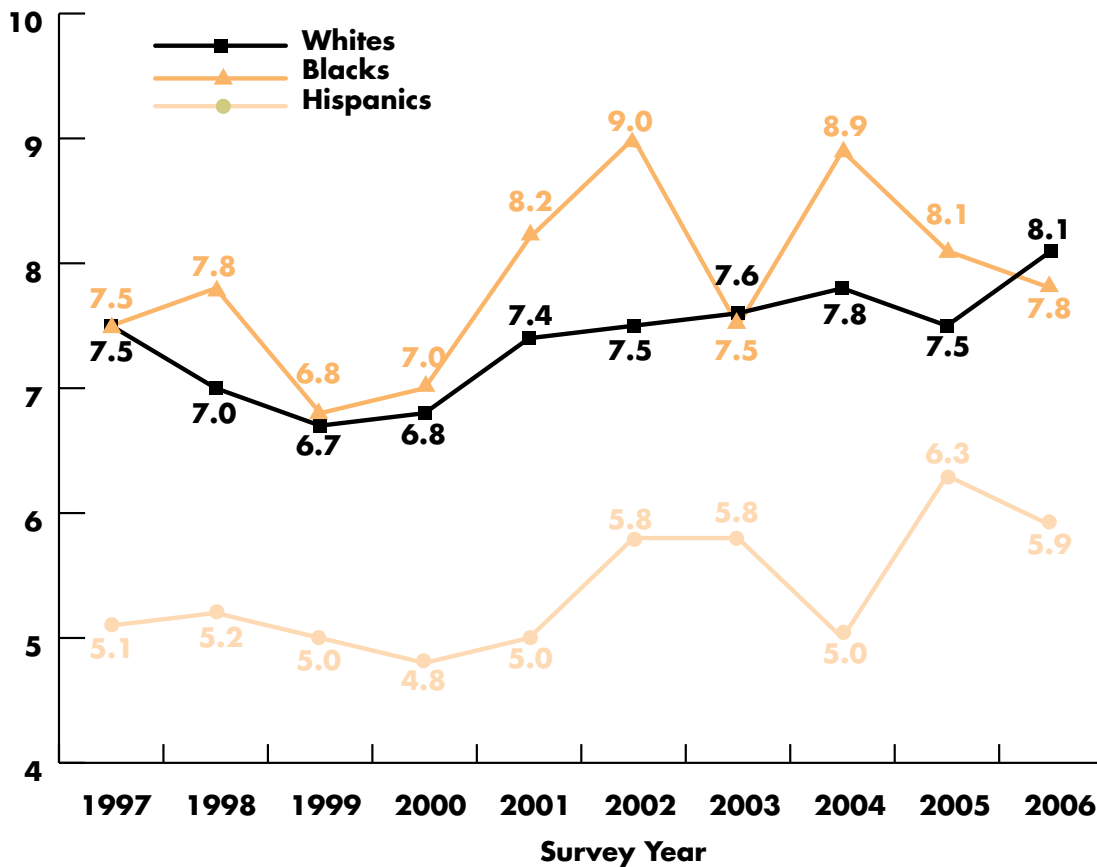
- Region of residence—Northeast; North Central; South; West
- Legal marital status (of householder)—Married; Widowed, divorced, separated, never married or unknown
- Family type—Married-couple; Single-parent
- Educational attainment (of householder/spouse)—Less than high school; High school; Some college; Bachelor's degree (or higher)
- Employment status (of household)—Zero-earner; Single-earner; Two-earner



- Poverty status (of household or individual)¹—At or above poverty; Below poverty
- Private health insurance coverage status (of child)—Not covered; Covered
- Medicaid coverage status (of child)—Not covered; Covered
- Health insurance coverage status (of child)—Not covered; Covered

These nine sociodemographic variables include a total of 23 categories and thus provide 23 subgroups of children for comparison.

Figure 1
Children who have any activity limitation, by race/ethnicity, 1997-2006
(Percent)



Source: Joint Center tabulations of data from the National Health Interview Survey (NHIS)

¹ The federal poverty threshold is determined by the U.S. Census Bureau, which uses a set of “money income” thresholds that vary by family size and ages of the members to determine who is in poverty. The official poverty thresholds are updated annually for inflation using the Consumer Price Index for All Urban Consumers (CPI-U). For example, in 2006, the poverty threshold for a family of four, including two related children under age 18, was \$20,444. If a family of this composition has an income below this threshold, they are officially considered to be in poverty (U.S. Census Bureau 2008).



