Chapter 9
Child Well-Being among W-2 Families

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In recent years, the well-being of the nation's children has become a major focus of attention at all levels of government. How changes in social policies and programs affect children is one of the most important questions asked by both practitioners and researchers. This section explores a variety of indicators of well-being of children who live in families participating in the W-2 Child Support Demonstration Evaluation (CSDE).[1] Three major questions are addressed:

1. How well are these children doing according to indicators of health and school performance reported by the resident parent?
2. How well are these children doing in terms of parental and public resources devoted to them? What is the frequency of several specific parenting practices? What is the extent of child support received and of health insurance coverage?
3. What factors seem important in improving children's well-being? Which child and family background factors measured at Time 1 of the survey and intervening measures of inputs into children's well-being are associated with children's health and school performance at Time 2? Does the impact of these factors vary by children's age? Does it vary after controlling for Time 1 indicators of health and education status?

To date, analyses of the impact of welfare reform on children has been limited (exceptions are Moore et al., 2000, and Barth et al., 1999),[2] a result in part of the limited information on children available in administrative data. We are fortunate to have survey data that permit us to study a number of dimensions of child well-being not usually available to the researcher, including parenting practices, child health status, and child education performance. The two-wave survey of CSDE families serves as the primary source of data for our analysis, augmented by administrative data. We use two dimensions of child well-being as final outcomes: child health and child school performance. Whenever possible, analyses were conducted separately among three age groups: 0 to 5, 6 to 12, and 13 and older. Child health outcomes are based on parental reports of overall health status, routine dental visits, and whether the child was uninsured for any part of 1999. Overall health status was coded as fair or poor versus excellent, very good, or good. Indicators of school performance differed by the child's age. For the youngest children it is based on parents' reports of whether they would change child care providers if all care were free and whether the child feels safe and receives much individual attention in care. For school-aged children, it is based on grade point average, school absences, and special education placement. For adolescents, it is measured by whether or not the child was suspended or expelled from school.

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[1]The authors gratefully acknowledge the excellent research assistance of Scott Scrivner, the data management of Patricia Brown, and the survey management of Margaret Krecker. Greg Duncan and Nancy Mathiowetz provided helpful comments on an earlier draft.

[2]In 1999 the Administration for Children and Families and the Office of the Assistant Secretary for Planning and Evaluation in the U.S. Department of Health and Human Services created a project on State-Level Child Outcomes to encourage and assist states in using administrative data to expand their child outcome measures and make them comparable across states. Unfortunately, research using these samples is limited by small sample sizes.

How welfare reform has affected children's well-being is of concern in view of the changes in the children's lives that are likely to occur, such as less time with resident parents and more time in child care, and a greater probability of being without health insurance owing to the increased effort required to enroll in Medicaid.[3] We view these changes as *intervening factors* that may affect the child outcomes we examine. Intervening factors are whether or not the child has health insurance (measured both as a zero-one indicator of whether or not the child was uninsured at some time during the year and as whether or not the child had private coverage, had Medicaid coverage, and/or was uninsured at some point in the year); whether or not the family received a subsidy for child care (for children up to age 10); the amount of time the resident parent spends with the child (for children up to age 12, based on answers to questions of frequency of reading to the child, going on outings with the child, and playing with the child); whether or not the resident parent attends PTA meetings (for school-aged children); the dollar amount of child support received; and the amount of contact with the nonresident parent.

Children's Well-Being in Health and Education

Our outcome and intervening variables, showing children's well-being on nine indicators across five subgroups, are reported in Table II.9.1. We use data from the first survey, in 1999, reporting circumstances in 1998 (Time 1). Where possible we compare these levels to national data.[4] We next turn to multivariate analysis, focusing on outcomes one year later, in the second wave of the survey (Time 2). The multivariate analysis uses three models (based on probit or OLS regression analysis) for each of our outcome variables: (1) a model with only exogenous variables, such as the child's age, race and sex, residence in Milwaukee, number of siblings, mother's education, poverty status, whether the resident parent works full-time or has work limitations, and an indicator of the experimental (vs. control-group) status of the family; (2) a model in which we add the appropriate matched intervening variables; and (3) a value-added model, in which we add the value of the matched dependent variable as of the first wave. The value-added model takes into account unobserved family and child factors that we cannot measure and which may influence the child outcome and be correlated with observed factors included in the analysis. The family's experimental status is included in all three models.

Variable means and descriptions are given in Appendix Tables II.9.1–4.

Health Status

Our first measure of children's well-being is health status. Barth et al. (1999) note: "Children's health is a central consideration in the assessment of the implementation of welfare reform because these reforms changed the relationships between employment, public assistance, and insurance of health care services for poor families and children . . . These changes have the potential to impact access to health care. In addition, welfare reform has the potential to change, positively or negatively, the family environment where health behaviors and health decisions are carried out."

As in Volume I, we employ a measure frequently used in the literature: self-report or parental report of overall health status. We convert the 5-point scale of excellent, very good, good, fair, or poor into two groups: fair or poor and all others. Overall we find that 11.1 percent of these children have

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[3]It is possible that these children are more likely to be covered by private insurance as more of their parents work full-time and are covered by employer-based insurance. We explore this below.

[4]The sample reported in Tables II.9.1 and 2 contains children observed in both 1998 and 1999, the same sample used in our multivariate analysis.

Table II.9.1
1998 Outcome Variables, Measured in 1999, by Category

Category	Fair or Poor Health	Dentist Visit in 1998	Uninsured at Some Point in 1998	Would Switch Child Care	Child Feels Safe in Child Care	Child Receives Individual Attention in Child Care	GPA[a]	Ten or More Absences in Fall Semester	Ever Received Special Education
Total	11.1%	72.4%	16.0%	39.3%	94.0%	90.5%	2.51	13.9%	20.9%
SE	0.007	0.014	0.008	0.015	0.007	0.009	0.044	0.012	0.014
N	1,983	911	1,972	1,031	982	980	532	844	902
Age									
0–5	12.0%	NA	15.5%	39.3%	94.0%	90.5%	NA	NA	NA
SE	0.010		0.011	0.015	0.007	0.009			
N	1,068		1,063	1,031	982	980			
6–12	8.9%	75.5%	15.3%	NA	NA	NA	2.64	12.6%	22.7%
SE	0.011	0.016	0.014				0.056	0.013	0.016
N	687	685	684				268	631	685
13 +	13.2%	63.3%	20.3%	NA	NA	NA	2.38	17.6%	15.5%
SE	0.022	0.032	0.027				0.066	0.026	0.025
N	228	226	225				264	213	217
Context									
Non-Milwaukee	9.0%	77.9%	16.8%	43.0%	93.4%	92.0%	2.48	9.5%	33.7%
SE	0.012	0.029	0.016	0.027	0.014	0.015	0.085	0.021	0.033
N	554	208	551	327	315	314	128	191	205
Milwaukee	11.7%	71.1%	15.7%	37.9%	94.2%	90.0%	2.51	14.9%	17.8%
SE	0.009	0.017	0.010	0.018	0.009	0.012	0.051	0.014	0.014
N	1,429	703	1,421	704	667	666	404	653	697

Table II.9.1, continued

Category	Fair or Poor Health	Dentist Visit in 1998	Uninsured at Some Point in 1998	Would Switch Child Care	Child Feels Safe in Child Care	Child Receives Individual Attention in Child Care	GPA[a]	Ten or More Absences in Fall Semester	Ever Received Special Education
Race									
White	10.0%	78.6%	15.1%	42.4%	91.3%	90.8%	2.59	11.2%	27.8%
SE	0.012	0.026	0.015	0.027	0.016	0.016	0.080	0.021	0.029
N	607	242	605	343	332	333	150	221	239
Nonwhite									
SE	11.6%	70.2%	16.4%	38.0%	95.3%	90.4%	2.48	14.3%	18.9%
N	0.009	0.018	0.010	0.019	0.008	0.011	0.053	0.014	0.015
	1,364	664	1,356	683	645	642	382	618	658
Gender									
Female	9.5%	74.0%	15.3%	38.1%	93.8%	91.1%	2.69	13.2%	17.8%
SE	0.009	0.020	0.012	0.022	0.011	0.013	0.058	0.016	0.018
N	968	464	963	484	461	462	284	431	461
Male	12.6%	70.8%	16.7%	40.5%	94.1%	90.0%	2.31	14.6%	24.0%
SE	0.010	0.022	0.012	0.021	0.010	0.013	0.064	0.017	0.020
N	1,015	447	1,009	547	521	518	248	413	441
Income									
≥ 100% poverty	9.1%	77.0%	17.0%	38.4%	93.7%	91.4%	2.55	11.1%	21.5%
SE	0.013	0.028	0.017	0.030	0.015	0.018	0.069	0.022	0.027
N	499	230	499	262	251	250	207	209	226
< 100% poverty	11.5%	70.9%	15.4%	39.9%	93.7%	89.7%	2.49	15.0%	20.7%
SE	0.009	0.018	0.010	0.018	0.009	0.015	0.057	0.014	0.016
N	1,403	650	1,394	722	690	690	325	610	648

Note: For variable means and descriptions, see Appendix Tables II.9.1–4. SE = standard error; N = number.

[a]Information on GPA is available in 1999 only.

reported poor or fair health, as shown in Table II.9.1. The overall proportion of U.S. children 18 and under who had poor or fair health was 1.8 percent in 1998 (National Center for Health Statistics, 2000, Table 58), indicating that the health status of these children is far worse than the national average. The ratio of poor to nonpoor children in poor or fair health in the 1996 Medical Expenditure Panel Survey (MEPS) was 2:7, indicating a substantial differentiation in terms of underlying health status associated with poverty (Wolfe and Smeeding, 1999). Using the ratio in MEPS, we would predict that 5.5 percent of the children in the CSDE sample would have reported poor or fair health; this is about half the actual reported rate.

Looking at subgroups in our sample, we find that males are more likely to be in poor/fair health than females (the difference is nearly one third), that children living in families whose income is below the poverty line are somewhat more likely to be in poor or fair health than those with somewhat higher income, and that children in the major urban city (Milwaukee) are more likely (by about 30 percent) to be in poor or fair health than children living elsewhere in the state. In terms of age, older children are those most likely to be in poor or fair health. Perhaps surprisingly, children aged 0–5 are more likely to be in poor or fair health than those 6–12. This may reflect respiratory illnesses and other infectious diseases common to children in child care rather than more fundamental health conditions. In Volume I we found no significant differences in the proportion of the experimentals or controls who reported fair or poor health. In the first survey, the proportion reporting fair or poor health was somewhat greater among controls, but the differences are not statistically significant, even at the .10 level.

Our primary intervening health variables attempt to capture access to health care: whether or not the child was without health insurance at some time in 1998 (Tables II.9.1 and 2), and whether or not the child had private insurance or Medicaid at some point in 1998 (Table II.9.2). We find that 16 percent of these children were uninsured at some point in the year. This proportion increases among children 13 or older, but otherwise does not appear to differ substantially by race, gender, geographic location, and family income. A comparison with national figures shows that this population of children is advantaged relative to the national average: in the United States as a whole, 25.2 percent of all poor children 18 and under were uninsured in 1998 (U.S. Bureau of the Census, 2000, p. 8).[5]

As reported in Volume I, we found no statistically significant differences in insurance status by experimental versus control status of the parent and child. Also as noted there, the proportion of children without coverage increased slightly over the 1998–1999 period, to 17 percent overall. This high proportion is somewhat surprising, as most of these children would be eligible for Medicaid. Nationally, the proportion of poor children without coverage declined over this same time period, from 25.2 to 23.3 percent (U.S. Bureau of the Census, 2000, p. 8).

