

A National Portrait of the Health and Education of Hispanic Boys and Young Men

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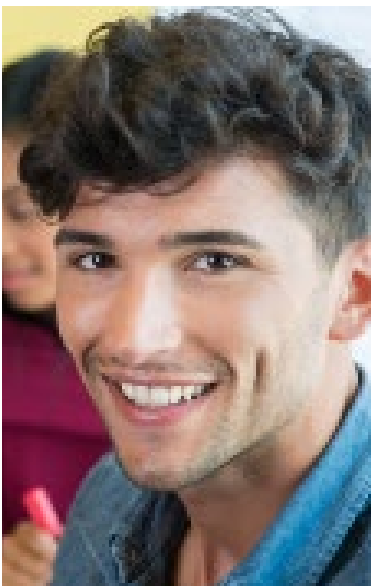


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Why research on low-income Hispanic children and families matters

Hispanic or Latino children currently make up roughly 1 in 4 of all children in the United States,^a and by 2050 are projected to make up 1 in 3, similar to the number of white children.^b Given this increase, how Hispanic children fare will have a profound impact on the social and economic well-being of the country as a whole.

Notably, though, 5.7 million Hispanic children, or one third of all Hispanic children in the United States, are in poverty, more than in any other racial/ethnic group.^c Nearly two thirds of Hispanic children live in low-income families, defined as having incomes of less than two times the federal poverty level.^d Despite their high levels of economic need, Hispanics, particularly those in immigrant families, have lower rates of participation in many government support programs when compared with other racial/ethnic minority groups.^{e-g} High-quality, research-based information on the characteristics, experiences, and diversity of Hispanic children and families is needed to inform programs and policies supporting the sizable population of low-income Hispanic families and children.

^a Federal Interagency Forum on Child and Family Statistics. (2015). *America's children: Key national indicators of well-being, 2015, Table POP3*. Washington, D.C.: Government Printing Office. Retrieved from <http://www.childstats.gov/americaschildren/tables.asp>

^b Ibid.

^c DeNavas-Walt, C., & Proctor, B.D. (2015). *Income and Poverty in the United States: 2014, Table B-2, Current Population Reports, P60-252*. Washington, D.C.: U.S. Department of Commerce, U.S. Census Bureau. Retrieved from <http://www.census.gov/content/dam/Census/library/publications/2015/demo/p60-252.pdf#TableB-2>

^d Lopez, M. H., & Velasco, G. (2011). *Childhood poverty among Hispanics sets record, leads nation*. Washington, D.C.: Pew Research Hispanic Center. Retrieved from <http://www.pewhispanic.org/2011/09/28/childhood-poverty-among-hispanics-sets-record-leads-nation/>

^e Williams, S. (2013). *Public assistance participation among U.S. children in poverty, 2010*. Bowling Green, Ohio: National Center for Family & Marriage Research. Retrieved from <http://www.bgsu.edu/content/dam/BGSU/college-of-arts-and-sciences/NCFMR/documents/EP/EP-13-02.pdf>

^f Lichter, D., Sanders, S., & Johnson, K. (2015). *Behind at the starting line: Poverty among Hispanic infants*. Durham, NH: University of New Hampshire, Carsey School of Public Policy. Retrieved from <http://scholars.unh.edu/cgi/viewcontent.cgi?article=1250&context=carsey>

^g Child Trends Databank. (2014). *Health care coverage*. Bethesda, MD: Child Trends. Retrieved from <http://www.childtrends.org/?indicators=health-care-coverage>

Overview

In 2014, the White House launched My Brother's Keeper (MBK), an initiative to address the challenges faced by boys and young men of color.¹ Boys of color—such as those of Hispanic, African-American, American Indian/Alaska Native, and Pacific Islander heritage—lag behind their white peers on a host of developmental indicators, beginning at birth and persisting through adulthood.²⁻⁴

In 2015, there were roughly 18.1 million Hispanic children, representing 1 in 4 of all children in the United States.⁵ Of those, approximately 9.2 million were boys.⁶ In this report, we provide a national portrait of the well-being of Hispanic^a boys and young men to help inform the discussion around MBK. We focus on health and education, which are strongly linked to children's well-being across the life span and are also a focus of the initiative. We examine these key domains of well-being in four developmental periods—early childhood, middle childhood, adolescence, and young adulthood—and *within* each developmental period we identify emerging gaps as well as potential windows of opportunity. We include additional indicators of well-being and risk, such as sharing family meals, reading practices at home, and imprisonment, because they have implications for health and educational outcomes as well as for current and future socioeconomic, mental, and physical well-being.

To contextualize our findings, we compare the well-being of Hispanic males to that of their non-Hispanic white and non-Hispanic black peers (hereafter referred to as white and black, respectively). Highlighting existing disparities is a first step in the process to eliminate them. Because household income greatly shapes one's experiences, when data permit, the well-being of Hispanic boys and young men is compared to that of their white and black peers within the same income group.

^a Throughout this report, we use the terms *Hispanic* and *Latino* interchangeably. Both terms refer to individuals with Spanish or Latin American ancestry (i.e., heritage of Mexico, Puerto Rico, Cuba, etc.). *Hispanic* is used when reporting findings from federally supported data sources. When racial/ethnic group membership is not based on a self-report, it is reported by the householder, who is usually a parent.



Key findings

The experiences of Hispanic boys and young adult males differ from those of their black and white peers in important ways, and they vary across development periods. From these differences come potential areas of intervention to both reduce gaps and promote strengths.

HEALTH AMONG LATINO MALES

Although Latino boys begin life with a healthy start, health disparities begin to emerge in early childhood and become starker in middle childhood, adolescence, and young adulthood.

- At every age, Hispanics are less likely than white and black boys to have health insurance coverage.
- The vast majority of Latino male infants have ever been breastfed, a practice associated with a number of benefits, and most are a healthy birth weight.
- From birth through early adulthood, Hispanics are less likely than white and black males to have health insurance coverage. In middle childhood and adolescence, Hispanic boys are less physically active than their white and black counterparts.
- In adolescence, the majority of Hispanic males do not drink alcohol or smoke.
- Hispanic adolescent males are twice as likely as their white peers to have had an early sexual debut (sexual intercourse before the age of 14) or to have fathered a child.

EDUCATION AMONG LATINO MALES

Latino boys start school somewhat disadvantaged relative to both their white and black peers. By middle childhood, Hispanic boys have caught up to their black peers. In general, Hispanics boys fare similarly to or better than black boys, but less well than white boys, throughout the school and early adulthood years.

- Hispanic preschool-aged boys have lower rates of enrollment in early education programs and begin kindergarten lagging behind white and black boys in terms of school readiness skills.
- These disparities continue into later school years, with a few exceptions.
 - > Hispanic boys are less likely to be proficient in reading, math, and science in fourth and eighth grade than their white peers, but score higher than their black peers.
 - > Hispanic boys, like white boys, are much less likely to be suspended or expelled than black boys. Still, among high schoolers, roughly 1 out of 5 Hispanic male students have been suspended or expelled.
- Although young Hispanic men are more likely to drop out of high school and less likely to enroll in and complete college than their white peers, they have high levels of employment.

Background

The My Brother's Keeper (MBK) initiative is focused on educational outcomes for boys and young men of color, and in particular on implementing evidence-based strategies that have proven effective during important transitions such as beginning school, completing high school, obtaining post-secondary education or training, and successfully entering the workforce.⁷ Acknowledging inequalities and disparities—as well as areas of strength—is the first step in eliminating gaps between boys and young men of color and their white counterparts. MBK seeks to mobilize local, state, and the federal government(s), together with the business sector, human services organizations, and communities, to collectively address this challenge.

Black-white comparisons often dominate discussions about disparities between boys and young men of different races or ethnicities. This focus can overshadow the experiences of other groups, such as Latinos, and obscure differences in experiences and outcomes across groups. The focus on black and white males may lead to policy and program recommendations that erroneously generalize the experiences of boys and young men of color. Recognizing and incorporating the experiences of Latino boys and young men is essential to ensuring a full, well-informed discourse and appropriate interventions.

Ensuring that Hispanic males reach their full potential is also central to the economic and social prosperity of the United States. Today, Latinos constitute the largest and one of the fastest-growing minority groups in the country, comprising 17 percent of the population and 25 percent of all children.^{8,9} According to the Bureau of Labor Statistics, Hispanics are expected to account for 80 percent of the total growth of the U.S. labor force from 2010 to 2050.¹⁰ Hispanics are also a diverse population, and while in some regards, Hispanics are thriving, in others they are not.¹¹ For example, in some domains, such as social-emotional skills (i.e., demonstrating self-control, sharing, and paying attention),¹² Hispanic children fare as well as or slightly better than their white and black counterparts, but in other areas of development, such as school readiness, they lag behind their peers.¹³

Findings

HEALTH

The health of Hispanic male children in the first years of life, as it is true of all children, is essential to their ongoing well-being. Early health sets the stage for later health and development.¹⁴ Although Latino boys begin life with a relatively healthy start, health disparities are observed soon after birth and persist through early adulthood.

Latino boys begin life with a healthy start.

