

## **Macro and Proximal Demographic Risks in Diverse Families: Factors Predicting Early Head Start Utilization and Child Outcomes**

*Marina M. Mendoza (Scholar) and Sarah Enos Watamura, Ph.D. (PI)*

*University of Denver*

*Child Care Research Scholar (90YE10145), 2013-2015*

### **Project Description**

Given the increase in diverse families, particularly immigrant families, accessing Early Head Start (EHS) programs, we aim to understand the associations among demographic risk indicators, family-center relationship quality, EHS utilization, and child psychosocial behaviors. Ultimately, the study aims to enhance the socio-emotional well-being of EHS children from the most vulnerable families.

### **Research Objectives**

1. Examine the associations among demographic risk, family-center relationship quality, and EHS utilization in a diverse sample of families.
2. Examine the relationship between demographic risk and child psychosocial behaviors in children of immigrants.
3. Comprehensively explore the relationships among demographic risk, family-center relationship quality, EHS utilization and child psychosocial behaviors in children of immigrant parents.

### **Sample**

The study is being conducted in the Denver Metropolitan area. The sample is comprised of families in a Buffering Toxic Stress (BTS) Consortium Study. Families are being recruited by a bilingual and bicultural team. A large proportion of families are immigrant families (indexed by the primary caregiver being born outside of the U.S.). Thus far the majority of immigrant families in this sample are from Mexico or a Latino country. Consequently, they are also primarily monolingual or bilingual Spanish-speaking families. Objective 1 will use the whole BTS sample (expected N=200) and Objectives 2 and 3 will focus solely on immigrant families (expected N=120).

### **Method**

Family and child data are being collected at a single time point from parents during a scheduled home visit. Based on parents' preference questionnaires are completed in either English or Spanish. To address potentially low literacy among low-income and/or immigrant families, all questionnaires are collected in an interview style with a bilingual and bicultural research assistant. The primary EHS contact (e.g. teacher, home visitor) are primarily providing information about EHS utilization and secondarily rating psychosocial behaviors of children. These data are being collected and tracked by research liaison at each center.

There are four overarching conceptual factors 1) demographic risk, 2) family-center relationship quality, 3) EHS utilization, and 4) child psychosocial behaviors. Demographic risk is mainly focused on immigration issues and is operationalized by generation in the U.S., years since immigration, orientation towards sending and host culture, immigration stress, and EHS demographic standards. Family-center relationship quality focuses on the match and alliance between families and their primary EHS provider. EHS utilization has historically been difficult to measure because of the many ways that utilization can be operationalized. Here we use three measures: program type (i.e. home visitation, center-based), parental involvement (i.e. compliance to EHS schedule) and dosage (i.e. hours in contact with EHS providers and caregivers). Finally child psychosocial behaviors are measured by parent and teacher reports of internalizing and externalizing behaviors, social competency and general problem behaviors.

In brief, measures will be scored and standardized and then added to the appropriate latent variables for structural equation modeling analyses.

## **Progress Update**

Efforts to recruit families and data collection are ongoing. The larger BTS study is processing family and child data in small batches. At this time we have complete data from one batch (N=74). Preliminary descriptive data reveal that 40 children (54%) have at least one foreign born parent. On average immigrant parents report a slightly greater orientation towards their heritage orientation (M= 7.66, SD= 1.04) than mainstream American culture (M=5.97, SD=1.28). Parents are also reporting lower internalizing scores (M=10.26, SD=7.05) than externalizing scores (M=15.67, SD=10.47). These psychosocial behavioral scores remain in the typical range for each child and no child has had behaviors reported at clinical cutoffs. EHS utilization and family-center relationship quality data have not been compiled at this time.

## **Implications for Policy/Practice**

- Inform child care programs and policies to best support the needs of children and families served by Early Head Start programs, especially the rapidly growing population of recent immigrant families.

- Provide information to enhance cultural competency within EHS programs.

## **Implications for Research**

Research in this area has heavily leaned on simple demographic indicators of risk, such as age, race, and ethnicity. This project uniquely identifies demographic indicators of risk that are culturally dynamic and that are relevant for the subpopulation of interest, immigrant families.

## **For more information:**

[http://www.du.edu/psychology/child\\_health\\_and\\_development/Projects.htm](http://www.du.edu/psychology/child_health_and_development/Projects.htm)

## **Contact**

Marina M. Mendoza, M.A., Doctoral Candidate  
Sarah Enos Watamura, PhD, Associate Professor  
Department of Psychology  
University of Denver  
2155 S. Race St  
Denver, CO 80210  
Phone: (303) 871-7774  
Emails:  
mmendoza@psy.du.edu  
swatamura@psy.du.edu

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