We turn next to the proportion of this group of children who had Medicaid coverage at some point in 1998, using data from administrative records. A very large proportion of these children (98 percent) were enrolled in Medicaid at some time during the year. This is above the national norm of 55 percent among poor children and 25 percent among children with family incomes of 100–199 percent of the poverty line (Kaiser Family Foundation, 2000). There do not appear to be differences by any of the subcategories.

The proportion of children with private coverage is about 15 percent, somewhat below the national average of 17.5 percent in 1997 for poor children 18 and under, but well below the 42.5 percent

[5]Care should be used in interpreting these differences, however, since the underlying reference period of the questions differ: the CPS is based on the entire year, the CSDE on any time during the year. To the extent the reported percentages accurately reflect these differing time periods, the children in Wisconsin are far better off.

Table II.9.2
1998 Intervening Variables Measured in 1999, by Category

Category	Average Monthly Parenting Days	Attended One or More PTA Meetings	Reads to Child on a Daily Basis[a]	Some Face-to-Face Contact with Father	Received Child Care Subsidy	Received Any Child Support	Avg. Child Support Received per Child	Private Health Insurance at Some Point in 1998	Uninsured at Some Point in 1998	Medicaid at Some Point in 1998
Total	14.6	39.7%	49.8%	55.9%	82.2%	42.0%	$734.90	14.8%	16.0%	98.9%
SE	0.199	0.016	0.012	0.011	0.012	0.011	28.90	0.008	0.008	0.002
N	1,742	904	1,617	1,980	1,067	1,951	841	1,976	1,972	1,982
Age										
0–5	17.1	NA	49.8%	60.7%	82.1%	37.7%	$770.60	13.9%	15.5%	99.4%
SE	0.236		0.015	0.015	0.012	0.015	42.70	0.011	0.011	0.002
N	1,059		1,067	1,064	1,067	1,050	402	1,064	1,063	1,067
6–12	10.8	39.7%	49.8%	53.6%	NA	49.0%	$666.19	15.6%	15.3%	98.5%
SE	0.296	0.018	0.021	0.019		0.019	4.22	0.014	0.014	0.005
N	683	686	550	688		674	340	684	684	686
13 +	NA	39.6%	NA	41.5%	NA	40.1%	$831.40	16.0%	20.3%	97.7%
SE		0.033		0.033		0.033	96.80	0.024	0.027	0.010
N		218		228		227	99	228	225	229
Context										
Non-Milwaukee	16.0	23.7%	58.2%	55.8%	83.8%	56.4%	$1,090.70	25.8%	16.8%	98.2%
SE	0.374	0.029	0.023	0.021	0.020	0.021	55.29	0.019	0.016	0.005
N	499	207	462	549	346	450	307	552	551	552
Milwaukee	14.1	44.0%	47.0%	56.0%	81.5%	37.3%	$562.50	11.2%	15.7%	99.1%
SE	0.234	0.019	0.015	0.013	0.014	0.013	30.60	0.008	0.010	0.002
N	1,243	697	1,155	1,431	721	1,411	534	1,424	1,421	1,430

Table II.9.2, continued

Category	Average Monthly Parenting Days	Attended One or More PTA Meetings	Reads to Child on a Daily Basis[a]	Some Face-to-Face Contact with Father	Received Child Care Subsidy	Received Any Child Support	Avg. Child Support Received per Child	Private Health Insurance at Some Point in 1998	Uninsured at Some Point in 1998	Medicaid at Some Point in 1998
Race										
White	15.5	19.9%	61.1%	54.6%	85.6%	55.0%	$1,095.80	22.9%	15.1%	98.5%
SE	0.359	0.025	0.022	0.020	0.018	0.020	53.60	0.017	0.015	0.005
N	547	240	508	606	364	594	331	604	605	605
Nonwhite	14.2	46.1%	45.2%	56.5%	80.8%	36.9%	$527.10	11.6%	16.4%	99.0%
SE	0.238	0.019	0.015	0.013	0.015	0.013	29.70	0.009	0.010	0.003
N	1,186	659	1,100	1,365	696	1,345	504	1,361	1,356	1,365
Gender										
Female	14.6	41.0%	50.7%	59.0%	83.4%	45.8%	$731.40	16.4%	15.3%	98.8%
SE	0.284	0.023	0.018	0.016	0.017	0.016	39.00	0.012	0.012	0.003
N	846	462	776	964	500	954	441	965	963	967
Male	14.6	38.4%	48.9%	53.1%	81.1%	38.3%	$738.88	13.2%	16.7%	98.9%
SE	0.279	0.023	0.017	0.016	0.016	0.015	43.18	0.011	0.012	0.003
N	896	442	841	1,016	567	997	400	1,011	1,009	1,015
Income										
≥ 100% poverty	14.7	32.4%	50.4%	58.2%	88.4%	52.7%	$995.90	31.1%	17.0%	97.2%
SE	0.401	0.031	0.025	0.022	0.019	0.022	55.17	0.021	0.017	0.007
N	439	226	409	499	270	491	267	498	499	498
< 100% poverty	14.4	42.2%	49.5%	55.6%	79.8%	38.6%	$628.60	9.2%	15.4%	99.5%
SE	0.236	0.019	0.015	0.013	0.015	0.013	33.56	0.008	0.010	0.002
N	1,232	650	1,140	1,400	747	1,380	541	1,399	1,394	1,402

[a]Includes only children age 6 to 10.

for children with family income of 100–149 percent of the poverty line (National Center for Health Statistics, 2000, Table 128).[6] Among our sample members, private coverage increases with age and is far less likely in Milwaukee and among nonwhites. It is far more common among families with income above the poverty line than those below, although a comparison of these percentages again provides evidence that the children in our survey are less likely than their national peers to have private insurance coverage. None of the patterns is particularly surprising. Nevertheless, the low rate of private coverage indicates the small probability that children in these families will have private coverage even when their parents join the full-time workforce.

A secondary indicator of health status is whether the child had at least one dental visit for routine care in 1998 (Table II.9.1). Parents reported that 75 percent of children aged 6–12 had a routine dental exam, compared to 63 percent among the adolescents. Nationally 63.5 percent of poor children aged 2–17 visited a dentist (National Center for Health Statistics, 2000, Table 80). The inclusion of younger children in the national statistics makes it difficult to compare these percentages, but it is useful to note that, nationally, poor children are considerably less likely to have a dental visit than are all children in the same age group (a difference of ten percentage points in 1998).

Schooling Outcomes

Academic achievement is a critical factor for future success in the work place and at home. The tie between welfare reform, child support, and schooling is not clear. If parents spend more (less) time with their children, including reading to their child, this may have an impact on the child's attitude toward learning and hence school performance. If parents have more (less) financial resources, they may invest more in educational materials for the child. If children spend more time in child care settings then, depending on the quality of the setting relative to the home environment, they may receive more preparation for school and have more positive expectations of schooling.

School performance is measured by parental reports of children's grade-point average (GPA), school absences (10 or more in fall semester), and placement in special education (Table II.9.1). School grades were surveyed only in 1999. Although grades are good predictors of long-term school success, they are imperfect measures of school performance, as grading practices are not uniform across classrooms and schools and students have different course-taking experiences. Nationally, children's GPA as reported by parents is approximately 3.1 (National Center for Education Statistics, 1998, Table 25). Our sample has a lower GPA, 2.51. Girls tend to have slightly higher GPAs than boys (2.7 versus 2.3), and children aged 6–12 have slightly higher GPAs than the older children in the sample. There are no real differences by race, geographic location, or family income. As reported in Volume I, we found some evidence of a difference in mean GPA in favor of children living in experimental families.

Our second measure of school performance is school absence: whether the resident parent reported that the child missed more than 10 days of school during the fall semester.[7] We find that 14 percent of the school-age children reported such extensive absences, and that the proportion increases

[6]The proportion of children with private coverage in our sample is also far below the 34 percent among children below 200 percent of the poverty line (Kaiser Family Foundation, 2000), whose income overlaps with some of the children in our sample.

[7]National statistics are limited. Among tenth graders in 1992, 35 percent missed 5 or more days of school during the first half of the year (National Center for Education Statistics, 1998, Table 153). Among adolescents in our sample, 42 percent of resident parents reported in 1998 that youth missed 6 or more days in the fall semester.

with age. It is higher among children living below the poverty line and children in Milwaukee, but race and gender do not seem to differentiate the children more likely to be absent.

The final measure of school performance is special education placement: whether the resident parent reported that the child received special education services. As in Volume I, we find evidence that some subgroups of experimental children have a lower rate of special education. Nationally, 13 percent of public school children up to age 21 received special education services in 1996–97 (National Center for Education Statistics, 1998, Table 53). Our sample has substantially higher rates of special education placement, 21 percent. Children living in Milwaukee are much less likely to be in special education, and children who are white and female are somewhat less likely to be in special education. The proportion does not appear to differ by family income. In general, rates of special education placement vary by funding availability, diagnostic procedures, and school resources. Because Milwaukee schools have fewer resources available per student, proportionally fewer students in need of services receive them.

For very young children, our school measure is not performance but aspects of child care. We asked parents if they would change their child care arrangements if care were free. Nearly 40 percent of these parents said they would switch care. The proportion does not differ substantially by subgroups, though it is slightly higher for those not living in Milwaukee and among whites. Parents also were asked if their young children felt safe in day care and if they received a lot of individual attention there. Ninety four (94) percent of the parents reported their children felt safe and 90.5 percent reported they received individual attention in care. There do not appear to be any differences in these proportions across subgroups.

Parenting Practices and Child Support

Table II.9.2 shows the summary statistics for 10 intervening variables that may help predict children's health status and educational performance. Important among these are parental involvement and parenting practices. Parental involvement is a multidimensional concept with both quantitative and qualitative components. Although the survey was limited in the extent of information on parenting practices, we measured several parent-child interactions that would be expected to promote children's health and education.

Because parental involvement is not well represented by a single item, our first measure of parenting practices, average monthly days of positive parenting, is a composite variable that attempts to measure the average number of days a month the resident parent spends with a child age 12 or younger. It comprises a variety of measures that depend on the child's age. It is coded as the average frequency of parenting practices converted to the number of days per month between 0 and 30, with 15 being approximately 3 or 4 times per week. One item is whether or not the child has regular outings with the resident parent. As discussed in Volume I, most children spend time in outings with their resident parent at least monthly, and this prevails across all subgroups. The proportion of resident parents who take their children on outings less than once a month is typically under 10 percent. The item used for this variable among children aged 0–5 is the amount of time the parent plays with the child. For children up to age 10, we also include the number of days the resident parent reads to the child. Table II.9.2 reports that the average number of days a parent spends in these positive parenting activities per month is 14.6 and that, not surprisingly, it is higher for pre-school-age children (17) than for those aged 6–12 (just under 11). There is little difference in reported time spent with the child by geographic location, race, gender, or income.

The second measure of parenting practices is attendance at school PTA meetings during the school year. Nationally, 76 percent of parents of children from preschool to grade 12 report attending a general school meeting during the year (National Center for Education Statistics, 1998, Table 25).[8] Our sample has a substantially lower rate of PTA attendance, which is only one of several indicators of parent participation in school.[9]

The third measure of parenting practices is whether the resident parent reads to the child every day, coded one if the resident parent reported reading to the child on a daily basis and zero if less than daily. Parent reading practices, especially during the child's preschool years, are a key predictor of early school achievement. In national surveys, 57 percent of parents of report reading to their pre-school-age children every day (National Center for Education Statistics, 1998, Table 143). As described in Volume I, the resident parents in our sample approached (and in some cases exceeded) this frequency of reading only in 1999. The pattern is similar for families of pre-school-age children.