One of the more robust indicators of early and later well-being is birth weight.¹⁵ Babies who have low birth weight—or weighing

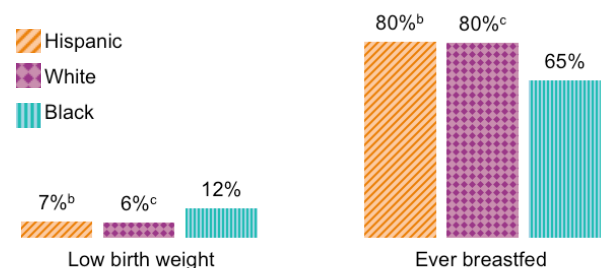
less than 2,500 grams (or 5 pounds, 8 ounces) at birth—have a higher risk of mortality than babies who have a normal weight at birth.¹⁶ Infants born at a low birth weight are also at greater risks of experiencing delayed cognitive, motor, and social development.^{17,18} Among low-income families, having a baby with low birth weight may put added stress on parenting resources, making it more difficult for infants to thrive and grow.¹⁹ More generally, having a low birth weight is associated with negative long-term outcomes, including having lower education levels and earnings than those who were a heavier weight at birth.²⁰

Roughly 1 in every 15 male births (7 percent) to Hispanic women is low birth weight (Figure 1). The prevalence of low birth weight among Hispanic male infants falls between that of white and black infants (6 and 12 percent, respectively).

Breastfeeding also provides support for infants' well-being and development and is associated with a number of benefits, including reduced rates of disease^{21,22} and cognitive, language, and motor skill development delay, and decreased rates of negative experiences later in life, such as obesity.²³⁻²⁵

The vast majority of Hispanic male children have been breastfed. Eighty percent of Hispanic and white male infants (ages 1 to 5) have ever been breastfed, compared with 65 percent of their black peers (see Figure 1). Among the low-income, Hispanic boys (80 percent) are more likely to have ever been breastfed than their white (68 percent) and black (59 percent) counterparts (see Table 3). In contrast, among the non-low-income, the percentage of Hispanic (82 percent) boys who have ever been breastfed does not differ significantly from that their white (86 percent) and black peers (76 percent; see Table 4).

Figure 1: Hispanic boys begin life with a healthy start.



Percentage of boys with low birth weight and ever breastfed (ages 1 to 5), by race/ethnicity, 2014

Source: Natality public-use data (2014), National Center for Health Statistics

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

^c Whites are statistically different than blacks at the $p < 0.05$ level.

Obesity starts early for Latino boys.

Obesity among America's children and adolescents is a major public health concern associated with both social and economic costs.^{26,27} Children who are overweight or obese are at increased



Sharing family meals

Older male Hispanic children frequently have meals with their families. Family meals provide an opportunity for parents and children to communicate, share highlights of daily life, enjoy each other's company, and establish important family routines. Sharing family meals is linked with a host of positive outcomes for youth, including better academic achievement and less substance use and delinquency.^{a-c}

During early childhood, Hispanic boys (ages 0 to 5) are as likely as their black peers (62 and 64 percent, respectively) but less likely than their white peers (69 percent) to have a meal with their family at least six days a week. A different picture emerges in middle childhood and adolescence. Hispanic boys in middle childhood (ages 6 to 12) are more likely than their white and black counterparts to have frequent meals with their families. Sixty percent of Hispanic boys in middle childhood have a meal with their entire family at least six days a week, compared with 52 percent of white and 47 percent of black school-aged boys. Over half of Hispanic male adolescents (ages 13 to 17) frequently eat dinners with their families, compared with just over one third of white and black adolescents (38 and 37 percent, respectively).

^a Musick, K., & Meier, A. (2012). Assessing causality and persistence in associations between family dinners and adolescent well-being. *Journal of Marriage and Family*, 74(3), 476-493.

^b Meier, A., & Musick, K. (2014). Variation in Associations Between Family Dinners and Adolescent Well-Being. *Journal of Marriage and Family*, 76(1), 13-23.

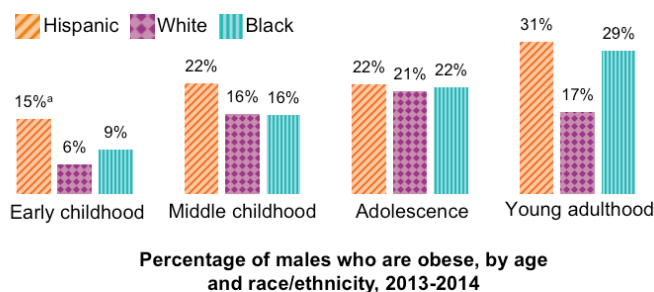
^c Fulkerson, J. A., Story, M., Mellin, A., Leffert, N., Neumark-Sztainer, D., & French, S. A. (2006). Family dinner meal frequency and adolescent development: Relationships with developmental assets and high-risk behaviors. *Journal of Adolescent Health*, 39(3), 337-345.

risk for socio-emotional (e.g., depression, bullying, etc.) and physical problems (e.g., cardiovascular disease, sleep apnea, asthma, etc.).²⁸⁻³¹ Overweight and obese children are also less physically active;³² physical activity is significantly related to improved cognitive and social skills in children.^{33,34}

During early childhood, more than 1 in 7 Hispanic boys (ages 2 to 5) are obese (see Figure 2)—defined as having a body mass index at or above the 95th percentile on standard growth charts.^b By middle childhood (ages 6 to 12), rates of obesity are somewhat higher but do not differ across racial/ethnic groups, with more than 22 percent Hispanic boys and 16 percent of black and white boys classified as obese. Among adolescents (ages 13 to 19), rates of obesity continue to be statistically similar among Hispanic, white, and black males, with roughly 1 in 5 being obese. Among young adults (ages 20 to 24), 31 percent of Hispanic men are considered obese^c—a rate that is nearly twice as high as, though not statistically different than, that of white young men (17 percent) and similar to that of black young men (29 percent).

Among low-income males, the prevalence of obesity among Hispanics is higher than that of white males in early childhood; twice that of blacks but comparable to that of whites in middle childhood; similar to that of white males and black males in adolescence; and comparable to white and black males in early adulthood (i.e., not statistically different).

Figure 2: In early childhood, more than 1 in 7 Hispanic boys are obese; this rate is double among young Hispanic adults.



Source: National Health and Nutrition Examination Study, 2013-2014

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

Hispanic males are less physically active.

Physical activity is associated with a lower risk of obesity among children and adolescents.³⁵ Hispanic boys exercise less often than their white and black peers, and this difference is statistically significant. Twenty-eight percent of Hispanic boys in middle childhood (ages 6 to 12) exercised at least 20 minutes every day in the previous week, compared with roughly 1 in 3 white (37 percent) and black boys (36 percent). Among adolescents, 15 percent of Hispanics boys and 20 percent of black boys exercise every day, compared with 22 percent of white boys (see Table 2).

Among low-income boys in middle childhood, this pattern is more pronounced. Only 1 out of 4 Hispanic boys gets at least 20 minutes of daily exercise compared with nearly half of white and black boys of the same age (see Table 3). However,

^b The estimated standard error associated with the prevalence of obesity among white males in early childhood (age 2 to 5) is greater than 30 percent of the estimated proportion. Therefore, the associated tests of difference should be interpreted with caution.

^c Among adults, obesity is defined as having a body mass index that exceeds 30.

among those who are not low-income, Hispanics and white boys in middle childhood are equally likely to exercise daily and do so more often than their black counterparts (40 and 38 percent, respectively, among Hispanic and white boys, compared with 29 percent of black boys; see Table 4).

Eighteen percent of Hispanic low-income adolescent boys exercise daily, which is similar to their black counterparts (23 percent) but significantly lower than their white peers (29 percent; see Table 3). Among adolescent boys who are non-low-income, Hispanics (25 percent) are just as likely to exercise daily as their white (26 percent) and black counterparts (23 percent, see Table 4).

Health insurance coverage among Hispanic males drops substantially between early childhood and adulthood.

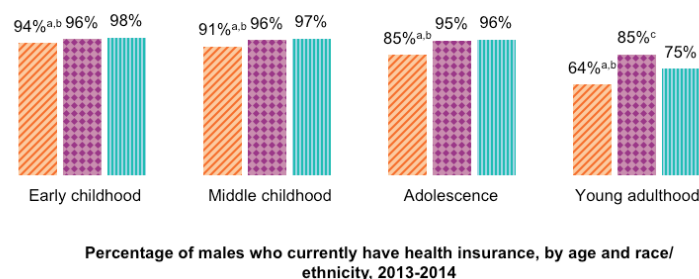
Children who are not continuously covered by health insurance, compared with continuously-covered peers, are less likely to have a regular source of health care and more likely to have delayed medical care or unmet medical needs.³⁶ A lack of coverage is also associated with heightened risk of hospitalization.³⁷ Discontinuous coverage can be particularly problematic for children with chronic health conditions that require preventative care and monitoring.³⁸

Disparities in health insurance coverage are small, but evident, in early childhood and are most stark among young adults.

Hispanic boys are less likely than their white and black peers to be insured at every developmental stage. Specifically, although the vast majority, 94 percent, of young Hispanic boys (ages 0 to 5) have health insurance, they are less likely to be insured than their white (96 percent) and black (98 percent) counterparts; these disparities, while small, are significant (see Figure 3).

The gap in health insurance coverage between Hispanics and their white and black counterparts is larger at older ages. Among Hispanic boys in middle childhood (ages 6 to 12), 91 percent have health insurance, compared with 96 and 97 percent of their white and black peers, respectively. Among Hispanic adolescents (ages 13 to 17), roughly 85 percent are covered by health insurance, compared with 95 percent or more of white and black youth. And, among young adults, 64 percent of Hispanics males are insured, compared with 85 percent of white and 75 percent of black males.

Figure 3: From infancy through young adulthood, Hispanic males are less likely to have health insurance than white or black males.



Source: National Health and Nutrition Examination Study, 2013-2014

^a Hispanics are statistically different than whites at the p<0.05 level.