The statistical significance of gaps in reported activity limitation between black children and white children, between Hispanic children and white children and between black children and Hispanic children was assessed using t-tests of differences of proportions with 90-percent confidence intervals.² The difference in rates between paired groups of children was determined to be significant if the gap was significant in at least seven years (out of the 10 years 1997 through 2006). The term “indeterminate” is used to characterize gaps that are neither significant nor insignificant in a majority of years during the study period.

FINDINGS

During the study period, on average, 7.9 percent of black children and 5.4 percent of Hispanic children were reported as having an activity limitation, compared to 7.4 percent of white children (**Figure 1**). Overall, Hispanic children were significantly less likely than either black children or white children to be reported to have an activity limitation; black children and white children, however, were equally likely to be reported to have an activity limitation.

Gaps by Sociodemographics

When African American children and white children in the 23 sociodemographic subgroups are compared, in all but one of these pairings, the two groups are equally likely to report activity limitations. When Hispanic children and white children are compared, however, in a majority of the sociodemographic subgroups, Hispanic children are less likely to be reported as having an activity limitation (**Table 1**). This pattern is consistent with the findings from comparing these two groups as a whole.

Table 1
Hispanic-White Differences in Activity Limitation by Sociodemographic Variables

Sociodemographic Variables	Findings
Region of residence: South	Hispanic children who live in the South are less likely than white children who live in the South to have an activity limitation.
Region of residence: West	Hispanic children who live in the West are less likely than white children who live in the West to have an activity limitation.
Marital status: married	Hispanic children in families in which the marital status of the householder is married are less likely than white children in this same type of family to have an activity limitation.
Marital status: ‘widowed, divorced, separated, never married or unknown’	Hispanic children in families in which the marital status of the householder is widowed, divorced, separated, never married or unknown are less likely than white children in this same type of family to have an activity limitation.
Family type: married-couple	Hispanic children in married-couple families are less likely than white children in this same type of family to have an activity limitation.

² For additional information about the tests of significance conducted at both the 90-percent confidence level and the 95-percent confidence level, contact Wilhelmina Leigh at wleigh@jointcenter.org.



Sociodemographic Variables**Findings***Table 1 continued*

Educational attainment: less than high school

Hispanic children in families in which the educational attainment of the householder/spouse is less than high school are less likely than white children in this same type of family to have an activity limitation.

Educational attainment: high school

Hispanic children in families in which the educational attainment of the householder/spouse is high school are less likely than white children in this same type of family to have an activity limitation.

Employment status: single-earner household

Hispanic children in single-earner households are less likely than white children in single-earner households to have an activity limitation.

Employment status: two-earner household

Hispanic children in two-earner households are less likely than white children in two-earner households to have an activity limitation.

Poverty status: at or above poverty threshold

Hispanic children in families with incomes at or above the poverty threshold are less likely than white children in this same type of family to have an activity limitation.

Poverty status: below poverty threshold

Hispanic children in families with incomes below the poverty threshold are less likely than white children in this same type of family to have an activity limitation.

Private insurance coverage status: not covered

Hispanic children who are not privately insured are less likely than white children who are not privately insured to have an activity limitation.

Medicaid coverage status: not covered

Hispanic children who are not covered by Medicaid are less likely than white children who are not covered by Medicaid to have an activity limitation.

Medicaid coverage status: covered

Hispanic children who are covered by Medicaid are less likely than white children who are covered by Medicaid to have an activity limitation.

Any health insurance coverage status: not covered

Hispanic children who are not covered by any form of health insurance are less likely than white children who are not covered by any form of health insurance to have an activity limitation.

In particular, three measures—marital status of householder, poverty status and Medicaid coverage status—do not alter the basic relationship that Hispanic children are less likely than white children to be reported with an activity limitation. In other words, for both categories of these variables (e.g., in families headed by a householder who is married, as well as in families headed by a householder who is widowed, divorced, separated, never married or of unknown marital status), Hispanic children are less likely than their white counterparts (in the same sociodemographic subgroup) to report an activity limitation.

When comparisons are made between Hispanic children and black children by sociodemographics, Hispanic children are less likely than black children to have an activity limitation in only five sociodemographic subgroups. In these subgroups, Hispanic children are less likely than black children (in the corresponding sociodemographic subgroup) to be reported as having an activity limitation (**Table 2**).