Other intervening variables in Table II.9.2 concern child support. The first is a simple dummy variable that reports the proportion of these children for whom child support is paid. (Recall that as of Wave One all of these families were potentially eligible for child support.) The second is the dollar amount of child support received per month among families who did receive child support payments. Less than half of the children had child support paid on their behalf (42 percent.). The proportion was higher outside of Milwaukee and among whites. (It was also higher among the higher-income families, but that may simply reflect receipt of child support.) The average monthly amount received (among receivers) was about $735 per child per month. The amount differed substantially across subgroups: far higher amounts were paid to white children ($1,096), those not in Milwaukee ($1,091), and among nonpoor families. (Section 2 in this volume explores formal child support collections in greater detail.)

The final intervening measure is the child's contact with the nonresident parent. Any face-to-face contact during the last year was coded 1; no contact was coded 0. Although nonresident parental involvement is explored in detail in Section 8, we include it here because it is an intervening variable. As can be seen in Table II.9.2, more than half (56 percent) of these children have some face-to-face contact with their nonresident parent. Not surprisingly, such contact is greater among younger children, but otherwise few differences are seen in the probability of such contact.

Explanatory Models of Child Health and School Performance

To address the third research question, we investigate child and family factors that are associated with Time 2 indicators of child health and school performance. As mentioned earlier, we estimate three sequential models for each indicator and for each age group: (1) exogenous indicators of child and family circumstances measured at Time 1, including sex and race of child, parent's educational attainment, poverty status, marital and employment status, and participation in the CSDE experiment; (2) intervening variables, including parenting practices, child support, and health insurance coverage; and (3) a value-added specification that includes the respective Time 1 outcome indicator. Given the volume of results generated by this estimation procedure, our discussion highlights findings from models with intervening

[8]Because the national survey asked if parents "attended a general school meeting" and the CSDE survey asked if parents attended PTA meetings, this comparison should be interpreted cautiously.

[9]Nationally, for example, 71 percent of parents reported attending a parent-teacher conference, 66 percent reported attending a class event, and 40 percent reported volunteering at school (National Center for Education Statistics, 1998, Table 25).

variables (specification 2) and the Time 1 outcome controls (value-added specification), emphasizing those that have direct implications for policy. We first summarize the predictors of the intervening variables.

Predictors of the Intervening Variables

Because we regarded parenting practices, insurance coverage, and child support payments as intervening variables, we do not report their predictors in any detail, instead summarizing the most notable among them, most of which are reported in Appendix Table II.9.5. All are based on multivariate analysis, with the exogenous variables included as independent variables. The results are shown in Tables II.9.3–5.

Taking all the exogenous variables into account, the single most important factor related to being *uninsured* is having a resident parent who works full time. This variable is significant at the .0001 level, and the positive sign conforms to national patterns—low-income children with working parents have a high probability of being without insurance coverage. The pattern holds across all three age groups. Older children whose mothers have a work limitation are less likely to be uninsured. This may reflect a higher probability that the mother is on Medicaid. Children with more siblings and those aged 6–12 are less likely to be uninsured than other children.

Older children are more likely than younger children to have *private insurance coverage*, which would be consistent with higher Medicaid eligibility levels for younger children. Children living in homes where the resident parent is (re)married are far more likely to have private coverage. This is likely to be coverage gained through the employer of the stepparent. Children whose resident parent works full time are also far more likely to have private coverage. In both cases this is likely to be employer-based coverage. Children whose resident parent has more education are far more likely to have private coverage than other children. Family income is positively associated with a higher probability of private coverage for our sample of children, and children living in Milwaukee are far less likely to have private coverage than children living elsewhere.

Consistent with eligibility levels for *Medicaid coverage*, younger children and children living below or near the poverty line or are more likely to have Medicaid coverage than other children. Children whose resident parent has a work limitation are more likely to have Medicaid coverage. Children whose mothers are remarried are less likely to have coverage. This is consistent with the findings on private coverage.

Appendix Table II.9.5 permits us to summarize findings regarding *resident parents' time spent with the child* and *nonresident parents' contact with the child*, as follows. Resident parents spend less time parenting older children. If resident parents are (re)married, they spend less time with the focal child. Nonresident parents of children whose resident parents have more education are more likely to spend time with their child. Nonresident parents are more likely to spend time with an only child, or with the focal child in a family in which all children are theirs. Nonresident parents are more likely to spend time with their child if the resident parent has a work limitation. Nonresident parents are more likely to have contact with a child who lives in a family with income between the poverty line and 125 percent of the poverty line. Nonresident parents have less contact with older children and children who live with a stepparent.

Findings regarding *reading to a child daily* and *PTA attendance* can be summarized as follows (Appendix Table II.9.5). Resident parents are more likely to read daily to younger children. Mothers with a work limitation are more likely to read to their child on a daily basis. Resident parents who are nonwhite are less likely to read to their child, but are more likely to attend at least one PTA meeting over

Table II.9.3

Child Uninsured at Some Period in 1999, Children Aged 0–5 (N = 828)

Variable	Exogenous Variables	Value Added
Experimental Status	-0.118	-0.155
	(0.257)	(0.158)
Child's Age	-0.089	-0.097
	(0.049)	**(0.039)**
Male Child	0.082	0.026
	(0.436)	(0.813)
Nonwhite Child	-0.075	-0.136
	(0.590)	(0.351)
Mother Married	0.125	0.141
	(0.651)	(0.630)
Mother Has High School Diploma	-0.037	0.097
	(0.758)	(0.444)
Mother Has Less than High School Diploma	-0.037	0.042
	(0.820)	(0.808)
Mother Has a Work Limitation	-0.071	-0.049
	(0.636)	(0.759)
Number of Siblings	-0.066	-0.055
	(0.267)	(0.380)
Children Have Same Father or Only Child	0.011	-0.014
	(0.925)	(0.910)
Family Lives in Milwaukee	-0.031	0.001
	(0.820)	(0.994)
Mother Works Full Time	0.353	0.307
	(0.003)	**(0.012)**
Total Family Income Less than 100% Poverty	-0.195	-0.083
	(0.347)	(0.708)
Total Family Income between 100–125% Poverty	-0.288	-0.161
	(0.273)	(0.561)
Total Family Income between 125–185% Poverty	-0.410	-0.229
	(0.092)	(0.374)
Uninsured for Some Period in 1998	NA	1.150
		(0.0001)

Notes: Tables II.9.3–19 report coefficients, with p-values in parentheses. Probability values of 0.05 or less are shown in bold type. For explanation of the models, see text.

Table II.9.4

Child Uninsured at Some Period in 1999, Children Aged 6–12 (N = 717)

Variable	Exogenous Variables	Value Added
Experimental Status	0.076	0.045
	(0.523)	(0.707)
Child's Age	-0.003	-0.009
	(0.922)	(0.797)
Male Child	0.072	0.099
	(0.542)	(0.411)
Nonwhite Child	-0.137	-0.143
	(0.372)	(0.358)
Mother Married	-0.269	-0.388
	(0.415)	(0.253)
Mother Has High School Diploma	0.003	-0.019
	(0.983)	(0.891)
Mother Has Less than High School Diploma	-0.056	-0.085
	(0.738)	(0.620)
Mother Has a Work Limitation	0.054	0.095
	(0.707)	(0.521)
Number of Siblings	-0.187	-0.168
	(0.001)	**(0.004)**
One or More Siblings under Age 6	0.128	0.154
	(0.386)	(0.308)
Children Have Same Father or Only Child	0.075	0.096
	(0.590)	(0.494)
Family Lives in Milwaukee	-0.090	-0.099
	(0.588)	(0.553)
Mother Works Full Time	0.664	0.630
	(0.0001)	**(0.0001)**
Total Family Income Less than 100% Poverty	-0.088	-0.072
	(0.736)	(0.789)
Total Family Income between 100–125% Poverty	0.011	0.101
	(0.972)	(0.743)
Total Family Income between 125–185% Poverty	-0.174	-0.160
	(0.557)	(0.598)
Uninsured for Some Period in 1998	NA	0.642
		(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.5

Child Uninsured at Some Period in 1999, Children Aged 13 and Older (N = 257)

Variable	Exogenous Variables	Value Added
Experimental Status	0.176	0.141
	(0.371)	(0.486)
Child's Age	0.088	0.081
	(0.197)	(0.253)
Male Child	0.271	0.258
	(0.184)	(0.218)
Nonwhite Child	-0.008	-0.160
	(0.978)	(0.607)
Mother Married	0.245	0.086
	(0.625)	(0.870)
Mother Has High School Diploma	0.089	0.111
	(0.691)	(0.630)
Mother Has Less than High School Diploma	-0.023	-0.068
	(0.937)	(0.822)
Mother Has a Work Limitation	-0.475	-0.508
	(0.040)	**(0.034)**
Number of Siblings	0.084	0.053
	(0.367)	(0.574)
One or More Siblings under Age 6	-0.452	-0.421
	(0.190)	(0.233)
Children Have Same Father or Only Child	0.216	0.167
	(0.375)	(0.508)
Family Lives in Milwaukee	-0.285	-0.203
	(0.353)	(0.529)
Mother Works Full Time	0.540	0.523
	(0.028)	**(0.038)**
Total Family Income Less than 100% Poverty	0.097	0.044
	(0.735)	(0.882)
Uninsured for Some Period in 1998	NA	0.868
		(0.0002)

Note: Probability values of 0.05 or less are shown in bold type.

the fall semester. Resident parents are more likely to attend at least one PTA meeting if their child is an only child or all their children have the same nonresident parent. Compared to higher-income parents, resident parents with family incomes 100–125 percent of the poverty line are less likely to attend a PTA meeting, as are parents with a son.

It is important to keep in mind that the discussion above is based on multivariate analysis including exogenous variables only.

Predictors of Health and Schooling Outcomes

The results of the three model specifications for the indicators of child health are shown in Tables II.9.6–8.

Fair or Poor Health Status. Among children aged 0–5, the presence of a parental work limitation was significantly (at the 5 percent level) associated with fair or poor health status at Time 2. Of the five intervening variables (related to insurance coverage, parenting practices, and child support), private insurance coverage and having no insurance were significant at the 5 percent level. The "explanation" for the negative sign on uninsured is likely to be reverse causality—parents of children with poor or fair health may be more likely to pay for health insurance (or take the time to enroll them in Medicaid). Controlling for Time 1 health status in the value-added model provides insight, suggesting the reverse causality hypothesis is correct: children with private health insurance at Time 1 were less likely to have fair or poor health, but the uninsured variable is no longer significantly different from zero.

Among children 6 to 12 years of age, those from Milwaukee were more likely to have fair or poor health. As expected, mothers with higher levels of education reported significantly lower rates of fair or poor health status of their children (see Table II.9.7). The findings for our oldest age group (see Table II.9.8) suggest that children whose mothers have a work limitation are slightly more likely to have poor or fair health. None of the explanatory variables (except Time 1 health status) were significant in the value-added model. The relatively small sample size of 250 may explain the lack of many significant variables.

Routine Dental Visit in 1999. The predictors of the use of preventive dental care were assessed for the two older age groups. As expected, mother's educational attainment was positively associated with visiting a dentist in 1999 among 6–12 year olds (see Table II.9.9). In the intervening-variable model, positive parenting practices (average monthly parenting days) and the amount of child support received were significantly associated with use of dental care. Children who were uninsured were less likely to visit a dentist in 1999. In the value-added model, mother's educational attainment, parenting practices, and amount of child support were significantly associated with the use of dental care. Full-time employment was negatively associated with use of dental care.