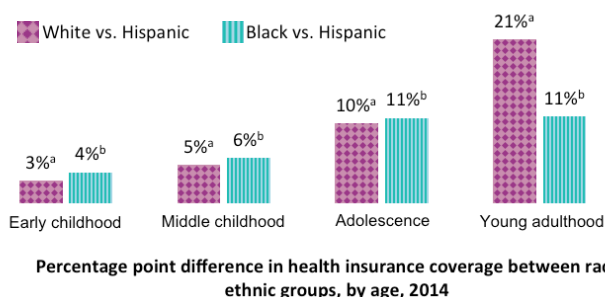
^b Hispanics are statistically different than blacks at the p<0.05 level.

^c Whites are statistically different than blacks at the p<0.05 level.

Hispanic
White
Black

The decline in coverage across developmental periods among Hispanic males is striking, particularly in contrast to the stability observed in coverage among white and black males (at least through adolescence) (see Figure 4). For example, the Hispanic-white gap in coverage is 3 percentage points in early childhood, 5 percentage points in middle childhood, 10 percentage points in early adolescence, and 21 percentage points in young adulthood (ages 18 to 24).

Figure 4: The racial/ethnic gap in health coverage is steepest among young adults.



Source: National Health and Nutrition Examination Study, 2014

^a Hispanics are statistically different than whites at the p<0.05 level.

^b Hispanics are statistically different than blacks at the p<0.05 level.

These patterns are also seen among males in low-income households (see Table 3). In early childhood, there is no difference in the percentage of low-income Hispanic and white boys (93 and 94 percent, respectively) who have health insurance. The gaps in health coverage between low-income Hispanic and white males are larger in early adolescence and young adulthood than in early and middle childhood. Just over half of low-income Hispanic young men (ages 18 to 24) have health insurance, compared with three quarters of low-income white men and two-thirds of low-income black men of the same age.

Among the non-low-income, we continue to see some differences in health insurance coverage between Hispanic males and their white and black peers (see Table 4). Specifically, in early childhood, Hispanic (95 percent) boys ages 5 and under have a coverage rate similar to that of their black peers (96 percent), but slightly lower than that of their white peers (98 percent; a statistically significant difference). In middle childhood, health insurance rates are similar across groups. By adolescence and young adulthood, the differences in health insurance coverage are more pronounced. Ninety-three percent of non-low-income Hispanic adolescent boys have coverage, compared to more than 97 percent of non-low-income white and black adolescents. Roughly three quarters of non-low-income Hispanic young adults have coverage, compared to more than 87 percent of non-low-income white and black young men.

The vast majority of Hispanic 10th-graders do not regularly smoke or drink alcohol.

Cigarette smoking often begins in adolescence and is associated with a host of adverse health effects, including addiction.³⁹ Youth

Sexual initiation and young fatherhood

Hispanic male adolescents are more likely to have had an early sexual debut than their white peers, but less likely than their black peers.

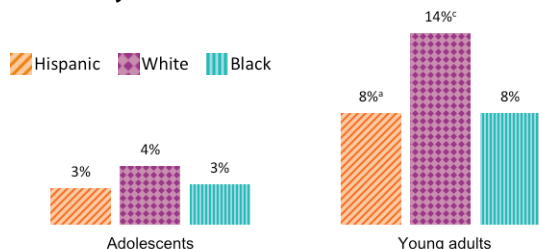
Nearly 12 percent of Hispanic male adolescents (ages 15 to 19) had sexual intercourse (vaginal intercourse with a female or oral and/or anal intercourse with a male) before the age of 14. Hispanic youth were twice as likely to have had an early sexual debut as their white peers (5 percent) but nearly half as likely to have had an early sexual debut as their black peers (23 percent). Among non-low-income adolescents, the rates of early sexual debut among Hispanic and black males are similar (18 percent and 21 percent), and these rates are more than three times the rate of white peers.

Hispanic and black young men are twice as likely to be fathers as their white peers. Three percent of Hispanic male teens (15 to 19) have fathered a child. Racial/ethnic disparities in fatherhood are present among young men (ages 20 to 24). Hispanic (23 percent) and black (20 percent) young men are more than twice as likely to have fathered a child, relative to their white (9 percent) peers.

who smoke are more likely to drink alcohol and to use marijuana and other illicit drugs.⁴⁰ Daily smoking and heavy drinking are both associated with youths' antisocial behaviors, such as violence, impulsivity, and an unstable school and work life.⁴¹ It is important to note that cigarette and alcohol use, as well as illicit drug^d use, varies markedly by age during adolescence and young adulthood.⁴²

Few Hispanic male 10th-graders and young adults smoke cigarettes on a daily basis. Three to 4 percent of Hispanic, black, and white male 10th graders smoked cigarettes daily (see Figure 5; differences are not significant). Although daily smoking rates are low and do not differ across racial/ethnic groups during 10th grade, racial/ethnic disparities in smoking are present in early adulthood (ages 18 to 24). Eight percent of young Hispanic men smoke daily, compared with 8 percent of young black men and 14 percent of young white men.

Figure 5: Few Hispanic male 10th-graders and young men smoke daily.



Daily smoking* among males, by race/ethnicity and age,* 2014

Source: Monitoring the Future, 2014; National Health Interview Survey, 2014
 * Monitoring the Future collects daily smoking data in the past month among 10th grade students. The National Health Interview Survey collects data on current daily smoking among 18- to 24-year-olds.

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

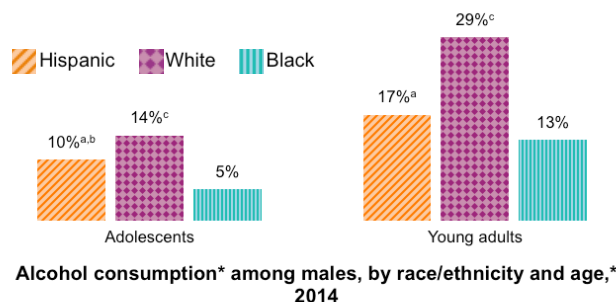
^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

^c Whites are statistically different than blacks at the $p < 0.05$ level.

^d Recent data suggest there has been an increase in illicit drug use among Hispanic teens. See the following report for additional information: http://www.monitoringthefuture.org/pubs/monographs/mtf-vol1_2015.pdf

Ten percent of Hispanic male 10th-graders report that they were drunk in the last month, compared with 14 percent of their white and 5 percent of their black counterparts. Racial/ethnic disparities in alcohol consumption are also present in early adulthood, as young white men are more likely to be moderate or heavy drinkers than their Hispanic and black peers. Less than 20 percent of young Hispanic men averaged more than three drinks a week in the past year, compared with 29 percent of young white men and 13 percent of young black men.

Figure 6: 1 in 10 Hispanic male 10th-graders reports having been drunk in the past month, and nearly 1 in 5 Hispanic young men are moderate or heavy drinkers.



Alcohol consumption* among males, by race/ethnicity and age,* 2014

Source: Monitoring the Future, 2014; National Health Interview Survey, 2014

* Monitoring the Future collects daily on 10th grade students on whether they have been drunk in the past month. The National Health Interview Survey collects data on moderate or heavy drinking among adults, defined as consuming three or more drinks a week in the past year.

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

^c Whites are statistically different than blacks at the $p < 0.05$ level.



Education

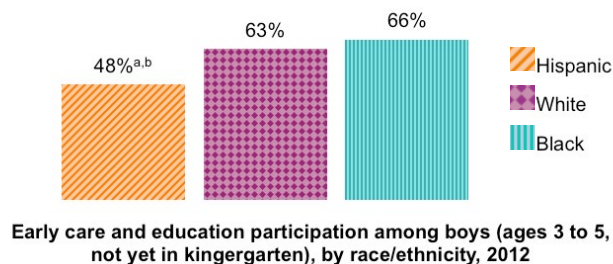
In the United States, education is a conduit for economic success and social mobility.⁴³ Those who are better educated are more likely to be employed, earn more money, stay healthy, and live longer, and their children are more likely to follow a similar path. Racial/ethnic disparities are present in all aspects and stages of the educational system, from early care and education to college completion.^{44,45}

In this section, we discuss the educational well-being of Hispanic males. We start with early childhood, looking at measures of participation in early care and education programs and school readiness. We end with young adults, considering rates of high school dropout and college enrollment and completion. We compare the educational trajectories of Hispanic boys and young men to those of their white and black peers. We find that young Hispanic males excel in some dimensions and lag behind in others, and that their relative achievement varies by development stages.

Educational disparities are present at young ages.

Participation in quality early childhood programs fosters children's development and prepares them for school. Many young children participate in early care and education programs—be they home-based, community child care centers, Head Start or pre-K programs. Quality early care and education can play an important role in preventing later racial/ethnic and economic disparities in education. Children who attended center care or preschool are more ready to learn and have better reading and math skills when they enter kindergarten than those who did not participate in such programs;^{46,47} early reading and math skills are predictive of later learning and achievement.⁴⁸⁻⁵⁰

Figure 7: Hispanic preschool-aged boys are less likely to be enrolled in early care and education programs than their white or black peers.



Source: National Household Educational Surveys (NHES), 2012

Note: The NHES defines children's ECE participation as currently participating in center-based care—including day care centers, Head Start programs, preschools, prekindergartens, and other early childhood programs—at least once a week.

<http://nces.ed.gov/pubs2013/2013029rev.pdf>

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

Hispanic preschool-aged boys lag behind in their participation in early care and education programs. Roughly half of Hispanic boys between the ages of 3 and 5 and who are not yet enrolled in kindergarten are enrolled in center-based care (including early learning centers, Head Start programs, and preschools) at least

once a week, compared with roughly two thirds of white and black boys (see Figure 7).