Table 2
Black-Hispanic Differences in Activity Limitation by Sociodemographic Variables

Sociodemographic Variable	Findings
Educational attainment: less than high school	Black children in families in which the educational attainment of the householder/spouse is less than high school are more likely than Hispanic children in this same type of family to have an activity limitation.
Employment status: single-earner household	Black children in single-earner households are more likely than Hispanic children in single-earner households to have an activity limitation.
Poverty status: below poverty threshold	Black children in families with incomes below the poverty threshold are more likely than Hispanic children in this same type of family to have an activity limitation.
Private insurance coverage status: not covered	Black children who are not privately insured are more likely than Hispanic children who are not privately insured to have an activity limitation.
Medicaid insurance coverage status: covered	Black children who are covered by Medicaid are more likely than Hispanic children who are covered by Medicaid to have an activity limitation.

INFLUENCE OF SOCIODEMOGRAPHICS

Family Structure

The findings for activity limitation data cross tabulated by the two measures of family structure—marital status and family type—exhibit several racial/ethnic differences. Rates of activity limitation vary by family structure for each racial/ethnic group. Specifically, the rates of activity limitation among black, white and Latino children in single-parent and non-married-householder families are higher than the rates among children of the same racial/ethnic group who live in married-couple and married-householder families.

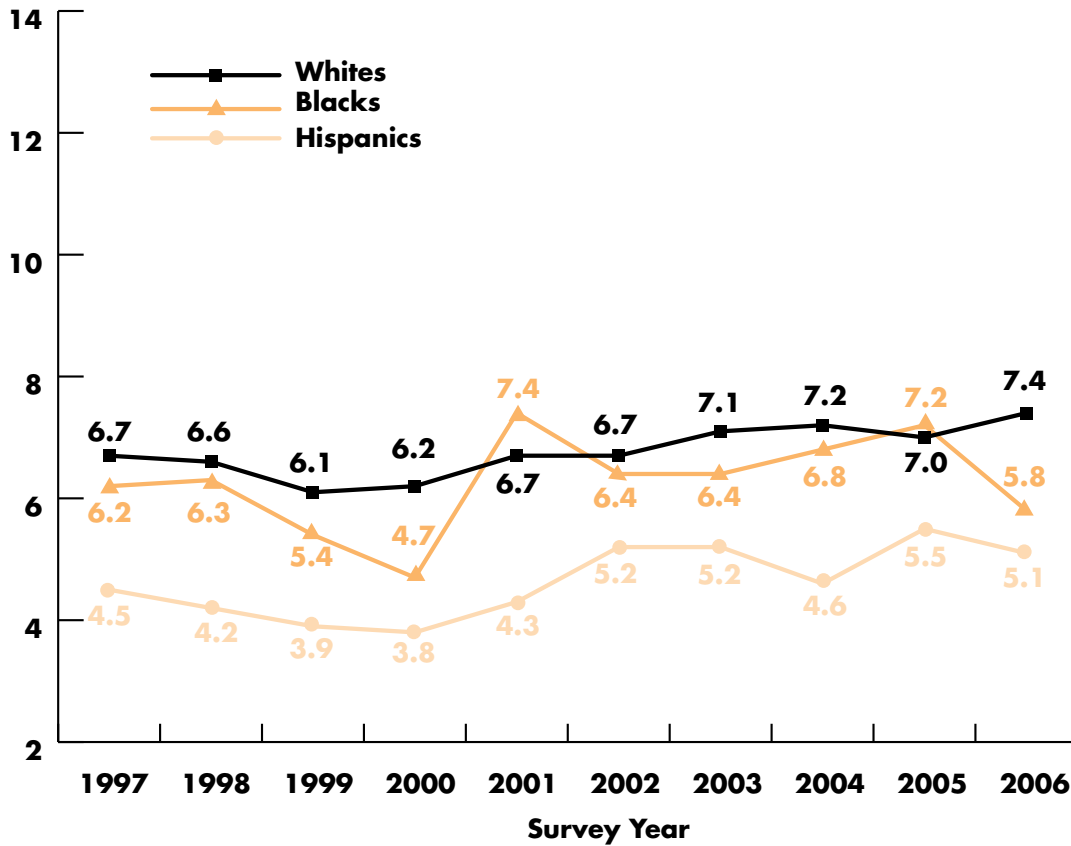
Racial/ethnic differences are evident also when outcomes are compared for peer groups of children defined according to the marital status and type of their families. When examining patterns by marital status, among children in families in which the householder is married, Hispanic children are less likely than white children to have an activity limitation. Hispanic children and black children in married-householder families, however, are equally likely to have an activity limitation. Black children and white children in this same type of family also are equally likely to have any such limitation.

When the comparison is made among children in non-married-householder families, the same relational patterns are evident. In other words, in families in which the householder's marital status is widowed, divorced, separated, never married or unknown, Hispanic children are less likely than white children in this same type of family to have any activity limitation. When comparing black children and white children as well as when comparing black children and Latino children, the pairs of children are equally likely to report any activity limitation.