As shown in Table II.9.10, the pattern of predictors was similar for children aged 13 and older. Parents' educational attainment was associated with use of dental care, as was parenting practices, which in this model is measured by parents' attendance at one or more PTA meetings. In the intervening-variables model, children with many siblings were less likely to have a routine dental visit.

Child Uninsured in 1999. We briefly summarize the findings on the uninsured here. The two statistically significant variables for all three age groups were having a mother who works full-time and being uninsured for some time in 1998. Both increase the probability that a child is uninsured. For children 6–12, the results suggest that having more siblings is associated with a lower probability of being uninsured. One reason for this could be that having a younger sibling increases the possibility that the older children are also enrolled in Medicaid. The finding that children with mothers who work full

Table II.9.6

Child Health Reported as Fair or Poor, Children Aged 0–5 (N = 826)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	0.173	0.157	0.172
	(0.180)	(0.233)	(0.272)
Child's Age	-0.027	-0.031	0.021
	(0.618)	(0.574)	(0.743)
Male Child	0.245	0.248	0.191
	(0.063)	(0.065)	(0.228)
Nonwhite Child	-0.265	-0.228	-0.348
	(0.127)	(0.212)	(0.111)
Mother Has High School Diploma	-0.028	-0.070	0.030
	(0.846)	(0.642)	(0.867)
Mother Has Less than High School Diploma	0.116	0.130	0.123
	(0.553)	(0.524)	(0.621)
Mother Has a Work Limitation	0.478	0.511	0.427
	(0.0023)	**(0.0015)**	**(0.024)**
Number of Siblings	-0.023	-0.023	0.042
	(0.735)	(0.743)	(0.614)
Children Have Same Father or Only Child	0.091	0.117	0.102
	(0.537)	(0.441)	(0.566)
Family Lives in Milwaukee	0.278	0.246	0.251
	(0.130)	(0.203)	(0.273)
Mother Works Full Time	-0.111	-0.069	-0.270
	(0.463)	(0.661)	(0.175)
Total Family Income Less than 100% Poverty	0.498	0.460	0.650
	(0.160)	(0.243)	(0.229)
Total Family Income between 100–125% Poverty	0.214	0.159	0.014
	(0.619)	(0.734)	(0.983)
Total Family Income between 125–185% Poverty	0.410	0.341	0.715
	(0.297)	(0.430)	(0.219)
Uninsured for Some Period in 1998	NA	-0.465	-0.244
		(0.037)	(0.334)
Private Health Insurance for Some Period in 1998	NA	-0.825	-1.149
		(0.008)	**(0.002)**
Average Monthly Parenting Days	NA	-0.005	0.002
		(0.541)	(0.810)
Child Had Some Face-to-Face Contact with Father	NA	0.060	0.018
		(0.672)	(0.914)
Amount of Child Support Received (x100) / Number of Children	NA	0.014	0.018
		(0.157)	(0.127)
Child Health Reported as Fair or Poor in 1998	NA	NA	1.902
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.7
Child Health Reported as Fair or Poor, Children Aged 6–12 (N = 695)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	-0.252	-0.256	-0.212
	(0.052)	(0.051)	(0.135)
Child's Age	-0.056	-0.053	-0.022
	(0.118)	(0.152)	(0.582)
Male Child	0.180	0.183	0.121
	(0.158)	(0.153)	(0.383)
Nonwhite Child	-0.151	-0.157	-0.167
	(0.378)	(0.376)	(0.388)
Mother Married	-0.577	-0.567	-0.352
	(0.156)	(0.164)	(0.391)
Mother Has High School Diploma	-0.519	-0.529	-0.361
	(0.001)	**(0.001)**	**(0.023)**
Mother Has Less than High School Diploma	-0.460	-0.476	-0.545
	(0.012)	**(0.011)**	**(0.009)**
Mother Has a Work Limitation	0.207	0.213	0.009
	(0.173)	(0.163)	(0.959)
Number of Siblings	0.072	0.073	0.097
	(0.175)	(0.174)	(0.092)
One or More Siblings under Age 6	-0.064	-0.072	0.018
	(0.677)	(0.640)	(0.914)
Children Have Same Father or Only Child	-0.027	-0.041	0.062
	(0.858)	(0.784)	(0.707)
Family Lives in Milwaukee	0.500	0.500	0.440
	(0.017)	**(0.019)**	(0.062)
Mother Works Full Time	-0.144	-0.148	-0.162
	(0.345)	(0.332)	(0.330)
Total Family Income Less than 100% Poverty	-0.411	-0.431	-0.741
	(0.169)	(0.155)	**(0.019)**
Total Family Income between 100–125% Poverty	-0.344	-0.337	-0.471
	(0.329)	(0.342)	(0.200)
Total Family Income between 125–185% Poverty	-0.191	-0.200	-0.496
	(0.578)	(0.562)	(0.176)
Uninsured for Some Period in 1998	NA	0.094	0.110
		(0.606)	(0.579)
Medicaid for Some Period in 1998	NA	-0.143	0.035
		(0.726)	(0.943)
Private Health Insurance for Some Period in 1998	NA	-0.035	-0.068
		(0.872)	(0.775)
Average Monthly Parenting Days	NA	0.002	0.004
		(0.790)	(0.651)

Table II.9.7, continued

Variable	Exogenous Variables	Intervening Variables	Value Added
Child Had Some Face-to-Face Contact with Father	NA	0.081	0.094
		(0.540)	(0.515)
Parent Attended at Least One PTA Meeting	NA	-0.021	-0.008
		(0.880)	(0.956)
Amount of Child Support Received ($100s) / Number of Children	NA	-0.001	-0.003
		(0.907)	(0.806)
Child Health Reported as Fair or Poor in 1998	NA	NA	1.594
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.8

Child Health Reported as Fair or Poor, Children Aged 13 and Older (N = 250)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	-0.134	-0.192	-0.230
	(0.525)	(0.386)	(0.354)
Child's Age	0.140	0.130	0.139
	(0.063)	(0.094)	(0.106)
Male Child	-0.171	-0.214	-0.190
	(0.420)	(0.333)	(0.436)
Nonwhite Child	-0.141	-0.051	-0.465
	(0.640)	(0.872)	(0.188)
Mother Married	0.104	0.106	0.373
	(0.843)	(0.846)	(0.518)
Mother Has High School Diploma	-0.161	-0.173	-0.027
	(0.496)	(0.492)	(0.922)
Mother Has Less than High School Diploma	-0.513	-0.617	-0.461
	(0.113)	(0.071)	(0.222)
Mother Has a Work Limitation	0.407	0.482	0.371
	(0.073)	**(0.040)**	(0.158)
Number of Siblings	-0.018	-0.018	0.080
	(0.864)	(0.865)	(0.480)
One or More Siblings under Age 6	0.073	0.107	-0.111
	(0.833)	(0.764)	(0.780)
Children Have Same Father or Only Child	-0.050	-0.061	0.026
	(0.849)	(0.817)	(0.930)
Family Lives in Milwaukee	0.328	0.364	0.383
	(0.360)	(0.339)	(0.349)
Mother Works Full Time	0.388	0.340	0.495
	(0.164)	(0.247)	(0.129)
Total Family Income Less than 100% Poverty	0.398	0.486	0.500
	(0.231)	(0.179)	(0.215)
Uninsured for Some Period in 1998	NA	-0.139	-0.529
		(0.626)	(0.128)
Medicaid for Some Period in 1998	NA	-0.956	-1.010
		(0.110)	(0.149)
Private Health Insurance for Some Period in 1998	NA	0.061	-0.194
		(0.874)	(0.675)
Child Had Some Face-to-Face Contact with Father	NA	-0.053	0.082
		(0.816)	(0.747)
Parent Attended at Least One PTA Meeting	NA	-0.299	-0.365
		(0.199)	(0.163)
Amount of Child Support Received ($100s) / Number of Children	NA	-0.006	-0.009
		(0.779)	(0.703)
Child Health Reported as Fair or Poor in 1998	NA	NA	1.708
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.9

Child Had a Routine Dentist Visit in 1999, Children Aged 6–12 (N = 693)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	0.055	0.061	0.017
	(0.608)	(0.573)	(0.884)
Child's Age	0.052	0.071	0.059
	(0.078)	**(0.021)**	(0.078)
Male Child	-0.174	-0.178	-0.138
	(0.100)	(0.099)	(0.235)
Nonwhite Child	0.008	0.053	0.080
	(0.953)	(0.723)	(0.618)
Mother Has High School Diploma	0.518	0.534	0.368
	(0.0001)	**(0.0001)**	**(0.006)**
Mother Has Less than High School Diploma	0.432	0.407	0.384
	(0.004)	**(0.009)**	**(0.021)**
Mother Has a Work Limitation	-0.049	-0.084	-0.089
	(0.710)	(0.529)	(0.534)
Number of Siblings	-0.070	-0.070	-0.046
	(0.111)	(0.126)	(0.351)
One or More Siblings under Age 6	0.009	0.004	-0.020
	(0.941)	(0.975)	(0.884)
Children Have Same Father or Only Child	0.027	0.012	-0.020
	(0.828)	(0.922)	(0.881)
Family Lives in Milwaukee	0.035	0.106	0.171
	(0.818)	(0.499)	(0.309)
Mother Works Full Time	-0.174	-0.174	-0.279
	(0.149)	(0.158)	**(0.037)**
Total Family Income Less than 100% Poverty	0.199	0.182	0.137
	(0.409)	(0.467)	(0.616)
Total Family Income between 100–125% Poverty	0.413	0.322	0.337
	(0.155)	(0.279)	(0.300)
Total Family Income between 125–185% Poverty	0.309	0.246	0.315
	(0.275)	(0.392)	(0.308)
Uninsured for Some Period in 1998	-0.191	-0.350	-0.253
	(0.578)	**(0.016)**	(0.108)
Medicaid for Some Period in 1998	NA	0.208	0.210
		(0.550)	(0.582)
Private Health Insurance for Some Period in 1998	NA	0.054	-0.062
		(0.758)	(0.742)
Average Monthly Parenting Days	NA	0.018	0.018
		(0.012)	**(0.020)**
Child Had Some Face-to-Face Contact with Father	NA	0.128	0.056
		(0.244)	(0.636)

Table II.9.9, continued

Variable	Exogenous Variables	Intervening Variables	Value Added
Parent Attended at Least One PTA Meeting	NA	-0.071	-0.126
		(0.537)	(0.312)
Amount of Child Support Received ($100s) / Number of Children	NA	0.024	0.025
		(0.037)	**(0.039)**
Any Routine Dentist Visits in 1998	NA	NA	1.300
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.10

Child Had a Routine Dentist Visit in 1999, Children Aged 13 and Older (N = 246)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	-0.039	-0.021	-0.105
	(0.827)	(0.909)	(0.596)
Child's Age	-0.167	-0.167	-0.095
	(0.007)	**(0.009)**	(0.165)
Male Child	0.024	0.110	0.043
	(0.896)	(0.564)	(0.834)
Nonwhite Child	0.032	-0.143	-0.059
	(0.901)	(0.597)	(0.840)
Mother Married	-0.581	-0.597	-0.311
	(0.199)	(0.202)	(0.511)
Mother Has High School Diploma	0.491	0.386	0.232
	(0.016)	(0.069)	(0.306)
Mother Has Less than High School Diploma	0.620	0.604	0.615
	(0.016)	**(0.025)**	**(0.033)**
Mother Has a Work Limitation	0.125	0.039	0.006
	(0.523)	(0.844)	(0.978)
Number of Siblings	-0.135	-0.183	-0.132
	(0.105)	**(0.035)**	(0.163)
One or More Siblings under Age 6	0.197	0.258	0.321
	(0.504)	(0.397)	(0.331)
Children Have Same Father or Only Child	-0.058	-0.121	0.038
	(0.789)	(0.589)	(0.872)
Family Lives in Milwaukee	0.127	0.168	0.175
	(0.650)	(0.576)	(0.584)
Mother Works Full Time	0.013	-0.081	-0.116
	(0.957)	(0.745)	(0.665)
Total Family Income Less than 100% Poverty	-0.160	-0.207	0.002
	(0.549)	(0.469)	(0.995)
Uninsured for Some Period in 1998	NA	0.276	0.164
		(0.249)	(0.518)
Medicaid for Some Period in 1998	NA	0.819	0.685
		(0.143)	(0.267)
Private Health Insurance for Some Period in 1998	NA	0.530	0.608
		(0.112)	(0.098)
Child Had Some Face-to-Face Contact with Father	NA	0.062	-0.030
		(0.745)	(0.886)
Parent Attended at Least One PTA Meeting	NA	0.574	0.509
		(0.004)	**(0.019)**
Amount of Child Support Received ($100s) / Number of Children	NA	0.009	0.003
		(0.618)	(0.856)
Any Routine Dentist Visits in 1998	NA	NA	1.226
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

time are more likely to be uninsured suggests that our current set of programs are not working to provide coverage for these children. This should be of particular concern, since policies at present are attempting to encourage full-time work. Among children aged 13 and older, having mothers with a work limitation was associated with lower rates of being uninsured, presumably because they receive Medicaid.