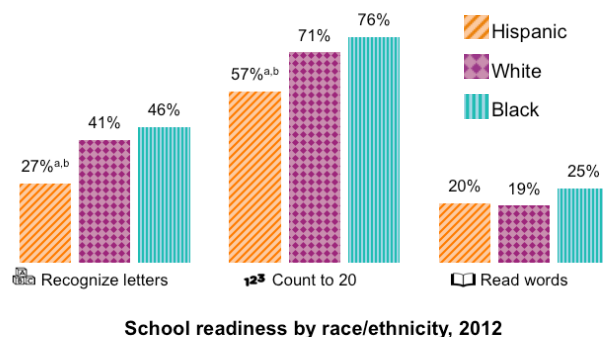
Among the low-income, however, the Hispanic-white enrollment gap is negligible (a 5 percentage point difference), with 46 percent of Hispanic boys enrolled compared with 41 percent of white boys (see Table 3). Low-income Hispanic boys lag significantly behind their low-income black peers in their participation in early care and education programs (46 versus 62 percent).

Among the non-low-income, the disparities between Hispanic boys and their white and black counterparts are larger (see Table 4). We see more than a 20 percentage point gap between Hispanic boys and their white and black peers in enrollment in early care programs. Roughly half of non-low-income Hispanic boys (51 percent) attend early care and education programs, compared with three quarters of white (75 percent) and black boys (74 percent).

Hispanic boys also lag behind white and black boys in school readiness skills.

Among preschool-aged boys (ages 3 to 5 who were not enrolled in kindergarten), Hispanic boys are less likely to be able to count to 20 and recognize the letters of the alphabet than their white and black peers (see Figure 8). Fewer than 60 percent of Hispanic boys are able to count to 20, roughly a quarter recognize the letters of the alphabet, and 20 percent are able to read words. With the exception of reading, these percentages are significantly below those of white and black preschool-aged boys.

Figure 8: Fewer Hispanic boys enter kindergarten with essential school readiness skills, compared with white and black boys.



Source: National Household Educational Surveys, 2012

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

These disparities are present among both the low-income and the more affluent and are most pronounced between Hispanic and black boys. For example, whereas 33 percent of non-low-income Hispanic preschool-aged boys recognize letters, almost twice as many non-low-income black boys do (62 percent). Among the low-income, 51 percent of Hispanic boys can count to 20, compared with 57 percent of white and 71 percent of black boys.



Literacy practices at home

Hispanic boys are less likely to be read to by a family member. Nearly a third of Hispanic boys ages 0 to 5 were read to by a family member at least six days in the past week, compared with roughly two thirds of white boys and roughly half of black boys. It is unclear, however, whether Hispanic boys are exposed to other ways of promoting language and literacy acquisition, such as storytelling.

Less than a third of Hispanic males in fourth and eighth grade are proficient in reading, math, and science.

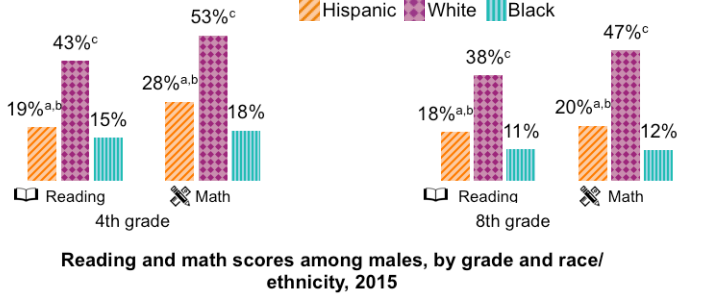
Subject-based proficiency plays a critical role in future educational attainment and achievement, as our economy will continue to place a premium on reading, math, and science skills.⁵¹ Reading is a fundamental skill, and proficiency translates into success in other subjects.⁵² Math and science skills are increasingly important, as workers with skills in STEM (science, technology, engineering, and math) fields are in greater demand.^{53,54}

Disparities continue to be present in fourth-grade reading and math scores. By fourth grade, roughly 1 in 5 Hispanic male students (19 percent) are proficient^e in reading (see Figure 9), a rate half that of white male students (43 percent). A similar pattern is observed in math and science, in which 28 percent and 15 percent

^e Proficiency levels are determined by the National Center for Education Statistics, U.S. Department of Education and, broadly, refer to a student being proficient in the subject matter for a specific grade level. For more information on the how proficiency levels are determined, see <https://nces.ed.gov/nationsreportcard/subject/publications/studies/pdf/2015046.pdf>.

of Hispanic male students are proficient, compared with roughly half of white male students (53 percent in math and 49 percent in science; see Table 2 for science proficiency).

Figure 9: Hispanic male students score lower in reading and math than white male students, but higher than black male students.



Source: National Assessment of Educational Programs, 2015
 Note: Proficiency levels are determined by the National Center for Education Statistics, U.S. Department of Education and, broadly, refer to a student being proficient in the subject matter for a specific grade level. For more information on how proficiency levels are determined, see <http://nces.ed.gov/nationsreportcard/achievement.aspx#table>.
^a Hispanics are statistically different than whites at the $p < 0.05$ level.
^b Hispanics are statistically different than blacks at the $p < 0.05$ level.
^c Whites are statistically different than blacks at the $p < 0.05$ level.

While fewer Hispanic boys enter kindergarten with key skills compared with their black peers, by fourth grade, a slightly higher percentage of Hispanic male students are proficient in reading, math, and science than are black male students (19 versus 15 percent in reading; 28 versus 18 percent in math, and 15 versus 10 percent in science; see Table 2 for science proficiency).

Disparities in achievement are less pronounced among low-income (i.e., those who receive free or reduced-price lunch) fourth-graders; the Hispanic-white gap is 12 percentage points in reading, 10 points in math, and 20 points in science. Among low-income children, the Hispanic-black gap is similar to that observed for the general male fourth-grade population: three percentage points in reading, nine points in math, and four points in science, with Hispanics scoring higher than blacks in all subjects (see Table 3 for science proficiency).

Among the non-low-income, we generally see higher scores in each of the subject areas when compared to low-income students. However, disparities persist, with Hispanic male students significantly less likely to be proficient in reading, math, and science relative to their white counterparts, but more likely to be proficient than their black peers.^{55,56} Most Hispanic children are exposed to two languages growing up;⁵⁷ the positive implications for cognitive and social development of exposure to multiple languages are unclear.

Disparities between Hispanic and white boys in reading, math, and science continue into eighth grade. Hispanic eighth-grade male students are half as likely as their white peers to be proficient in reading (18 versus 38 percent). However, Hispanic male eighth-graders are more likely to be proficient than their black peers (18 versus 11 percent). A similar pattern is found in math and science. The gap in proficiency between Hispanics and whites is 24 points in math and 28 points in science. As with reading, a slightly higher percentage of Hispanic eighth-grade male students scored proficient in math (20 percent), compared with 12 percent of black male students; roughly 1 in 5 Hispanic boys versus 1 in 10 black boys scored proficient in science (see Table 2).

As with fourth-grade proficiency, the racial/ethnic disparities are smaller among low-income adolescents. The levels of achievement are notably low: 13 percent of low-income male Hispanic eighth-graders are proficient in reading, compared with 23 percent of low-income white and 8 percent of low-income black male students. Among the low-income, roughly 1 out of 6 Hispanic, 1 out of 4 white, and 1 out of 12 black eighth-grade males are proficient in math. Low-income Hispanic (15 percent) and black (8 percent) male eighth-graders are far less likely than their white (31 percent) peers to be proficient in science (see Table 3).

Among the non-low-income, proficiency levels are generally higher; however, proficiency levels never exceed more than 32 percent among Hispanic and black eighth-grade males. Hispanic male students have significantly lower proficiency levels than white male students, but higher than black male students (see Table 4).

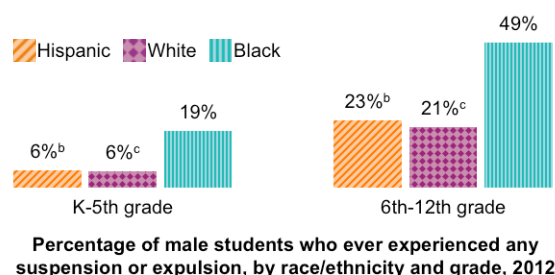
Reading for pleasure

Hispanic boys, like white boys, are less likely to read for pleasure than black boys. Roughly 1 in 4 Hispanic school-aged boys (ages 6 to 12) read for pleasure at least once on a typical weekday, which is comparable to their white peers. Both Hispanic and white boys are less likely to read for pleasure than their black counterparts (37 percent). These patterns of racial/ethnic disparities are also found at older ages. About a third of Hispanic and white male adolescents read for pleasure, compared with 47 percent of their black male counterparts.

There are disparities in school discipline.

With the implementation of zero-tolerance policies—policies aimed to curb substance abuse and violence in schools, that punish any infraction—school suspensions and expulsions have increased at all grade levels, ranging from preschool to high school.⁵⁸ There is growing concern about the educational disenfranchisement of boys of color, who are disproportionately impacted by these policies as early as preschool.^{59,60} Heightened school discipline pushes at-risk and often disadvantaged youth out of the school environment, limiting their future opportunities. Suspended students experience few academic gains, and are more likely to drop out.⁶¹ Without the educational and socialization benefits associated with the school context, these youth are more vulnerable to negative influences (i.e., unsettled home lives, illicit employment, drug use, etc.).⁶²

Figure 10: Hispanic and white boys are much less likely to be suspended or expelled than black boys (K-12th grade).



Source: National Household Educational Surveys, 2012

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

^c Whites are statistically different than blacks at the $p < 0.05$ level.

Hispanic boys, like their white peers, are much less likely to be suspended or expelled from school than their black counterparts.