Comparisons of racial/ethnic pairs of children by family type yield similar relationships to those exhibited in comparisons by marital status. When white children and Hispanic children are compared by family type, Hispanic children in married-couple families are less likely than white children in married-couple families to have an activity limitation (**Figure 2**). The nature of the



Figure 2
Children with any activity limitation, in married-couple families,
by race/ethnicity, 1997-2006
(Percent)



Source: Joint Center tabulations of data from the National Health Interview Survey (NHIS)

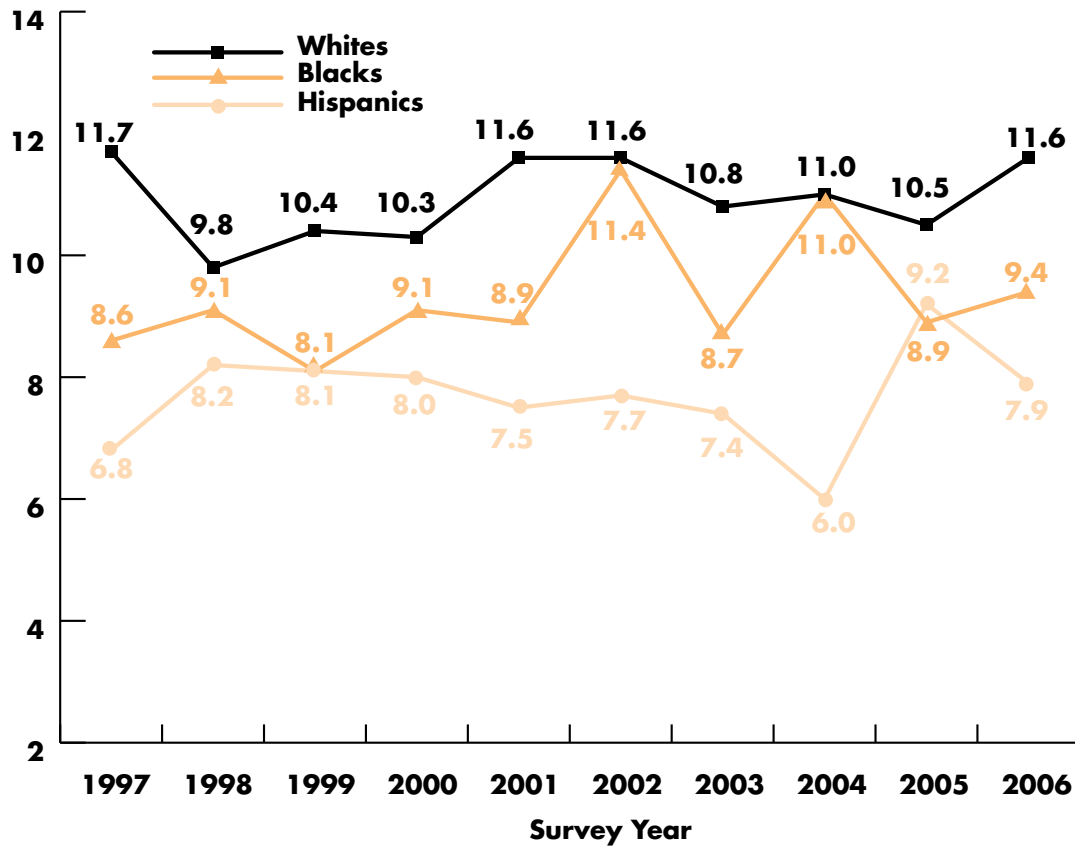
relationship between the rates of activity limitation for Latino children and for white children in single-parent families, however, is indeterminate (**Figure 3**). When comparing black children and Latino children in married-couple families, the relationship between the rates of activity limitation is indeterminate, while these pairs of children living in single-parent families are equally likely to have an activity limitation. In addition, black children and white children (in the same sociodemographic subgroup) are equally likely to have an activity limitation when comparing children in families corresponding to both measures of family type—i.e., married-couple families and single-parent families (**Figure 2** and **Figure 3**).