Tables II.9.11–19 show the coefficients for the different model specifications for each indicator of school performance, by age.

Parent Would Change Child Care Arrangement. Among children aged 0 to 5, the main exogenous predictor of whether the resident parent would like to change child care arrangement was educational status: parents with a high school diploma or with postsecondary education were less likely to want to switch child care providers (Table II.9.11). Of the intervening variables, higher average monthly parenting days were associated with a lower desire to switch child care, as was children's contact with the nonresident father. The amount of child support received at Time 1 was not associated with the parent's interest in changing child care. For the value-added model, the Time 1 report of desire to change care providers was significantly and positively associated with the Time 2 report of that desire, although parent's educational attainment remained a significant predictor. In this model, mothers who were married were significantly less inclined to switch child care. In the value-added model, parents of young children who had some face-to-face contact with the nonresident parent were only marginally less likely to report a desire to switch care.

Child Feels Safe in Child Care and Child Receives a Lot of Individual Attention. These two indicators (Tables II.9.12–13) consider the quality of child care. We found two consistent predictors of feeling safe: participation in the CSDE experiment, and having a child care arrangement other than Head Start or other center-based care. Concerning the amount of individual attention received in care, the youngest children were most likely to receive a lot of attention, as were children in child care arrangements other than Head Start or other center-based care. These two variables were significant in all three models (see Table II.9.13). Because most children participate in Head Start as 4-year-olds, the latter finding may reflect differences in age rather than in the child care setting itself. Moreover, in both the intervening and value-added models, children who had some face-to-face contact with the nonresident father were more likely to receive greater amounts of attention in child care.

Grade Point Average (GPA). As a major indicator of school performance, GPA was measured through parental reports only at Time 2. Our analyses were therefore limited to two model specifications. The first set of results, in Table II.9.14, is for children aged 10 to 12 and includes a sample size of 245. Controlling for the exogenous variables measured at Time 1, none of the intervening variables—positive parenting practices, attendance at school PTA meetings, insurance coverage, and child support payments—were significantly associated with children's GPA. Three exogenous variables were significant predictors of GPA in both model specifications. Controlling for other model variables, boys had lower average GPAs than girls ($b = -.48$, $p < .0001$), children from Milwaukee had higher average GPAs than children from other parts of the state ($b = .40$, $p = .018$), and children with one or more siblings under age 6 had higher average GPAs ($b = .37$; $p = .011$). As expected, poverty status was negatively associated with GPA, but not significantly so.

Our results for adolescents (sample size of 232) in Table II.9.15 show that for the intervening-variable model, parental educational attainment was associated with significantly higher average GPAs. Relative to children whose parents did not graduate from high school, children whose parents completed high school or obtained postsecondary education had GPAs that were on average more than one-third of a point higher. Nonwhite children had significantly lower average GPAs than their white counterparts.

Table II.9.11

Parent Would Switch Child Care If All Options Were Available at No Cost, Children Aged 0–5 (N = 792)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	-0.137	-0.152	-0.115
	(0.145)	(0.109)	(0.244)
Child's Age	0.029	0.019	0.005
	(0.475)	(0.644)	(0.907)
Male Child	0.106	0.084	0.066
	(0.263)	(0.375)	(0.505)
Nonwhite Child	-0.227	-0.196	-0.216
	(0.079)	(0.138)	(0.116)
Mother Married	-0.452	-0.450	-0.688
	(0.110)	(0.110)	**(0.021)**
Mother Has High School Diploma	-0.330	-0.305	-0.249
	(0.002)	**(0.006)**	**(0.030)**
Mother Has Less than High School Diploma	-0.296	-0.278	-0.320
	(0.049)	(0.067)	**(0.041)**
Mother Has a Work Limitation	-0.082	-0.077	-0.077
	(0.534)	(0.566)	(0.577)
Number of Siblings	0.079	0.077	0.075
	(0.116)	(0.129)	(0.155)
Children Have Same Father or Only Child	-0.040	-0.004	-0.037
	(0.709)	(0.969)	(0.739)
Family Lives in Milwaukee	-0.031	-0.014	0.044
	(0.812)	(0.913)	(0.751)
Mother Works Full Time	0.155	0.148	0.153
	(0.151)	(0.173)	(0.175)
Total Family Income Less than 100% Poverty	0.033	0.054	0.084
	(0.877)	(0.806)	(0.711)
Total Family Income between 100–125% Poverty	0.089	0.079	0.204
	(0.727)	(0.759)	(0.443)
Total Family Income between 125–185% Poverty	-0.150	-0.132	-0.089
	(0.538)	(0.591)	(0.729)
Child Attends Head Start or Other Center Day Care	-0.024	-0.004	0.011
	(0.813)	(0.973)	(0.921)
Average Monthly Parenting Days	NA	-0.013	-0.010
		(0.037)	(0.113)
Child Had Some Face-to-Face Contact with Father	NA	-0.212	-0.179
		(0.035)	(0.086)
Mother Received Child Support Subsidy	NA	-0.168	-0.094
		(0.184)	(0.475)
Amount of Child Support Received ($100s) / Number of Children	NA	0.013	0.007
		(0.105)	(0.397)
Parent Would Switch Child Care (1998)	NA	NA	0.891
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.12

Child Aged 0–5 Feels Safe in Child Care Arrangement (N = 715)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	0.572	0.575	0.502
	(0.007)	**(0.008)**	**(0.022)**
Child's Age	-0.088	-0.084	-0.080
	(0.319)	(0.357)	(0.382)
Male Child	0.049	0.015	0.041
	(0.807)	(0.943)	(0.844)
Nonwhite Child	0.259	0.157	0.009
	(0.318)	(0.574)	(0.975)
Mother Has High School Diploma	0.395	0.395	0.343
	(0.088)	(0.095)	(0.157)
Mother Has Less than High School Diploma	0.208	0.243	0.170
	(0.465)	(0.412)	(0.575)
Mother Has a Work Limitation	0.445	0.380	0.415
	(0.210)	(0.283)	(0.245)
Number of Siblings	0.078	0.044	0.052
	(0.496)	(0.705)	(0.667)
Children Have Same Father or Only Child	0.010	-0.039	0.019
	(0.967)	(0.871)	(0.939)
Family Lives in Milwaukee	-0.121	-0.202	-0.117
	(0.661)	(0.491)	(0.699)
Mother Works Full Time	0.063	-0.004	0.014
	(0.780)	(0.985)	(0.953)
Total Family Income Less than 100% Poverty	-0.132	-0.125	-0.128
	(0.609)	(0.635)	(0.635)
Child Attends Head Start or Other Center Day Care	-0.621	-0.653	-0.554
	(0.019)	**(0.016)**	**(0.044)**
Average Monthly Parenting Days	NA	-0.002	-0.006
		(0.871)	(0.673)
Child Had Some Face-to-Face Contact with Father	NA	0.047	0.057
		(0.829)	(0.795)
Mother Received Child Support Subsidy	NA	0.367	0.300
		(0.134)	(0.238)
Amount of Child Support Received ($100s) / Number of Children	NA	-0.022	-0.022
		(0.112)	(0.138)
Child Feels Safe in Child Care Arrangement (1998)	NA	NA	0.778
			(0.009)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.13

Child Aged 0–5 Receives a Lot of Individual Attention in Child Care Arrangement (N = 714)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	0.184	0.191	0.180
	(0.238)	(0.234)	(0.267)
Child's Age	-0.151	-0.157	-0.144
	(0.026)	**(0.024)**	**(0.041)**
Male Child	0.081	0.062	0.071
	(0.605)	(0.698)	(0.659)
Nonwhite Child	0.301	0.225	0.254
	(0.139)	(0.295)	(0.245)
Mother Has High School Diploma	0.136	0.071	0.066
	(0.464)	(0.712)	(0.736)
Mother Has Less than High School Diploma	-0.139	-0.170	-0.148
	(0.529)	(0.458)	(0.522)
Mother Has a Work Limitation	-0.106	-0.101	-0.123
	(0.618)	(0.638)	(0.569)
Number of Siblings	0.010	-0.016	-0.014
	(0.908)	(0.851)	(0.872)
Children Have Same Father or Only Child	-0.179	-0.215	-0.180
	(0.329)	(0.248)	(0.342)
Family Lives in Milwaukee	0.266	0.193	0.194
	(0.203)	(0.372)	(0.377)
Mother Works Full Time	0.092	0.080	0.105
	(0.605)	(0.661)	(0.568)
Total Family Income Less than 100% Poverty	-0.598	-0.666	-0.693
	(0.187)	(0.166)	(0.147)
Total Family Income between 100–125% Poverty	-0.623	-0.706	-0.790
	(0.207)	(0.175)	(0.126)
Total Family Income between 125–185% Poverty	-0.469	-0.529	-0.572
	(0.344)	(0.307)	(0.265)
Child Attends Head Start or Other Center Day Care	-0.657	-0.694	-0.670
	(0.002)	**(0.001)**	**(0.002)**
Average Monthly Parenting Days	NA	-0.010	-0.014
		(0.368)	(0.218)
Child Had Some Face-to-Face Contact with Father	NA	0.383	0.356
		(0.021)	**(0.035)**
Mother Received Child Support Subsidy	NA	0.297	0.250
		(0.154)	(0.246)
Amount of Child Support Received ($100s) / Number of Children	NA	-0.019	-0.017
		(0.100)	(0.145)
Child Receives Individual Attention (1998)	NA	NA	0.577
			(0.009)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.14
Grade Point Average, Children Aged 10–12 (N = 245)

Variable	Exogenous Variables	Intervening Variables
Experimental Status	0.090	0.090
	(0.441)	(0.443)
Child's Age	0.032	0.035
	(0.654)	(0.626)
Male Child	-0.477	-0.463
	(0.0001)	**(0.0001)**
Nonwhite Child	0.124	0.137
	(0.419)	(0.381)
Mother Married	-0.353	-0.295
	(0.277)	(0.370)
Mother Has High School Diploma	-0.247	-0.258
	(0.062)	(0.056)
Mother Has Less than High School Diploma	0.118	0.088
	(0.464)	(0.589)
Mother Has a Work Limitation	0.085	0.078
	(0.521)	(0.558)
Number of Siblings	-0.015	-0.001
	(0.748)	(0.991)
One or More Siblings under Age 6	0.367	0.381
	(0.011)	**(0.009)**
Children Have Same Father or Only Child	0.140	0.158
	(0.298)	(0.247)
Family Lives in Milwaukee	0.400	0.411
	(0.018)	**(0.019)**
Mother Works Full Time	0.031	0.016
	(0.811)	(0.905)
Total Family Income Less than 100% Poverty	-0.448	-0.460
	(0.172)	(0.164)
Total Family Income between 100–125% Poverty	-0.585	-0.582
	(0.128)	(0.133)
Total Family Income between 125–185% Poverty	-0.167	-0.220
	(0.643)	(0.546)
Average Monthly Parenting Days	NA	0.010
		(0.201)
Child Had Some Face-to-Face Contact with Father	NA	-0.003
		(0.982)
Parent Attended at Least One PTA Meeting	NA	0.035
		(0.769)
Child Was Uninsured at Some Point in 1998	NA	0.061
		(0.703)
Amount of Child Support Received ($100s) / Number of Children	NA	0.012
		(0.287)

Note: Probability values of 0.05 or less are shown in bold type.