Rates of school suspension and expulsion for Hispanic and white male students are similar, with both experiencing far lower rates than their black counterparts. Among students in kindergarten through fifth grade, Hispanic and white males (6 percent each) are roughly a third as likely as black males (19 percent) to be suspended or expelled from school (see Figure 10). In middle and high school (sixth through 12th grade), Hispanic and white males are half as likely to be suspended or expelled as their black peers, though the experience is more common. Roughly 1 out of 5 Hispanic and white middle and high school boys have been suspended or expelled, compared with nearly half of black male students.

The Hispanic-black gap in school discipline is even larger among low-income elementary school students (6 versus 23 percent).

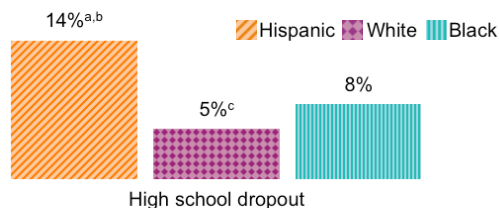
Hispanic youth are the least connected to school, but have the strongest connections to the labor market.

Educational attainment is a strong indicator of future well-being. Not finishing high school is associated with a host of negative outcomes, including limiting the current and future economic opportunities of young men.⁶³ Higher levels of education are associated with higher wages, income, and occupational prestige, whereas those with low levels of educational attainment are more likely to experience poverty, spells of unemployment, and government assistance.⁶⁴ Education is also positively linked with both physical and mental health, with those with a college degree reporting better outcomes than their counterparts without a college degree, due to factors such as less stress and greater access to resources.^{65,66} Furthermore, the educational divide has increased over time, meaning that gains associated with additional education are greater today.⁶⁷ Educational completion and labor market entry are also intertwined: higher educational attainment is associated with delays in labor market participation, as those who finish college enter the labor force at later ages.⁶⁸

Hispanics have the highest high school dropout rate. Among young Hispanic men ages 16 to 24, 14 percent have dropped out of high school (i.e., are not enrolled in school and do not have a high school diploma or equivalent credential such as a GED), compared with 8 percent of young black men and 5 percent of young white men (see Figure 11). The Hispanic dropout rate is slightly lower when recent immigrants^f are excluded, but the overall patterns of racial/ethnic disparities persist (results not shown).

Dropout rates are higher among low-income young men, though patterns of racial/ethnic disparities are similar. Nineteen percent of low-income Hispanic young men have dropped out of high school, compared with 11 percent of their black peers and 8 percent of their white peers (Table 3). Similar patterns are observed among the non-low-income; however, these differences are smaller (but still significant). Among the non-low-income, 9 percent of Hispanic young men have dropped out of high school, compared with 4 percent of white and black young men (Table 4).

Figure 11: Hispanic young adult males have higher rates of high school dropout than white and black young men do.



High school dropout rate among young adult males,* by race/ethnicity, 2015

Source: Current Population Survey, 2015

* Dropout rate for ages 16 to 24

^a Hispanics are statistically different than whites at the $p < 0.05$ level.

^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

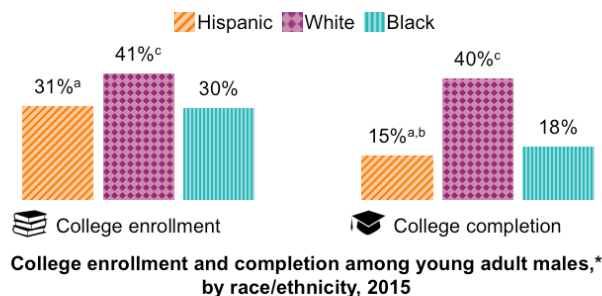
^c Whites are statistically different than blacks at the $p < 0.05$ level.

Hispanic males are less likely to enroll in and complete college.

Hispanic young men, like black young men, are less likely to be enrolled in college than their white peers. Three out of 10 Hispanic and black men ages 18 to 24 without a bachelor's degree are enrolled in a college or university, compared with 4 out of 10 of their white counterparts (see Figure 12). Rates of college enrollment are lower among low-income men, but racial/ethnic disparities persist: 27 percent of low-income Hispanic men without a bachelor's degree are enrolled in college, compared with 26 percent of their black and 39 percent of their white peers. Among the non-low-income, 31 percent of Hispanic and 30 percent of black young men are enrolled in college, compared with 41 percent of white young men.

^f It is important to note that Suárez-Orozco et al. (2010) and others have found that 90 percent of Hispanics between the ages of 16 and 19 who were educated abroad (as opposed to those only educated in the United States) are classified as dropouts.

Figure 12: While roughly a third of Hispanic young men are enrolled in college, only 15 percent have completed college.



Source: Current Population Survey, 2015

* College enrollment and completion for ages 18 to 24 and 25 to 29, respectively

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Hispanic men's college completion rate is a third that of their white peers. Fifteen percent of Hispanic men between the ages of 25 and 29 have earned a bachelor's degree, compared with 40 percent of white and 18 percent of black men. (The Hispanic college completion rate is slightly higher when recent immigrants are excluded.) Racial and ethnic gaps in college completion are smaller among men who are non-low-income men, but the patterns are the same: 45 percent of white, 24 percent of black, and 19 percent of Hispanic men have completed college. Among those who are low-income, only 7 percent of Hispanic and 8 percent of black men have a college degree, compared with 22 percent of white men.



Rates of imprisonment

Hispanic young men are more likely to be imprisoned than their white peers, but less likely to be imprisoned than their black peers. Among young men, there are racial/ethnic disparities in imprisonment rates. For every 100,000 Hispanic male U.S. residents between the ages of 20 and 24, 1,726 are imprisoned in a state or federal correctional facility with a sentence of more than one year. The imprisonment rate of Hispanic young men is more than two-and-a-half times that of their white peers (654/100,000) and less than half that of their black peers (4,284/100,000).

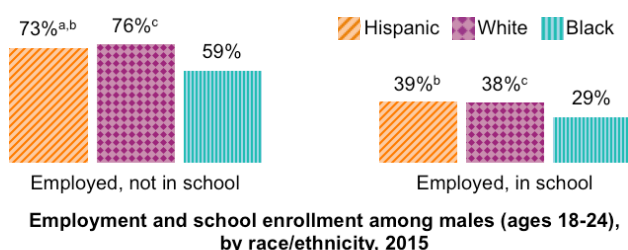
Hispanic young men, like white young men, are more likely to be employed than their black peers.

Racial/ethnic disparities in employment are present among young men who are not enrolled in school, as well as those who are. Among those not in school, 73 percent of Hispanic young adult men are employed, compared with 76 percent of young white men and 59 percent of young black men. Roughly 40 percent of Hispanic and white men who are enrolled in school are employed, compared with 29 percent of their black peers (see Figure 13).

Among low-income young men, Hispanic-black disparities in employment persist for both those enrolled and those not enrolled in school; however, Hispanics who are not enrolled in school are more likely to be employed than their white peers (see Table 3).

Among the non-low-income who are enrolled in school, a higher percentage of Hispanic (48 percent) young men are employed, compared with their white (42 percent) and black peers (36 percent). Among those not enrolled in school and not low-income, roughly 80 percent of Hispanic and white young men are employed, compared with 72 percent of young adult black men.

Figure 13: Hispanic young adult men are more likely to be employed than their black peers.



Source: Current Population Survey, 2015

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^b Hispanics are statistically different than blacks at the $p < 0.05$ level.

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Summary and implications

In this report, we heed the call of MBK by providing a descriptive snapshot of Latino boys' and young men's health and educational outcomes, and how they compare to their non-Hispanic white and black peers. A first step in addressing disparities is understanding when disparities emerge, including developmental domains and age(s), and where, and for whom. Our findings suggest some areas of concern, as well as areas of encouragement.

We found that most Hispanic boys are healthy, as reflected in their birth weight and high rates of having been breastfed. The majority of Hispanic adolescents and young men are also avoiding risky behavior, such as smoking and drinking. However, the data also point to several areas of concern. Hispanics males, in general, are less physically active than their white and black peers.

Their rates of health insurance coverage are also troubling. At every developmental period considered, Hispanic males have lower rates of coverage than white and black males. Racial/ethnic gaps in coverage are lowest among the youngest (ages 0 to 5) and highest among young adults (ages 18 to 24). This pattern suggests reason for optimism, if successful efforts to enroll infants, toddlers, and preschool-aged children can be replicated and sustained with older age groups. It is unclear whether the relatively small racial/ethnic gap of four percentage points in health insurance coverage between Hispanics and their white and black peers during early childhood reflects stronger recruitment efforts for this age group; easier to enroll populations (e.g., enrollment in hospitals at the time of birth); a greater perceived need by parents of infants and toddlers for health insurance coverage; policy shifts including expansion of the State Children's Health Insurance Program and the Affordable Care Act; or some combination of these factors. The reasons for relatively high levels of coverage in early childhood should be examined carefully to see what can be replicated to increase health coverage for older Hispanic children.

Notably, although we see declines in health insurance coverage for each of the racial/ethnic groups considered across the four developmental periods, the decline occurs earliest and is steepest among Hispanics. By the time many Hispanic young men are establishing themselves in the labor market and beginning their own families, 64 percent have health insurance coverage. This means that young Hispanic men and their young families are vulnerable to economic shocks associated with unexpected health concerns.⁶⁹

For education, we found that Hispanic boys begin their educational careers behind their black and white peers. Hispanic boys have the lowest rates of enrollment in early care and education programs; this points to one area where recent policy and programmatic efforts, such as pre-K expansions in Chicago and New York City, may continue to help close racial/ethnic gaps. And, in fact, emerging research suggests that racial/ethnic gaps in ECE enrollment are closing.⁷⁰

More broadly, we see that across the school years, racial/ethnic disparities continue. However, they are largely limited to disparities

Data sources and methodology

Using nationally-representative data from several datasets (see Table 1), we provide national estimates of health (i.e., obesity, physical activity, health insurance, etc.), education (i.e., school readiness, math and reading scores, etc.), and other indicators of risk or well-being (e.g., employment, fatherhood, etc.) for Hispanic, non-Hispanic white, and non-Hispanic black males across four developmental stages: 0 to 5 (early childhood), 6 to 12 (middle childhood), 13 to 17 (adolescence), and 18 to 24 (young adulthood). We selected health and education indicators for which robust, nationally representative data are available for the four developmental periods examined.