Educational Attainment

Patterns of racial/ethnic differences in rates of activity limitation vary by level of householder/spouse educational attainment. For white children and for black children, rates of activity limitation decline as the educational attainment of their family's householder/spouse increases. For example, among children in families in which the householder/spouse did not complete high school, on average 13.4 percent of white children and 11.8 percent of black children were reported as having an activity



Figure 3
Children with any activity limitation, in single-parent families,
by race/ethnicity, 1997-2006
(Percent)



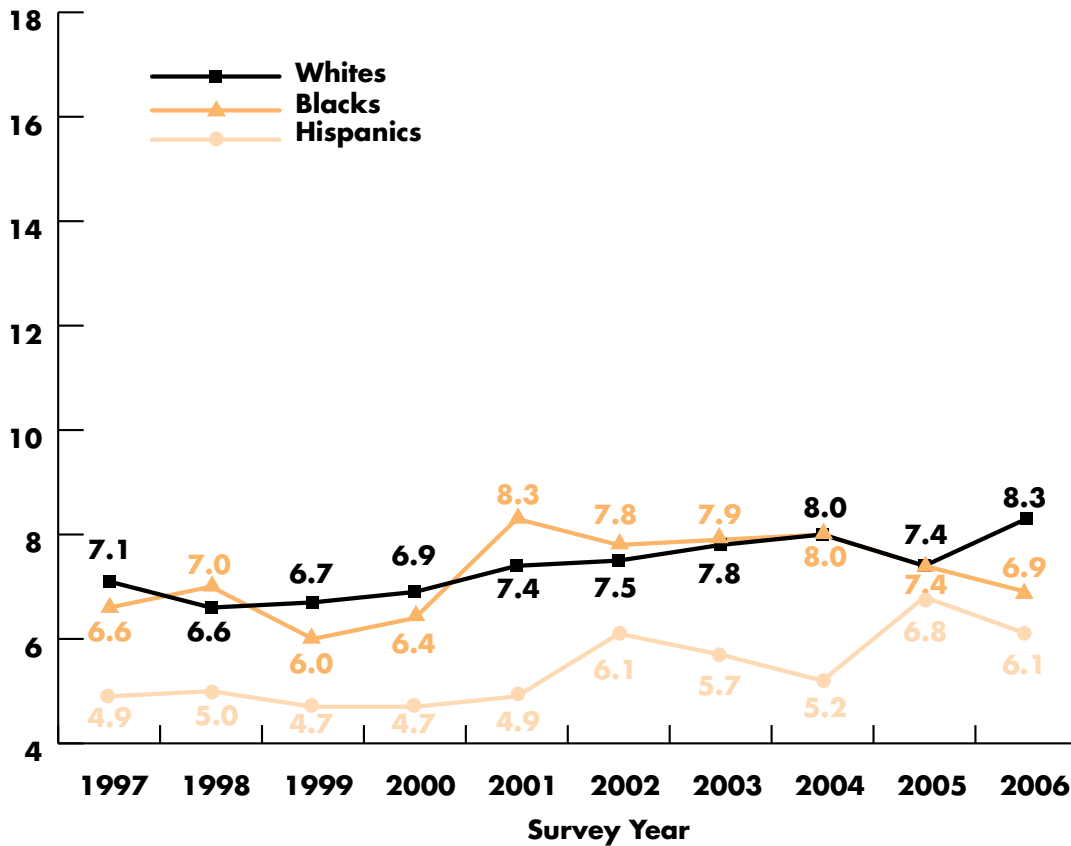
Source: Joint Center tabulations of data from the National Health Interview Survey (NHIS)

limitation during the study period. For children in families whose householder/spouse earned a Bachelor's degree or higher, however, the rates for white children and black children fall to only 5.4 percent and 5.6 percent, respectively. Interestingly, this pattern is not consistently noted for Hispanic children, for whom there is less variation in the rates of activity limitation at different levels of householder/spouse educational attainment. For example, on average during the study period, the rate of activity limitation for Hispanic children in families whose householder/spouse did not complete high school is 4.7 percent compared to 5.5 percent for Hispanic children in families whose householder/spouse holds a Bachelor's degree.

When the presence of an activity limitation is examined for children in families whose householder/spouse has a given level of educational attainment, noteworthy racial/ethnic differences also are evident. For example, among children in families in which the householder/spouse did not complete high school, Hispanic children are less likely than both white children and black children to have an activity limitation. When families in which the householder/spouse earned a Bachelor's degree (or higher) are compared, however, black children (5.6 percent), Latino children (5.5 percent) and white children (5.4 percent) are equally likely to have any such limitation.