Because the two age groups in the above analyses have relatively small samples, we also estimated a model that included all children aged 10 and older (not shown on table). Of the exogenous variables, children's age and parental education were significantly associated with GPA. Younger children had higher average GPAs, as did children whose parents had education beyond high school. The latter group had, on average, GPAs one-quarter point higher than children whose parents did not complete high school. The addition of the intervening variables of attendance at school PTA meetings, contact with the nonresident parent, insurance coverage, child support received, and parental help with homework did not change these findings. The coefficients for attendance at school PTA meetings and help with homework were positive but did not approach significance.

School Absences (10 or more versus fewer). As a negative indicator of school performance, the probit regression results in Table II.9.16 shows that among those 6–12 years old, children residing in Milwaukee were more likely to be absent from school frequently, and minority children and girls were less likely to be frequently absent at Time 2. Children having parents with education beyond high school were less likely to be frequently absent, but only marginally so ($p = .095$). After the intervening variables were included, children residing outside of Milwaukee ($p = .001$), minority children ($p = .045$), and those with parents with education beyond high school ($p = .046$) were less likely to have frequent absences. Of the intervening variables, the total amount of child support received at Time 1 was not significantly associated with school absences. The parenting practices of attendance at school PTA meetings and positive parenting days were not associated with frequent absences, though the coefficients were in the expected direction.

In examining the results for adolescents (see Table II.9.17), we find that while none of the intervening variables in Model 2 were significantly associated with school absences, parent's educational attainment (both high school graduation and beyond) and residence in Milwaukee were associated with lower rates of frequent absences.

We also investigated the predictors of whether adolescents were expelled or suspended from school (not on table). Youth for whom resident parents reported such action were coded 1, 0 otherwise. In the model that includes intervening variables, youth from Milwaukee, youth of minority status, and male youth were significantly more likely to be expelled or suspended. Alternatively, youths who had a greater number of siblings were less likely to be expelled or suspended from school according to reports of resident parents.

Special Education Placement. As shown in Table II.9.18, among school-age children the exogenous variables associated with special education placement were residential location (Milwaukee residents were less likely to receive these services), and sex of child (boys were more likely to receive services). As discussed above, funding availability and school resources may have limited the prevalence of special education placement in Milwaukee. Poverty and near-poverty status were not associated with special education placement.

None of the intervening variables, including attendance at school PTA meetings and the parenting index, were associated with special education placement. In the value-added model, aside from Time 1 special education, none of the intervening and exogenous variables were associated with special education placement. Notably, a diagnosis of learning or developmental disability by a doctor strongly predicted receipt of special education. This is not surprising, given the close connection between these two variables.

The results for adolescents (age 13 and over, Table II.9.19), show that children were less likely to receive special education services if they were residents of Milwaukee, participants in the CSDE experiment, and had a mother with a high school degree. The latter two variables were significant only at

Table II.9.15
Grade Point Average, Children Aged 12 and Older (N = 232)

Variable	Exogenous Variables	Intervening Variables
Experimental Status	0.127	0.122
	(0.366)	(0.400)
Child's Age	0.005	0.004
	(0.923)	(0.944)
Male Child	-0.221	-0.215
	(0.126)	(0.148)
Nonwhite Child	-0.419	-0.439
	(0.038)	**(0.037)**
Mother Married	-0.369	-0.361
	(0.315)	(0.334)
Mother Has High School Diploma	0.390	0.381
	(0.017)	**(0.023)**
Mother Has Less than High School Diploma	0.445	0.438
	(0.026)	**(0.031)**
Mother Has a Work Limitation	0.017	0.012
	(0.916)	(0.938)
Number of Siblings	0.111	0.108
	(0.096)	(0.111)
One or More Siblings under Age 6	-0.065	-0.059
	(0.784)	(0.804)
Children Have Same Father or Only Child	0.305	0.299
	(0.082)	(0.094)
Family Lives in Milwaukee	0.166	0.162
	(0.451)	(0.475)
Mother Works Full Time	0.131	0.127
	(0.490)	(0.509)
Total Family Income Less than 100% Poverty	0.260	0.249
	(0.217)	(0.252)
Child Had Some Face-to-Face Contact with Father	NA	0.075
		(0.629)
Parent Attended at Least One PTA Meeting	NA	-0.043
		(0.772)
Child Was Uninsured at Some Point in 1998	NA	0.013
		(0.942)
Amount of Child Support Received ($100s) / Number of Children	NA	0.001
		(0.916)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.16

Ten or More Absences in the Fall Semester, Children Aged 6–12 (N = 660)

Variable	Exogenous Variables	Intervening Variables
Experimental Status	-0.089	-0.109
	(0.513)	(0.429)
Child's Age	0.050	0.051
	(0.188)	(0.183)
Male Child	-0.176	-0.149
	(0.194)	(0.278)
Nonwhite Child	-0.382	-0.368
	(0.030)	**(0.045)**
Mother Married	0.277	0.277
	(0.382)	(0.394)
Mother Has High School Diploma	-0.040	-0.079
	(0.788)	(0.604)
Mother Has Less than High School Diploma	-0.345	-0.424
	(0.095)	**(0.046)**
Mother Has a Work Limitation	0.192	0.180
	(0.228)	(0.266)
Number of Siblings	0.010	0.023
	(0.860)	(0.689)
One or More Siblings under Age 6	0.061	0.044
	(0.703)	(0.786)
Children Have Same Father or Only Child	-0.162	-0.165
	(0.308)	(0.309)
Family Lives in Milwaukee	0.739	0.839
	(0.002)	**(0.001)**
Mother Works Full Time	-0.031	-0.043
	(0.841)	(0.785)
Total Family Income Less than 100% Poverty	0.234	0.283
	(0.551)	(0.487)
Total Family Income between 100–125% Poverty	0.355	0.381
	(0.414)	(0.393)
Total Family Income between 125–185% Poverty	-0.029	-0.042
	(0.950)	(0.927)
Uninsured for Some Period in 1998	NA	-0.006
		(0.473)
Average Monthly Parenting Days	NA	0.212
		(0.136)
Parent Attended at Least One PTA Meeting	NA	-0.096
		(0.512)
Child Had Some Face-to-Face Contact with Father	NA	0.332
		(0.062)
Amount of Child Support Received ($100s) / Number of Children	NA	0.015
		(0.208)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.17

Ten or More Absences in the Fall Semester, Children Aged 13 and Older (N = 237)

Variable	Exogenous Variables	Intervening Variables
Experimental Status	-0.329	-0.320
	(0.100)	(0.124)
Child's Age	0.021	0.033
	(0.761)	(0.640)
Male Child	0.027	0.072
	(0.894)	(0.727)
Nonwhite Child	0.856	0.898
	(0.005)	**(0.005)**
Mother Has High School Diploma	-0.681	-0.700
	(0.003)	**(0.003)**
Mother Has Less than High School Diploma	-0.858	-0.874
	(0.005)	**(0.005)**
Mother Has a Work Limitation	0.095	0.070
	(0.663)	(0.750)
Number of Siblings	-0.170	-0.160
	(0.097)	(0.123)
One or More Siblings under Age 6	0.115	0.104
	(0.739)	(0.765)
Children Have Same Father or Only Child	-0.057	-0.032
	(0.823)	(0.901)
Family Lives in Milwaukee	-0.859	-0.817
	(0.008)	**(0.014)**
Mother Works Full Time	-0.495	-0.461
	(0.088)	(0.113)
Total Family Income Less than 100% Poverty	0.347	0.430
	(0.278)	(0.194)
Uninsured for Some Period in 1998	NA	-0.106
		(0.621)
Child Had Some Face-to-Face Contact with Father	NA	0.175
		(0.392)
Parent Attended at Least One PTA Meeting	NA	-0.032
		(0.901)
Amount of Child Support Received ($100s) / Number of Children	NA	0.013
		(0.430)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.18

Child Received Special Education Services in Last Year, Children Aged 6–12 (N = 698)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	-0.027	0.063	-0.021
	(0.803)	(0.594)	(0.870)
Child's Age	0.044	-0.0001	-0.027
	(0.137)	(0.998)	(0.471)
Male Child	0.400	0.307	0.289
	(0.0002)	**(0.009)**	**(0.023)**
Nonwhite Child	-0.115	-0.103	-0.023
	(0.421)	(0.516)	(0.893)
Mother Married	-0.082	-0.036	0.036
	(0.765)	(0.898)	(0.905)
Mother Has High School Diploma	-0.103	-0.030	0.039
	(0.405)	(0.821)	(0.792)
Mother Has Less than High School Diploma	-0.172	0.058	-0.141
	(0.265)	(0.731)	(0.447)
Mother Has a Work Limitation	0.214	0.133	0.082
	(0.097)	(0.346)	(0.597)
Number of Siblings	0.048	0.066	0.057
	(0.297)	(0.192)	(0.305)
One or More Siblings under Age 6	-0.006	0.083	0.198
	(0.962)	(0.554)	(0.197)
Children Have Same Father or Only Child	-0.071	-0.029	-0.028
	(0.572)	(0.832)	(0.856)
Family Lives in Milwaukee	-0.432	-0.328	-0.220
	(0.003)	**(0.043)**	(0.213)
Mother Works Full Time	0.138	0.114	0.111
	(0.259)	(0.384)	(0.434)
Total Family Income Less than 100% Poverty	-0.114	-0.069	-0.134
	(0.649)	(0.796)	(0.650)
Total Family Income between 100–125% Poverty	-0.067	0.103	0.161
	(0.820)	(0.742)	(0.640)
Total Family Income between 125–185% Poverty	-0.022	0.089	0.083
	(0.939)	(0.770)	(0.804)
Average Monthly Parenting Days	NA	-0.001	0.001
		(0.899)	(0.951)
Parent Attended at Least One PTA Meeting	NA	0.038	-0.060
		(0.752)	(0.646)
Child Had Some Face-to-Face Contact with Father	NA	0.004	-0.138
		(0.973)	(0.317)
Child Was Uninsured at Some Point in 1998	NA	0.055	0.064
		(0.734)	(0.717)