Because economic resources shape children's experiences and opportunities, we also examined racial/ethnic disparities in well-being *within* income groups, comparing low-income Hispanics (those in households with incomes less than 200 percent of the federal poverty threshold) to their low-income white and black peers, and non-low-income Hispanics (those in households with total incomes that exceed 200 percent of the poverty threshold) to their non-low-income white and black counterparts.^a

We present race/ethnicity-specific estimates in Figures 1 through 13. These estimates are based on the most recently available data for each indicator, and together with the data sources, year^b (2010 or later), and descriptions are presented in Table 1. The results by race/ethnicity within each income group are presented in Tables 2 through 4. All estimates were weighted to be nationally representative.

The estimates are derived from cross-sectional data, representing male children and youth in four developmental stages at a point of time and should not be interpreted as representing the experience of individual children over time. That is, the findings presented here are correlational in nature and should not be interpreted as causal. We conducted tests of difference between racial/ethnic groups; significant group differences are noted in the text and the tables.

^a Low-income thresholds in the National Household Education Survey and National Survey of Children's Health are household-based. Low-income thresholds in all other datasets are family-based, with the exception of the National Assessment of Educational Progress (NAEP). NAEP includes a measure of free or reduced-price lunch that can be used as a proxy for low-income.

^b All estimates are based on the most recently available data for each indicator, and these estimates are based on data from 2010 or later. There is one exception: the most recent estimates of fourth-grade science proficiency are from the 2009 National Assessment of Educational Progress.

with whites. By fourth grade, Hispanics boys are more likely to be proficient in reading, math, and science than black boys but are less likely to be proficient than white boys. This pattern continues until high school graduation. Latino males have the highest rates of high school dropout, coupled with the lowest rates of college enrollment and college completion.

Clearly, higher education is an area that schools, programs, and policymakers must focus on, given the size and growth of the Hispanic population and an economy that is increasingly reliant on a highly educated workforce. On the positive side, high school dropout rates among Hispanics have declined by 65 percent over the last two decades, and Hispanics are enrolling in college in record numbers.^{71,72} This progress must not only continue but accelerate if we are to meet the needs of our economy and prevent generations of men with limited economic opportunities.

Another bright spot is the high rate of employment among young Latino men. Prior work of the [National Research Center on Hispanic Children & Families](#) suggests that a distinguishing characteristic of the households of low-income Hispanic children is the presence of an employed adult. Although higher rates of employment may be a stabilizing force, providing economic security to children and families, it can also be a source of stress, if families are juggling multiple jobs to make ends meet. It is also less clear whether high rates of employment can translate into economic mobility.

Despite some of the challenges that Hispanic males face from infancy to adulthood, they also experience certain developmental opportunities and strengths. For example, emerging research⁷³ suggests that Latino children, in general, are born into families that are relatively stable over the early childhood years, in which children live with two parents who are employed; they do not experience the negative effects that family instability and re-partnering can have on children's development.

This descriptive snapshot points to areas and developmental periods that policies and programs can target to improve the health and educational outcomes of Latino males. It also highlights windows of opportunity in which prevention efforts might address disparities before they appear.

Recognizing the increasing diversity within our population and the challenges facing Latino boys and young men will be critical to the success of MBK and any efforts aimed at combating racial/ethnic disparities. Unfortunately, we were limited in the extent to which we could examine the diversity among Hispanic boys and young adults. Most of the datasets examined did not include measures of nativity, immigration, and generational status, languages spoken, or country of heritage. For example, although the vast majority (94 percent) of Latino children are U.S.-born,⁷⁴ the immigrant experience remains a reality for many, with roughly half having an immigrant parent.⁷⁵ Roughly 1 in 4 Hispanic children are estimated to have at least one parent who is undocumented.⁷⁶ Children whose parents lack legal status in the country may face challenges in accessing resources and opportunities, leaving them more vulnerable to experiencing poor outcomes.⁷⁷⁻⁷⁹ The lack of data and comparable measures across [datasets that would enable us to examine this diversity](#)⁹ highlights the need to bolster our nation's data infrastructure.⁸⁰

More broadly, the data reported here suggests that the problems, opportunities, and solutions for improving the life chances of boys of color will in some cases be similar for black and Latino boys and will differ in others.

⁹ <http://www.childtrends.org/?publications=improving-data-infrastructure-to-recognize-hispanic-diversity-in-the-united-states>

Table 1		Summary Description of the National Datasets and Indicators Used in This Report		
Title of Dataset	Year	Indicators	Description of Dataset	Low-Income Measures?
Nativity public-use data	2014	Low birth weight (0-5)	This dataset provides demographic and health data from the National Vital Statistics System of the National Center for births occurring during the calendar year (1968-2013) from birth certificates filed in vital statistics offices of each state and the District of Columbia.	No
National Survey of Children's Health (NSCH)	2011/2012	Breastfeeding, Reading, Family meals (0-5); Physical activity, Reading, Family meals (6-12); Physical activity, Reading, Family meals (13-17)	A national survey conducted by telephone in English and Spanish to estimate national and state-level prevalence for a variety of physical, emotional, and behavioral child health indicators in combination with information on the child's family context and neighborhood environment.	Yes
National Health and Nutrition Examination Survey (NHANES)	2013/2014	Obese (0-5); Obese (6-12); Obese (13-17); Obese (18-24)	A program of studies designed to assess the health and nutritional status of adults and children in the U.S. The survey is unique in that it combines interviews and physical examinations.	Yes
National Health Interview Survey (NHIS)	2014	Health insurance (0-5); Health insurance 6-12); Health insurance (13-17); Health insurance, Heavy drinking, Daily smoking (18-24)	A cross-sectional survey that provides nationally representative estimates on a wide range of health status and utilization measures among the non-military, non-institutionalized population of the U.S.	Yes
National Household Education Surveys (NHES)	2012	Early care and education, Recognizes letters, Counts to 20, Reads words (0-5); School discipline (6-12); School discipline (13-17)	A repeated, cross-sectional survey that measures the educational activities of the U.S. population and statistics on the condition of education in the U.S. The NHES surveys cover learning at all ages, from early childhood to school age through adulthood.	Yes
National Assessment of Educational Progress (NAEP)	2015	4 th grade reading, 4 th grade math, 4 th grade science, School attendance (6-12); 8 th grade reading, 8 th grade math, 8 th grade science, School attendance (13-17)	The largest nationally representative and continuing assessment of subject-matter achievement, instructional experiences, and school environment for populations of U.S. students. Assessments are administered uniformly using the same sets of test booklets across the nation.	Yes

Table 1 (Cont.)		Summary Description of the National Datasets and Indicators Used in This Report		
Title of Dataset	Year	Indicators	Description of Dataset	Low-Income Measures?
National Survey of Family Growth (NSFG)	2011–2013	Sexual debut, Fatherhood (13-17); Fatherhood (18-24)	A nationally representative survey that gathers information on family life, marriage and divorce, pregnancy, infertility, use of contraception, and men's and women's health. It is conducted in 5-year cycles and administered via personal interviews with people at homes.	Yes
Current Population Survey (CPS)	Mar 2015	High school dropout, Not in work or school, Employed and not in school, Employed and in school, College completion (18-24)	A survey conducted by the United States Census Bureau for the Bureau of Labor Statistics (BLS) to provide a monthly report on the employment situation in the U.S, among the non-institutionalized civilian population.	Yes
American Community Survey (ACS)	2014	College enrollment (18-24)	An ongoing statistical survey by the U.S. Census Bureau, sent to approximately 250,000 addresses monthly (or 3 million per year). It is the largest survey other than the decennial census that the Census Bureau administers.	Yes
Monitoring the Future (MTF)	2014	Heavy drinking, Daily cigarette use (13-17)	A repeated series that surveys legal and illicit drug use, personal levels of perceived risk, and disapproval for each drug among American adolescents and adults over a period of years.	No
National Prisoner Statistics Program (NPS)	2012	Imprisonment, Involvement in criminal justice system (18-24)	A dataset with annual national and state-level data on the number of prisoners in state and federal prison facilities. Aggregate data are collected on race and sex of prison inmates, inmates held in private facilities and local jails, system capacity, noncitizens, and persons under age 18.	Yes
National Corrections Reporting Program (NCRP)	2009	Involvement in criminal justice system (18-24)	A dataset with annual offender-level data on admissions to and releases from prisons and post-confinement community supervision programs.	Yes

Table 2

Health and Educational Well-Being Among Boys Across Developmental Periods, by Race/Ethnicity