Figure 4
Children in families with incomes at or above the federal poverty threshold who have an activity limitation, by race/ethnicity, 1997-2006
(Percent)



Source: Joint Center tabulations of data from the National Health Interview Survey (NHIS)

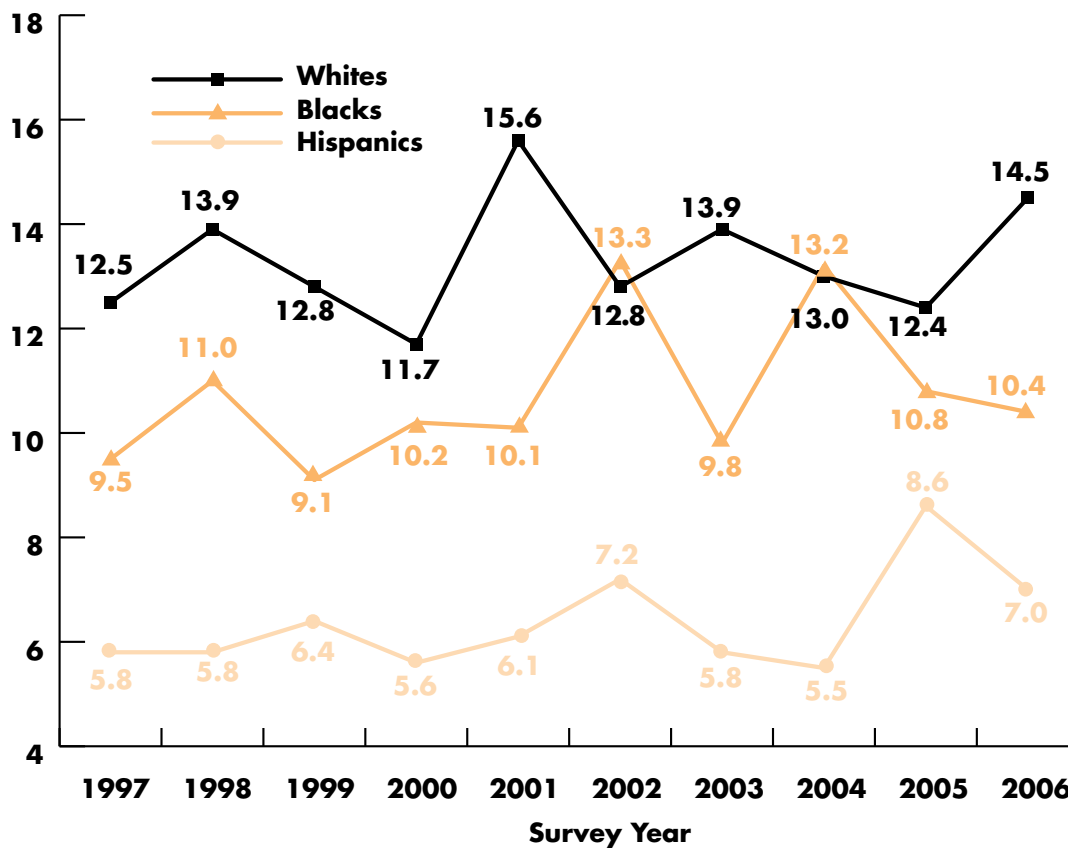
Socioeconomic Status

Activity limitation varies for racial/ethnic groups by two of the variables included in this study that measure socioeconomic status—employment status and poverty status. Specifically, for each racial/ethnic group, children in households with two earners have lower rates of activity limitation than children in households with either a single earner or no earners. In addition, children of each racial/ethnic group in families with incomes at or above the poverty threshold are less likely to have any activity limitation than are children in families with incomes below the poverty threshold.

When the rates of activity limitation are examined by employment status, several significant differences are identified between Hispanic children and African American children and between Hispanic and white children. Among children in single-earner households, Hispanic children are less likely than both black children and white children to have an activity limitation. Black children and white children, however, are equally likely to have any activity limitation. Among children in two-earner households, Hispanic children also are less likely than white children to have an activity limitation. Black children in this sociodemographic group, however, are equally likely as both white children and Latino children to be limited in any way. No



Figure 5
Children in families with incomes below the federal poverty threshold who have an activity limitation, by race/ethnicity, 1997-2006 (Percent)