Table II.9.18, continued

Variable	Exogenous Variables	Intervening Variables	Value Added
Amount of Child Support Received ($100s) / Number of Children	NA	-0.007	-0.004
		(0.502)	(0.717)
Dr. Ever Said Child Has Learning or Developmental Disability	NA	1.382	0.822
		(0.0001)	**(0.0001)**
Child Received Special Education Services in 1998	NA	NA	1.516
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

Table II.9.19

Child Received Special Education Services in Last Year, Children Aged 13 and Older (N = 235)

Variable	Exogenous Variables	Intervening Variables	Value Added
Experimental Status	-0.385	-0.209	-0.343
	(0.090)	(0.463)	(0.334)
Child's Age	-0.128	-0.150	-0.085
	(0.128)	(0.175)	(0.533)
Male Child	0.274	0.114	0.000
	(0.229)	(0.681)	(0.999)
Nonwhite Child	0.221	0.052	0.399
	(0.486)	(0.895)	(0.444)
Mother Married	0.129	0.286	0.144
	(0.826)	(0.704)	(0.873)
Mother Has High School Diploma	-0.478	-0.065	-0.490
	(0.097)	(0.855)	(0.287)
Mother Has Less than High School Diploma	0.087	0.002	-0.351
	(0.766)	(0.996)	(0.446)
Mother Has a Work Limitation	0.217	-0.063	0.045
	(0.389)	(0.844)	(0.910)
Number of Siblings	-0.066	-0.017	-0.124
	(0.560)	(0.898)	(0.450)
One or More Siblings under Age 6	0.038	-0.333	-0.671
	(0.916)	(0.464)	(0.280)
Children Have Same Father or Only Child	-0.314	-0.338	-0.499
	(0.262)	(0.309)	(0.220)
Family Lives in Milwaukee	-0.733	-0.441	-0.343
	(0.021)	(0.255)	(0.478)
Mother Works Full Time	-0.111	-0.256	-0.247
	(0.722)	(0.519)	(0.622)
Total Family Income Less than 100% Poverty	-0.358	-0.556	-0.242
	(0.275)	(0.194)	(0.650)
Parent Attended at Least One PTA Meeting	NA	0.100	-0.127
		(0.747)	(0.739)
Child Had Some Face-to-Face Contact with Father	NA	-0.467	-0.626
		(0.117)	(0.089)
Child Was Uninsured at Some Point in 1998	NA	-0.084	0.388
		(0.808)	(0.331)
Amount of Child Support Received ($100s) / Number of Children	NA	0.014	0.043
		(0.465)	(0.071)
Dr. Ever Said Child Has Learning or Developmental Disability	NA	1.930	1.165
		(0.0001)	**(0.003)**
Child Received Special Education Services in 1998	NA	NA	2.202
			(0.0001)

Note: Probability values of 0.05 or less are shown in bold type.

the 10 percent level. The significance of these predictors disappeared when other variables were added. In the value-added model, only the variable of doctor-reported learning disability was a significant predictor of change in special education status between 1998 and 1999. The amount of child support received and face-to-face contact with the father were marginally associated with a change in special education.

Additional Analyses. We also conducted analyses for different subgroups and using different model specifications (not shown on tables). For example, a similar pattern of findings occurred when the sample was split into those living in Milwaukee County and those living outside of Milwaukee, though sample sizes for those outside of Milwaukee were relatively small. We also explored additional model variables. The number of school moves proved to be a significant predictor (in a negative direction) only for the GPAs of adolescents. Reading to the child and going on outings yielded findings that were consistent with those described above. They were not significantly associated with health and education outcomes. Finally, we briefly explored those enrolled in a state program that began in 1999: BadgerCare, Wisconsin's version of the Children's Health Insurance Program (CHIP). The unique aspect of Wisconsin's program is that parents as well as children are eligible. The results, reported in the last column of Appendix Table II.9.5, show that children whose mothers worked full time and who were near poor were more likely to enroll, suggesting that the program is meeting its targeted audience. On the other hand, the negative results for nonwhite children and children in Milwaukee indicate a problem in achieving targeted enrollment. The positive coefficient on mother's education suggests that more marketing and outreach to less-well-educated minorities in Milwaukee may be a way to increase enrollment and reduce remaining disparities in coverage.

Discussion

In this section we have investigated three questions for children and families in the CSDE. Our objective was to examine children's health and educational status and explore factors that can enhance children's circumstances. The first question concerned children's well-being. Findings indicated that relative to children nationally, CSDE children have lower health status and school performance. With regard to health, a sizable percentage of children had fair or poor health status, even though rates of being uninsured were far lower than national rates. Children's educational status was not very satisfactory according to several indicators. Four in 10 families reported that they would switch child care if all forms of care were free. The school performance of children as indicated by GPA, school absences, and receipt of special education services also was for the most part below that of children nationally. Some indicators were more positive: more than 9 in 10 parents reported that their young children felt safe and received a lot of individual attention in child care, and nearly all children were insured for at least part of the year.

The second research question addressed the status of children according to several intervening factors that would be expected to promote health and education outcomes. These included the frequency of positive parenting practices, the amount of child support received, and health insurance coverage. Findings indicated that the status of children under these measures corresponded to what would be expected for many low-income families: more than 4 in 5 families received a child care subsidy in 1998 and participated in Medicaid; and the frequency of positive parenting practices reported by resident mothers was generally lower than that reported in national samples. For example, 2 in 5 parents reported attending at least one school PTA meeting during the year, and one half read to their children every day. PTA attendance was higher in Milwaukee than in other locations. Poverty status was associated with

lower rates of PTA attendance. In the past year, about 3 in 5 children had some face-to-face contact with nonresident fathers.

Our findings for the third research question, Which factors are important for improving children's well being?, indicated that family sociodemographic factors were the most consistent predictors of children's health and educational status. In terms of health, parental educational attainment was associated positive health status of the child, especially for those 6–12 years old. There also is evidence of a link between the intervening inputs of private health insurance for young children: children with coverage were less likely to report fair or poor health in the value-added model which controlled for early poor or fair health in 1998. This was not the case among older children. For education and school performance, residential location and parental educational attainment were the most consistent influences on GPA, school absence, and special education placement. As expected, higher parental education was associated with higher average GPAs, less frequent absences, and lower rates of special education placement. Parents with higher levels of education were more likely to value education for their children, to have higher educational expectations, and to reinforce school performance at home. Relative to residence elsewhere, residence in Milwaukee was associated with lower average GPAs, lower rates of special education placement, and lower rates of school absence among adolescents (the reverse was true of those aged 6–12 year olds). Among the policy variables, participation in the CSDE experiment yielded some positive effects, in that program youth were less likely that their control-group counterparts to be expelled or suspended from school. For children ages 0 to 5, positive parenting practices and contact with the nonresident parent were associated with greater satisfaction with child care arrangements.

That many of the intervening variables were not consistently or significantly associated with children's health and education status warrants explanation. Our findings that indicators of positive parenting practices were not independently associated with child health and education outcomes (the lone exceptions being the desire to switch child care and use of routine dental care), should be interpreted cautiously. First, we sampled a small set of parenting practices. Parental involvement in children's lives takes many forms, including the quality of the home environment, parental attitudes about education and health, and monitoring of behavior by parents. These were not measured comprehensively in this study. Attendance at school PTA meetings, for example, is only one of many indicators of parental participation in school activities. Inclusion of serving on school governance and other committees and volunteering in the classroom might have provided a more comprehensive portrait. Second, although ratings of parental involvement in children's lives provide valuable information, teacher ratings of school participation and, as age permits, child ratings of parent-child interactions would have provided additional sources of information. Teacher ratings of parental involvement in school often show stronger relationships with child outcomes than do parental reports (Stevenson and Baker, 1987). Third, an alternative explanation for the lack of effects of parenting practices on child health and education outcomes is that the quality of contacts and interactions between parents and children may be of equal or greater importance than the sheer amount of contact. Our measures did not address the quality of family-school and parent-child interactions. There is evidence that the quality of parent-child contacts and relationships can matter more than the amount of contact (Reynolds, Weissberg, and Kasprow, 1992; Izzo et al., 1999). Fourth, we measured parenting and other intervening factors over a short time period. It may be that any changes in these inputs will have an effect on child outcomes if they are sustained over a number of years. These issues deserve further investigation. We also note that the sample sizes in our models, especially for adolescents, were relatively small. This limited the statistical power to detect significant predictors.

The finding that health insurance coverage is significantly associated with child health among young children, even over the one-year period between surveys, argues for paying particular attention to this variable. The finding that the probability of being uninsured is significantly higher among children

whose resident parent works full-time suggests that policy makers should pay particular attention to designing ways to provide coverage to these families. The initial findings on BadgerCare enrollment are somewhat encouraging in this regard, but less so for minority children and those living in Milwaukee. Likewise, our findings that parental educational attainment was associated with many positive outcomes indicates that policies that provide incentives to further the educational opportunities of low-income parents beyond high school are likely to enhance children's health and education.

Continued monitoring of children's health and educational status in the CSDE and in other projects can significantly contribute to our understanding of the factors that enhance children's well-being. In future investigations, more extensive longitudinal studies are needed to link family experiences with child health and education outcomes over several years, including alternative measures of parenting practices and behavior. Although parental reports provide valuable information concerning children's well-being, school records, teacher reports, and child self-reports also are valuable sources of information and are standard sources of information in studies of children's well-being. Moreover, detailed investigations within different subgroups of children and families may reveal that the predictors of children's well-being are a function of the socioeconomic context in which they live and the quality of the educational and health institutions that are located in their neighborhoods. These and related issues warrant greater attention.

Appendix Table II.9.1
Variable Means, Children Aged 0–5

Variable	Mean	Standard Deviation
Health Reported as Fair or Poor (1999)	0.07	0.26
Would Switch Child Care If Care Were Free (1999)	0.34	0.48
Child Feels Safe in Child Care Arrangement (1999)	0.97	0.18
Child Receives Individual Attention in Child Care Arrangement (1999)	0.93	0.25
Uninsured at Some Point in 1999	0.18	0.39
Medicaid at Some Point in 1999	0.98	0.16
Private Health Insurance at Some Point in 1999	0.20	0.40
Age	3.22	1.19
Male Child	0.54	0.50
Nonwhite Child	0.70	0.46
Mother Has a Work Limitation	0.15	0.36
Mother Married	0.04	0.19
Mother Has High School Diploma	0.48	0.50
Mother Has Less than High School Diploma	0.15	0.36
Number of Siblings	0.96	1.08
Children Have Same Father or Only Child	0.55	0.50
Family Lives in Milwaukee	0.71	0.45
Mother Works Full Time	0.37	0.48
Total Family Income Less than 100% Poverty	0.73	0.44
Total Family Income between 100–125% Poverty	0.09	0.28
Total Family Income between 125–185% Poverty	0.12	0.33
Uninsured at Some Point in 1998	0.16	0.37
Medicaid at Some Point in 1998	0.98	0.06
Private Health Insurance at Some Point in 1998	0.16	0.37
Average Monthly Parenting Days	17.30	7.64
Child Had Some Face-to-Face Contact with Father	0.61	0.49
Mother Received Child Support Subsidy	0.83	0.37
Amount of Child Support Received per Child ($100s)	3.06	6.75
Health Reported as Fair or Poor (1998)	0.11	0.31
Would Switch Child Care If Care Were Free (1998)	0.40	0.49
Child Feels Safe in Child Care Arrangement	0.94	0.23
Child Receives Individual Attention in Child Care Arrangement	0.91	0.28

Note: All variables are for 1998 unless otherwise noted.