	All Males		Hispanic Males		White Males		Black Males			Significance Testing	
Developmental Stages (Ages)	%	SE	%	SE	%	SE	%	SE	H vs. W	H vs. B	W vs. B
Early Childhood (0-5)											
Physical Health											
Low birth weight	7.4	0.02	6.7	0.04	6.3	0.02	12.0	0.06		✓	✓
Breastfeeding	77.8	0.80	80.3	2.03	79.8	0.88	64.5	2.62		✓	✓
Obese ^a	8.8	2.04	15.2	3.09	5.9	‡	8.9	2.17	✓		
Health insurance	95.9	0.40	93.5	0.99	96.4	0.58	97.5	0.63	✓	✓	
Education											
Early care and education	59.3	1.61	47.8	3.34	62.5	2.09	66.3	5.12	✓	✓	
Recognizes letters	38.7	1.47	26.6	2.61	41.3	1.97	45.5	4.91	✓	✓	
Counts to 20	67.5	1.53	57.4	3.40	70.6	1.97	75.8	4.18	✓	✓	
Reads words	20.8	1.30	20.1	2.80	19.2	1.73	25.0	3.95			
General Indicators											
Reading	51.4	0.91	31.9	2.12	63.5	1.05	46.1	2.44	✓	✓	✓
Family meals	66.4	0.84	61.8	2.23	69.0	0.95	63.5	2.29	✓		✓
Middle Childhood (6-12)											
Physical Health											
Obese	17.9	2.04	22.3	3.43	16.1	2.94	15.9	2.31			
Health insurance	94.3	0.55	91.0	0.79	95.5	0.89	96.8	0.77	✓	✓	
Physical activity	34.0	0.56	27.5	1.48	36.6	0.66	35.6	1.57	✓	✓	
Education											
4th-grade reading	33.2	0.49	19.2	0.83	43.2	0.52	15.4	0.69	✓	✓	✓
4th-grade math	41.7	0.49	28.3	0.87	52.5	0.65	18.0	0.70	✓	✓	✓
4th-grade science	35.0	0.33	14.6	0.63	49.0	0.36	10.4	0.48	✓	✓	✓
School discipline	7.5	0.65	5.8	1.35	5.6	0.66	19.3	2.89		✓	✓
General Indicators											
Reading	29.4	0.75	27.2	1.94	26.7	0.86	36.7	2.09		✓	✓
Family meals	53.8	0.82	59.5	2.17	52.1	0.95	47.2	2.16	✓	✓	✓
Adolescence (13-17)											
Physical Health											
Obese	21.0	2.43	22.1	2.35	20.8	4.01	21.5	4.05			
Health insurance	92.8	0.54	85.0	1.25	95.3	0.68	96.0	0.82	✓	✓	
Physical activity	19.7	0.55	15.0	1.51	21.6	0.67	19.9	1.48	✓		
Heavy drinking	11.1	0.92	9.8	1.60	13.7	1.08	5.1	1.70	✓	✓	✓
Daily cigarette use	3.5	0.54	2.6	0.80	4.2	0.63	2.9	0.94			
Education ^b											
8th-grade reading	29.4	0.38	17.5	0.63	38.0	0.59	11.2	0.59	✓	✓	✓
8th-grade math	33.6	0.40	19.8	0.70	43.5	0.53	12.1	0.69	✓	✓	✓
8th-grade science	35.4	0.54	19.2	0.74	47.4	0.61	11.0	0.93	✓	✓	✓
School discipline	25.1	0.93	22.7	2.06	20.6	0.99	48.9	2.99		✓	✓
General Indicators											
Reading	36.2	0.92	35.1	2.79	32.6	0.99	47.0	2.54		✓	✓
Family meals	40.7	0.96	51.2	2.93	37.6	1.04	37.4	2.50	✓	✓	
Sexual debut	8.8	0.72	11.9	3.11	5.1	1.07	22.5	1.37	✓	✓	✓
Fatherhood	2.2	0.93	3.1	0.65	1.4	‡	2.9	‡	✓		✓
Young Adulthood (18-24)											
Physical Health											
Obese	22.1	3.26	30.8	6.81	16.6	4.01	29.0	5.59			
Health insurance	79.1	0.86	64.2	1.69	85.3	1.11	75.4	2.13	✓	✓	✓
Heavy drinking	23.5	1.57	17.0	2.33	29.4	2.44	13.0	2.78	✓		✓
Daily smoking	11.4	1.09	8.0	1.85	13.7	1.60	8.0	2.27	✓		✓
Education											
High school dropout	7.2	0.38	13.8	1.10	5.1	0.45	7.5	0.90	✓	✓	✓
Not in work or school	9.0	0.65	11.9	1.33	7.7	0.79	11.2	1.99	✓		✓
College enrollment	38.1	0.18	30.5	0.35	41.2	0.25	30.0	0.46	✓		✓
Employed, no school	72.1	1.15	73.3	2.02	75.5	1.62	58.7	3.52	✓	✓	✓
Employed, school	36.1	1.23	39.1	2.56	38.2	1.77	29.0	3.47		✓	✓
College completion	32.4	1.05	14.5	1.47	39.5	1.58	17.6	2.59	✓	✓	✓

Table 2 (Cont.)

Health and Educational Well-Being Among Boys Across Developmental Periods, by Race/Ethnicity

Developmental Stages (Ages)	All Males		Hispanic Males		White Males		Black Males		Significance Testing		
	%	SE	%	SE	%	SE	%	SE	H vs. W	H vs. B	W vs. B
Young Adulthood (18-24)—continued											
General Indicators											
Fatherhood	13.8	0.88	23.1	4.36	9.1	1.84	19.7	5.28	✓		✓
Imprisonment rate (per 100,000)	1476	—	1726	—	654	—	4284	—	✓	✓	✓

— Not available.

✓ Significant difference between two group comparisons at the $p < 0.05$ level. "H vs. W" refers to differences between Hispanics and whites. "H vs. B" refers to differences between Hispanics and blacks. "W vs. B" refers to differences between whites and blacks.

‡ Standard error greater than 30 percent of the estimated proportion ($RSE > 30$).

^aThe age breakdowns reported here differ from those used throughout the report because of the way data are collected for obesity. Roughly speaking, obesity is determined by specific age groupings (2-5, 6-12, 13-19, and 20-24), height, and weight distributions.

^b Proficiency levels are determined by the National Center for Education Statistics, U.S. Department of Education and, broadly, refer to a student being proficient in the subject matter for a specific grade level. For more information on how proficiency levels are determined, see <http://nces.ed.gov/nationsreportcard/achievement.aspx#table>

NOTE: Percent estimates (%) and standard errors (SE) are rounded to the nearest tenths and hundredths, respectively. The estimates are rounded to whole numbers within the text of the report and within the figures.

Table 3

Health and Educational Well-Being Among Low-Income Boys Across Developmental Periods, by Race/Ethnicity

Developmental Stages (Ages)	All Males		Hispanic Males		White Males		Black Males		Significance Testing		
	%	SE	%	SE	%	SE	%	SE	H vs. W	H vs. B	W vs. B
Early Childhood (0-5)											
Physical Health											
Breastfeeding	71.2	1.33	79.6	2.29	68.2	1.94	58.5	3.46	✓	✓	✓
Obese ^a	8.4	1.93	13.7	3.25	2.1	‡	12.1	2.95	✓		✓
Health insurance	94.6	0.63	93.0	1.15	94.0	1.29	98.2	‡		✓	✓
Education											
Early care and education	46.5	2.35	45.6	4.09	40.5	3.44	61.7	6.93			✓
Recognizes letters	28.8	2.08	22.4	3.11	31.7	3.41	35.8	5.98	✓	✓	
Counts to 20	56.7	2.39	50.7	4.17	56.8	3.61	70.8	5.81		✓	
Reads words	15.4	1.66	15.2	2.78	15.2	2.78	19.3	4.56			
General Indicators											
Reading	41.5	1.38	27.1	2.48	57.2	1.90	41.6	3.10	✓	✓	✓
Family meals	68.4	1.30	63.1	2.61	74.7	1.58	67.3	2.94	✓		✓
Middle Childhood (6-12)											
Physical Health											
Obese	20.4	2.60	26.4	4.27	21.3	4.93	13.2	2.83		✓	
Health insurance	92.8	0.90	89.5	1.04	94.4	2.13	97.0	0.85	✓	✓	
Physical activity	39.5	1.32	26.3	2.32	49.4	1.95	45.7	3.02	✓	✓	
Education											
4th-grade reading	19.0	0.45	14.7	0.78	26.8	0.64	12.0	0.63	✓	✓	✓
4th-grade math	25.6	0.45	23.4	0.81	33.7	0.85	14.4	0.64	✓	✓	✓
4th-grade science	17.0	0.39	10.9	0.57	30.4	0.77	6.8	0.40	✓	✓	✓
School discipline	10.8	1.22	6.1	1.80	9.9	1.58	22.9	4.00		✓	✓
General Indicators											
Reading	31.2	1.20	26.4	2.37	30.2	1.74	36.8	2.93		✓	
Family meals	60.1	1.35	62.6	2.59	62.0	1.87	54.0	3.01		✓	✓
Adolescence (13-17)											
Physical Health											
Obese	25.3	1.91	23.7	3.74	24.6	3.96	28.6	4.49			
Health insurance	88.5	1.04	80.8	1.67	92.1	1.81	94.8	1.20	✓	✓	
Physical activity	23.9	1.43	17.7	3.08	28.8	1.97	22.6	2.87	✓		
Education ^b											
8th-grade reading	16.0	0.44	13.3	0.66	22.5	0.72	8.3	0.57	✓	✓	✓
8th-grade math	18.2	0.40	16.3	0.69	24.3	0.69	7.9	0.61	✓	✓	✓
8th-grade science	19.1	0.41	14.7	0.78	30.7	0.82	7.8	0.72	✓	✓	✓
School discipline	33.2	1.60	24.1	2.71	28.2	2.18	58.4	3.53		✓	✓
General Indicators											
Reading	39.3	1.66	35.3	3.55	34.8	2.06	50.3	3.52		✓	✓
Family meals	48.9	1.68	55.3	3.67	48.8	2.17	41.3	3.46		✓	
Sexual debut	9.9	1.54	9.8	‡	5.3	1.56	23.2	0.62	✓	✓	✓
Fatherhood	2.8	‡	2.8	0.69	2.0	‡	3.6	‡			✓

Table 3 (Cont.)