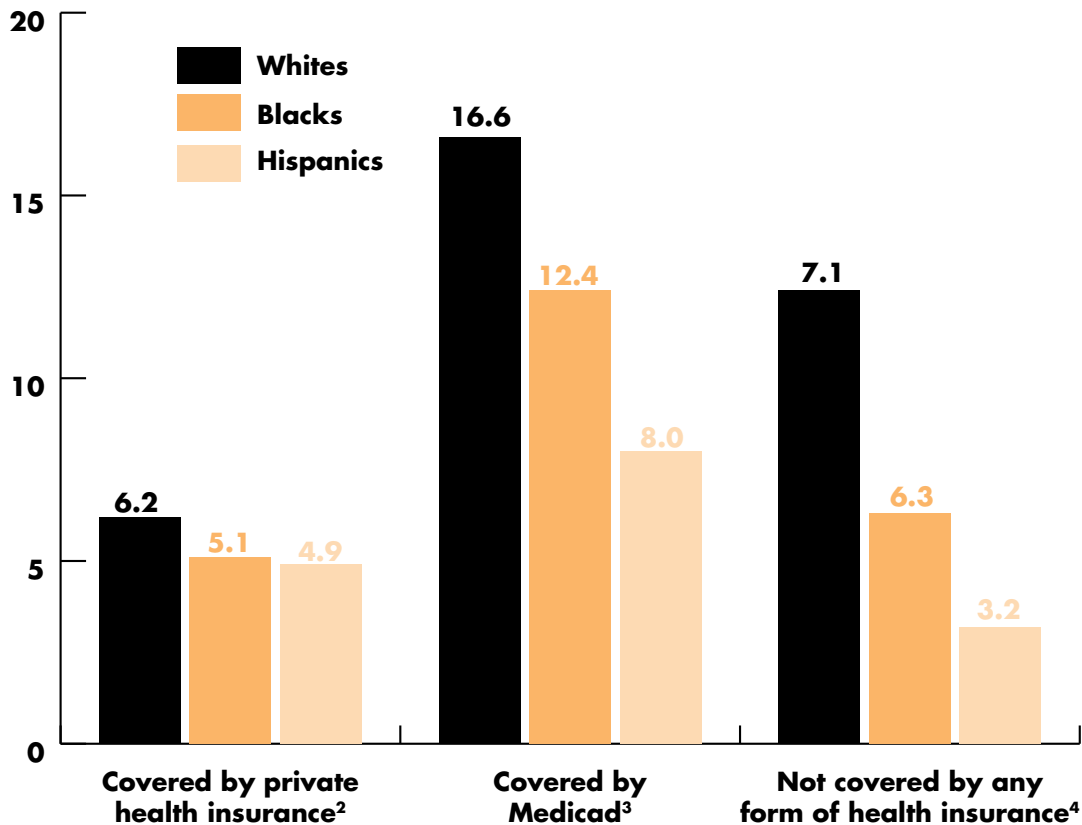
Source: Joint Center tabulations of data from the National Health Interview Survey (NHIS)

significant differences are noted among children in zero-earner households. Black children are equally likely as both Hispanic children and white children to have an activity limitation, while the relationship between the rates of Hispanic children and of white children is indeterminate.

The cross tabulation of rates of activity limitation by poverty status also reveals racial/ethnic differences among subgroups of children. Among children in families with income at or above the poverty threshold, Hispanic children are less likely than black children to have an activity limitation (**Figure 4**). Black children and white children, however, are equally likely to have any such limitation. (The nature of the difference when comparing African American children and Latino children is indeterminate.) Among children in families with incomes below the federal poverty threshold, Hispanic children are less likely than both black children and white children to have any activity limitation (**Figure 5**). Black children and white children are equally likely to have an activity limitation.



Figure 6
Children who have an activity limitation, by health insurance coverage status and by race/ethnicity, 1997-2006 average¹
(Percent)



- 1 Data for “covered by private health insurance” and for “covered by Medicaid” are averaged for the 1997-2006 period. Data for “not covered by any form of health insurance” are averaged for the 1998-2007 period.
- 2 Data are from variable defined as “covered by private health insurance” versus “not covered by private health insurance.”
- 3 Data are from variable defined as “covered by Medicaid” versus “not covered by Medicaid.”
- 4 Data are from variable defined as “covered by any form of health insurance” versus “not covered by any form of health insurance.”

Source: Joint Center tabulations of data from the National Health Interview Survey (NHIS)

Health Insurance

Cross tabulations by the three variables³ that characterize health insurance coverage status provide noteworthy findings with respect to activity limitation. Consistent with the pattern of overall differences, Hispanic children in four subgroups related to health insurance coverage status—not privately insured, not covered by Medicaid, covered by Medicaid and not covered

³ This study provides analysis based on data for three different measures of health insurance coverage status—private health insurance, Medicaid and any form of health insurance (which includes both private insurance and Medicaid, as well as any other forms). For each of these three health insurance coverage measures, there is a category for children who are covered and a residual category for children who are *not* covered. Note that children who are not covered by Medicaid may be uninsured or may be covered by some other form of health insurance. In addition, children who are not covered by private health insurance may be uninsured or may be covered by some other form of health insurance.

by any form of health insurance—are less likely than white children in the same sociodemographic subgroup to have an activity limitation. (The nature of the difference between the rates of Hispanic children and white children in the remaining sociodemographic subgroups—i.e., children covered by private insurance and children covered by any form of health insurance—is indeterminate.)