Appendix Table II.9.2
Variable Means, Children Aged 6–12

Variable	Mean	Standard Deviation
Health Reported as Fair or Poor (1999)	0.12	0.33
Any Dentist Visits during Year (1999)	0.75	0.43
Uninsured at Some Point in 1999	0.15	0.36
Medicaid at Some Point in 1999	0.95	0.22
Private Health Insurance at Some Point in 1999	0.21	0.40
More than 10 School Absences in Fall 1999	0.11	0.31
Child Received Special Education (1999)	0.24	0.42
Age	8.79	1.89
Male Child	0.49	0.50
Nonwhite Child	0.76	0.43
Mother Has a Work Limitation	0.23	0.42
Mother Married	0.04	0.20
Mother Has High School Diploma	0.42	0.49
Mother Has Less than High School Diploma	0.22	0.42
Number of Siblings	1.73	1.38
One or More Sibling under Age 6	0.52	0.50
Children Have Same Father or Only Child	0.42	0.49
Family Lives in Milwaukee	0.81	0.39
Mother Works Full Time	0.34	0.47
Total Family Income Less than 100% Poverty	0.76	0.43
Total Family Income between 100–125% Poverty	0.09	0.28
Total Family Income between 125–185% Poverty	0.10	0.30
Uninsured at Some Point in 1998	0.16	0.36
Medicaid at Some Point in 1998	0.98	0.15
Private Health Insurance at Some Point in 1998	0.15	0.36
Average Monthly Parenting Days	11.29	7.87
Parent Attended at Least One PTA Meeting	0.39	0.49
Child Had Some Face-to-Face Contact with Father	0.56	0.50
Mother Received Child Support Subsidy	0.84	0.37
Amount of Child Support Received per Child ($100s)	3.08	6.15
Health Reported as Fair or Poor (1998)	0.09	0.29
Any Dentist Visits during Year (1998)	0.75	0.43
Child Received Special Education (1998)	0.22	0.41

Note: All variables are for 1998 unless otherwise noted.

Appendix Table II.9.3
Variable Means, Children Aged 13 and Older

Variable	Mean	Standard Deviation
Health Reported as Fair or Poor (1999)	0.14	0.35
Any Dentist Visits during Year (1999)	0.69	0.46
Uninsured at Some Point in 1999	0.18	0.39
Medicaid at Some Point in 1999	0.94	0.24
Private Health Insurance at Some Point in 1999	0.23	0.42
More than 10 School Absences in Fall 1999	0.22	0.42
Child Received Special Education (1999)	0.14	0.34
Age	14.84	1.43
Male Child	0.49	0.50
Nonwhite Child	0.77	0.42
Mother Has a Work Limitation	0.37	0.48
Mother Married	0.04	0.20
Mother Has High School Diploma	0.35	0.48
Mother Has Less than High School Diploma	0.22	0.41
Number of Siblings	1.20	1.32
One or More Sibling under Age 6	0.17	0.37
Children Have Same Father or Only Child	0.61	0.49
Family Lives in Milwaukee	0.79	0.41
Mother Works Full Time	0.27	0.44
Total Family Income Less than 100% Poverty	0.77	0.42
Total Family Income between 100–125% Poverty	0.12	0.32
Total Family Income between 125–185% Poverty	0.08	0.27
Uninsured at Some Point in 1998	0.19	0.39
Medicaid at Some Point in 1998	0.97	0.17
Private Health Insurance at Some Point in 1998	0.16	0.37
Parent Attended at Least One PTA Meeting	0.41	0.49
Child Had Some Face-to-Face Contact with Father	0.45	0.50
Amount of Child Support Received per Child ($100s)	3.40	6.49
Health Reported as Fair or Poor (1998)	0.11	0.31
Any Dentist Visits during Year (1998)	0.66	0.47
Child Received Special Education (1998)	0.16	0.37

Note: All variables are for 1998 unless otherwise noted.

Appendix Table II.9.4
Variable Descriptions

Variable	Description
Health Reported as Fair or Poor	Equals 1 if mother reports child health is fair or poor on a 5-point scale; zero otherwise.
Dentist Visit in Year	Equals 1 if child saw a dentist at some point during the year, zero otherwise.
Would Switch Child Care if All Arrangements Were Free	Equals 1 if mother reports that if all child care arrangements were available free of charge, mother would use a different child care arrangement for child; zero otherwise.
Child Feels Safe in Child Care	Equals 1 if mother agrees that the child feels safe and secure in child care arrangement used for most of the year; zero otherwise.
Child Receives Individual Attention in Child Care	Equals 1 if mother agrees that the child gets a lot of individual attention in child care arrangement used for most of the year; zero otherwise.
Uninsured at Some Point in Year	Equals 1 if there was some time in the year when the child was not covered by any health insurance; zero otherwise.
Medicaid at Some Point in Year	Equals 1 if there was some time in the year when the child was covered by Medicaid; zero otherwise.
Private Health Insurance at Some Point in Year	Equals 1 if there was some time in the year when the child was covered by private health insurance; zero otherwise.
Age	Equals the child's age in years.
Male Child	Equals 1 if child is male; zero otherwise.
Nonwhite Child	Equals 1 if the child is nonwhite; zero otherwise.
Mother Has Work Limitation	Equals 1 if the mother reports a physical, mental, or other health condition which limits the kind or amount of work she can do; zero otherwise.
Mother Married	Equals 1 if the mother is married; zero otherwise.
Mother Has High School Diploma	Equals 1 if the mother has a high school diploma only; zero otherwise.
Mother Has Education beyond High School Diploma	Equals 1 if Mother received education beyond high school; zero otherwise.
Number of Siblings	Equals the number of siblings that the focal child has.
Any Siblings under Age 6	Equals 1 if any of the child's siblings are younger than age 6; zero otherwise.
Children Have Same Father or Child is an Only Child	Equals 1 if all children in the family have the same father, or focal child is an only child; zero otherwise.
Family Lives in Milwaukee	Equals 1 if family lives in Milwaukee; zero otherwise.
Mother Works Full Time	Equals 1 if mother was employed full time during the year; zero otherwise. Full time employment is defined as having reported usual work hours of 35 or more a week for at least six months in the year.

Appendix Table II.9.4, continued

Variable	Description
Total Family Income Less than 100% Poverty	Equals 1 if total family income is less than the poverty threshold; zero otherwise.
Total Family Income between 100–125% Poverty	Equals 1 if total family income is greater than the poverty threshold, but less than or equal to 125 percent of the threshold; zero otherwise.
Total Family Income between 125–185% Poverty	Equals 1 if total family income is greater than 125 percent of the poverty threshold but less than 185 percent of the threshold; zero otherwise.
Average Monthly Parenting Days	Averaged index of number of days per month that the mother reports participating in the following activities with the child. For children age 0 to 5 activities include: reading or looking at books; taking outings to places such as parks, libraries, or playgrounds, or visiting with friends or relatives; and playing or working on a project with the child. For children age 6 to 12 the index includes taking outings and play only. This index is not used for children age 13 and older.
Amount of Child Support Received (in $100s) / Number of Children	Equal to the amount of child support received by the mother, expressed in 100s of dollars, divided by the number of biological children.
Child Had Some Face-to-Face Contact with Father	Equals 1 if child was reported to have had face-to-face contact with the father in the time that they lived apart during the year; zero otherwise.
Parent Attended at Least One PTA Meeting	Equals 1 if parent reported attending at least one meeting of the PTA, PTO, or other such group in the past school year; zero otherwise.
Greater than 10 School Absences	Equals 1 if child missed 10 or more days of school in the fall semester of the past school year; zero otherwise.
Child Received Special Education	Equals 1 if child received some special education services in the past school year; zero otherwise; zero otherwise.
Doctor Ever Said Child Has Learning or Developmental Disability	Equals 1 if mother reported ever being told by a health professional that child has a developmental or learning disability; zero otherwise.
GPA	Grade point average in the past school year calculated from the mother-reported grades that the child usually earned. The reported letter grades were transformed to point scale, with 4 equal to A's.

Appendix Table II.9.5

1999 Intervening Variables Predicted by 1998 Exogenous Variables

Variable	Average Monthly Parenting Days	Some Face-to-Face Contact with Father	Attended One or More PTA Meetings	Reads to Child on a Daily Basis	Private Health Insurance at Some Point in the Year	Medicaid at Some Point in the Year	BadgerCare at Some Point in the Year
Experimental Status	-0.534	-0.002	-0.007	-0.066	-0.005	0.136	0.106
	(0.169)	(0.970)	(0.937)	(0.324)	(0.941)	(0.211)	(0.184)
Child's Age	-1.022	-0.027	-0.009	-0.064	0.017	-0.044	0.005
	(0.0001)	**(0.0001)**	(0.507)	**(0.0001)**	**(0.046)**	**(0.0003)**	(0.569)
Male Child	-0.007	-0.059	-0.169	0.016	-0.031	0.028	-0.132
	(0.986)	(0.315)	**(0.045)**	(0.814)	(0.664)	(0.798)	(0.098)
Nonwhite Child	-0.691	0.069	0.797	-0.315	-0.086	0.165	-0.249
	(0.184)	(0.385)	**(0.0001)**	**(0.001)**	(0.354)	(0.227)	**(0.015)**
Mother Has a Work Limitation	0.036	0.165	0.048	0.208	-0.116	0.266	-0.231
	(0.944)	**(0.027)**	(0.631)	**(0.020)**	(0.211)	(0.070)	**(0.034)**
Mother Married	-2.447	-0.508	0.054	-0.155	0.550	-0.607	0.151
	(0.018)	**(0.002)**	(0.813)	(0.381)	**(0.001)**	**(0.003)**	(0.443)
Mother Has High School Diploma	-0.184	0.220	0.056	0.074	0.241	-0.096	0.178
	(0.678)	**(0.001)**	(0.559)	(0.336)	**(0.005)**	(0.467)	(0.062)
Mother Has Less than High School Diploma	0.056	0.322	0.098	0.149	0.700	-0.192	0.318
	(0.922)	**(0.000)**	(0.405)	(0.140)	**(0.0001)**	(0.212)	**(0.005)**
Number of Siblings	-0.245	0.090	-0.047	0.011	0.021	0.009	-0.053
	(0.172)	**(0.001)**	(0.167)	(0.716)	(0.527)	(0.865)	(0.175)
Children Have Same Father or Only Child	-0.343	0.242	0.210	-0.052	0.067	-0.211	-0.048
	(0.423)	**(0.000)**	**(0.025)**	(0.488)	(0.405)	(0.087)	(0.596)
Family Lives in Milwaukee	-0.474	0.010	0.080	0.002	-0.482	0.335	-0.230
	(0.376)	(0.904)	(0.527)	(0.979)	**(0.0001)**	**(0.014)**	**(0.029)**
Mother Works Full Time	-0.420	-0.012	0.066	-0.130	0.323	-0.148	0.394
	(0.343)	(0.856)	(0.500)	(0.091)	**(0.0001)**	(0.221)	**(0.0001)**
Total Family Income Less than 100% Poverty	-1.599	0.142	-0.298	-0.221	-0.803	0.646	0.158
	(0.072)	(0.309)	(0.154)	(0.155)	**(0.0001)**	**(0.001)**	(0.368)
Total Family Income between 100–125% Poverty	-1.382	0.434	-0.478	-0.255	-0.277	0.571	0.476
	(0.194)	**(0.008)**	**(0.046)**	(0.167)	(0.101)	**(0.016)**	**(0.015)**
Total Family Income between 125–185% Poverty	-1.465	0.041	-0.376	-0.307	-0.308	0.173	0.075
	(0.149)	(0.794)	(0.115)	(0.083)	(0.059)	(0.398)	(0.705)

Note: Probability values of 0.05 or less are shown in bold type.

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