Health and Educational Well-Being Among Low-Income Boys Across Developmental Periods, by Race/Ethnicity

Developmental Stages (Ages)	All Males		Hispanic Males		White Males		Black Males		Significance Testing		
	%	SE	%	SE	%	SE	%	SE	H vs. W	H vs. B	W vs. B
Young Adulthood (18-24)—continued											
Physical Health											
Obese	19.1	4.23	19.2	3.28	14.8	‡	32.7	7.44			✓
Health insurance	68.4	1.58	55.1	2.09	74.9	2.41	67.5	3.07	✓	✓	
Heavy drinking	21.0	1.94	13.6	2.72	29.5	3.43	12.2	3.50	✓		✓
Daily smoking	12.6	1.52	6.6	1.80	18.5	2.75	7.3	‡	✓		✓
Education											
High school dropout	11.3	0.79	18.6	1.82	7.7	0.95	10.7	1.56	✓	✓	✓
Not in work or school	13.7	1.29	16.4	2.04	13.0	2.03	13.4	3.14	✓	✓	
College enrollment	34.3	0.33	27.2	0.52	39.3	0.50	26.0	0.71	✓	✓	✓
Employed, no school	59.8	2.15	66.1	3.02	62.0	3.46	44.4	5.30	✓	✓	✓
Employed, school	27.0	1.84	29.8	3.89	30.3	3.05	20.3	4.23		✓	✓
College completion	17.5	1.65	7.4	2.14	21.9	2.80	7.9	‡	✓		✓
General Indicators											
Fatherhood	19.5	2.72	31.1	6.09	12.6	1.85	21.4	‡	✓		
Involvement in criminal justice system	—	—	—	—	—	—	—	—			

✓ Significant difference between two group comparisons at the $p < 0.05$ level. "H vs. W" refers to differences between Hispanics and whites. "H vs. B" refers to differences between Hispanics and blacks. "W vs. B" refers to differences between whites and blacks.

‡ Standard error greater than 30 percent of the estimated proportion ($RSE > 30$).

^a The age breakdowns reported here differ from those used throughout the report because of the way data are collected for obesity. Roughly speaking, obesity is determined by specific age groupings (2-5, 6-12, 13-19, and 20-24), height, and weight distributions.

^b Proficiency levels are determined by the National Center for Education Statistics, U.S. Department of Education and, broadly, refer to a student being proficient in the subject matter for a specific grade level. For more information on how proficiency levels are determined, see <http://nces.ed.gov/nationsreportcard/achievement.aspx#table>

NOTE: Percent estimates (%) and standard errors (SE) are rounded to the nearest tenths and hundredths, respectively. The estimates are rounded to whole numbers within the text of the report and within the figures.

Table 4

Health and Educational Well-Being Among Non-Low-Income Boys Across Developmental Periods, by Race/Ethnicity

Developmental Stages (Ages)	All Males		Hispanic Males		White Males		Black Males		Significance Testing		
	%	SE	%	SE	%	SE	%	SE	H vs. W	H vs. B	W vs. B
Early Childhood (0-5)											
Physical Health											
Breastfeeding	84.0	0.92	82.2	4.28	85.7	0.84	76.1	3.45			✓
Obese ^a	9.8	±	21.4	±	9.2	±	3.7	±			
Health insurance	97.2	0.45	94.6	1.35	97.7	0.54	95.7	1.74	✓		
Education											
Early care and education	70.8	2.13	51.3	5.78	74.7	2.45	74.3	6.43	✓	✓	
Recognizes letters	47.6	2.04	33.1	4.68	46.7	2.42	62.2	6.95	✓	✓	✓
Counts to 20	77.1	1.88	67.8	5.54	78.2	2.24	84.3	5.33		✓	
Reads words	25.7	1.91	27.7	5.44	21.4	2.19	34.7	6.93			✓
General Indicators											
Reading	60.5	1.22	44.4	4.34	66.6	1.26	55.0	3.82	✓		✓
Family meals	64.6	1.12	58.5	4.45	66.2	1.18	56.2	3.80			✓
Middle Childhood (6-12)											
Physical Health											
Obese	14.9	2.97	13.9	3.95	13.2	3.94	24.2	5.69			
Health insurance	95.6	0.78	94.0	1.10	96.0	1.09	96.5	1.78			
Physical activity	37.4	0.97	39.5	3.96	38.4	1.04	28.9	2.58		✓	✓
Education											
4th-grade reading	48.4	0.71	34.3	2.03	51.1	0.72	27.7	2.19	✓	✓	✓
4th-grade math	59.8	0.71	46.7	2.42	62.5	0.73	32.8	2.39	✓	✓	✓
4th-grade science	49.4	0.45	26.4	1.51	55.2	0.47	19.3	1.44	✓	✓	✓
School discipline	4.8	0.64	5.2	±	3.7	0.65	13.0	3.66		✓	✓
General Indicators											
Reading	28.0	0.91	28.9	3.42	25.2	0.98	36.5	2.90			✓
Family Meals	48.6	0.99	52.7	3.86	47.7	1.07	37.6	2.97		✓	✓
Adolescence (13-17)											
Physical Health											
Obese	18.8	3.79	17.7	3.32	21.1	5.26	7.1	±		✓	
Health insurance	96.1	0.53	92.5	1.49	96.6	0.63	98.1	1.09	✓	✓	
Physical activity	24.6	1.02	25.1	4.61	25.5	1.09	23.3	3.14			
Education ^b											
8th-grade reading	40.5	0.65	27.7	1.84	43.4	0.69	18.1	1.68	✓	✓	✓
8th-grade math	48.0	0.59	31.7	1.78	51.3	0.60	23.5	1.67	✓	✓	✓
8th-grade science	48.3	0.77	31.1	2.00	53.2	0.76	17.5	1.87	✓	✓	✓
School discipline	19.2	1.07	20.1	2.99	17.7	1.08	33.3	4.61		✓	✓
General Indicators											
Reading	34.1	1.09	34.7	4.62	31.8	1.14	41.7	3.79			✓
Family meals	35.3	1.11	43.0	4.96	33.6	1.16	31.2	3.60			
Sexual debut	7.4	1.17	18.4	5.39	4.9	±	20.6	5.98	✓		✓
Fatherhood	1.2	±	4.0	±	0.9	±	1.1	±	✓		
Young Adulthood (18-24)											
Physical Health											
Obese	24.6	3.82	55.0	±	19.6	3.52	18.3	±	✓		
Health insurance	87.8	0.85	75.8	2.45	91.5	1.02	86.9	2.27	✓	✓	
Heavy drinking	25.8	2.28	22.5	4.62	29.3	3.20	14.4	4.20			✓
Daily smoking	10.3	1.58	10.3	±	10.3	2.03	8.9	±			
Education											
High school dropout	4.8	0.44	9.1	1.31	4.0	0.53	4.4	1.20	✓	✓	
Not in work or school	6.3	0.64	6.4	1.52	6.0	0.80	8.4	2.42			✓
College enrollment	33.8	0.24	31.6	0.53	33.7	0.27	29.5	0.75	✓	✓	✓
Employed, no school	79.4	1.38	79.7	2.71	81.3	1.80	71.5	4.54		✓	✓
Employed, school	41.3	1.53	47.6	3.38	41.7	2.01	36.3	5.28	✓	✓	✓
College completion	38.6	1.29	19.2	2.19	44.8	1.78	24.0	3.76	✓	✓	✓

Table 4 (Cont.)

Health and Educational Well-Being Among Non-Low-Income Boys Across Developmental Periods, by Race/Ethnicity

Developmental Stages (Ages)	All Males		Hispanic Males		White Males		Black Males		Significance Testing		
	%	SE	%	SE	%	SE	%	SE	H vs. W	H vs. B	W vs. B
Young Adulthood (18-24)—continued											
General Indicators											
Fatherhood	8.2	1.94	11.8	‡	6.6	‡	17.3	‡			
Involvement in criminal justice system	—	—	—	—	—	—	—	—			

— Not available.

✓ Significant difference between two group comparisons at the $p < 0.05$ level. "H vs. W" refers to differences between Hispanics and whites. "H vs. B" refers to differences between Hispanics and blacks. "W vs. B" refers to differences between whites and blacks.

‡ Standard error greater than 30 percent of the estimated proportion ($RSE > 30$).

^aThe age breakdowns reported here differ from those used throughout the report because of the way data are collected for obesity. Roughly speaking, obesity is determined by specific age groupings (2-5, 6-12, 13-19, and 20-24), height, and weight distributions.

NOTE: Percent estimates (%) and standard errors (SE) are rounded to the nearest tenths and hundredths, respectively. The estimates are rounded to whole numbers within the text of the report and within the figures.

^bProficiency levels are determined by the National Center for Education Statistics, U.S. Department of Education and, broadly, refer to a student being proficient in the subject matter for a specific grade level. For more information on how proficiency levels are determined, see <http://nces.ed.gov/nationsreportcard/achievement.aspx#table>

NOTE: Percent estimates (%) and standard errors (SE) are rounded to the nearest tenths and hundredths, respectively. The estimates are rounded to whole numbers within the text of the report and within the figures.

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About the Center

The National Research Center on Hispanic Children & Families is a hub of research to help programs and policy better serve low-income Hispanics across three priority areas—poverty reduction and economic self-sufficiency, healthy marriage and responsible fatherhood, and early care and education. The Center was established in 2013 by a five-year cooperative agreement from the Office of Planning, Research, and Evaluation (OPRE) within the Administration for Children and Families (ACF) in the U.S. Department of Health and Human Services (HHS) to Child Trends in partnership with Abt Associates and New York University, University of North Carolina at Greensboro, and University of Maryland, College Park. This publication was made possible by Grant Number 90PH0025 from OPRE. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of OPRE, ACF, or HHS.

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