As **Figure 6** shows, among children covered by Medicaid, black children are more likely than Hispanic children to be limited in any way. Black children and Hispanic children who are privately insured, however, are equally likely to have an activity limitation. (The nature of the difference between the rates of black children and Hispanic children who are uninsured is indeterminate.) Black children and white children in all but one of the sociodemographic subgroups related to health insurance coverage status are equally likely to have an activity limitation. The single exception is noted when comparing white children and black children who are covered by Medicaid, when the nature of the difference is indeterminate.

In addition to the relationships described above, for children of each racial/ethnic group rates of activity limitation differ by type of health insurance coverage. In particular, children of each racial/ethnic group covered by private health insurance have lower rates of activity limitation on average than do children of each racial/ethnic group covered by Medicaid (**Figure 6**). These relationships suggest the need for additional research into the ways in which different forms of health insurance, or lack thereof, may be associated with differences in activity limitation among children.

SYNTHESIS

Over the 1997-2006 period, the rates of activity limitation reported for Hispanic children were generally lower than those for white children and black children. Specifically, among children overall and among children in a majority of sociodemographic subgroups, Hispanic children were less likely than white children to have an activity limitation of any type. In contrast, black children were equally likely as white children to be limited in any way both overall and among children in a majority (all but one) of the sociodemographic subgroups. When black children and Latino children were compared, the findings were less conclusive. While black children as a group were more likely than Hispanic children as a group to have any activity limitation, this relationship held for black children and Hispanic children in only five out of the 23 sociodemographic subgroups.

Activity limitations are reported less frequently for Hispanic children than for their peers, both African American children and white children. The reasons for this are unclear. In particular, this finding is surprising given the association between lower socioeconomic level and higher rates of activity limitation noted for black children and white children. Additionally, one might expect Hispanic children and African American children to be equally likely to have an activity limitation, given their generally comparable socioeconomic status. For Hispanic children, however, lower socioeconomic status does not appear to be associated with higher rates of activity limitation.

The perhaps counterintuitive findings with respect to racial/ethnic differences in activity limitations among children may reflect the so-called “Hispanic paradox” or “epidemiological paradox.” This paradox is that Hispanics have more favorable health outcomes (on certain indicators) than whites, despite their generally less favorable sociodemographic profiles (Chen, Martin, Matthews 2006; Kimbro, Bzostek, Goldman, Rodriguez 2008; National Research Council 2006). The “healthy immigrant effect”—that health differences between the foreign-born and native-born are driven by higher migration rates among healthier people—also may account for the more favorable outcomes of Hispanics children relative to African American children and white children (Kimbro, Bzostek, Goldman, Rodriguez 2008). Another possible explanation for the counterintuitive findings may relate to the measure of activity limitation, a concept that may be subject to cultural differences in its definition and interpretation (Institute of Medicine 1991; Weigers & Drilea 1996).



Analysis of the rates of activity limitation for children of each racial/ethnic group by sociodemographics suggests that measures of socioeconomic status (i.e., educational attainment, employment status, poverty status, coverage of certain forms of health insurance) are associated with notable differences in these rates. These findings are consistent with the research of others who have found variables such as family income and poverty status to be associated with activity limitation (e.g., Institute of Medicine 1991; Newachek et al. 2003).

Additional research is needed to better understand the ways in which Hispanic children differ from their white and African American peers on this health outcome, as well as on the ways income and other socioeconomic factors contribute to reported rates of activity limitation among children of each racial/ethnic group.



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About the Authors

Dr. Wilhelmina A. Leigh, a senior research associate at the Joint Center for Political and Economic Studies since 1991, conducts research in the areas of income security, housing and health. Prior to joining the Joint Center, she was a principal analyst at the U.S. Congressional Budget Office and worked for the Bureau of Labor Statistics, U.S. Department of Labor; the U.S. Department of Housing and Urban Development; the Urban Institute; and the National Urban League Research Department. She received her PhD in economics from the Johns Hopkins University and her AB, also in economics, from Cornell University.

Anna L. Wheatley is a research assistant at the Joint Center for Political and Economic Studies. A native of St. Thomas, U.S. Virgin Islands, Ms. Wheatley came to the Joint Center upon graduating from Georgetown University with a B.S. in Management and a minor in Sociology. Her areas of interest include health disparities, education and anti-poverty policy.

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The Joint Center for Political and Economic Studies is one of the nation's leading research and public policy institutions and the only one whose work focuses exclusively on issues of particular concern to African Americans and other people of color. For over three decades, our research and information programs have informed and influenced public opinion and national policy to benefit not only African Americans, but every American.

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