

# **A BURDEN NO CHILD SHOULD BEAR: HOW THE HEALTH COVERAGE SYSTEM IS FAILING LATINO CHILDREN**

## **Executive Summary**

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## Executive Summary

For millions of American families, the simple act of taking a child to the pediatrician can be a difficult task. Hispanics—the fastest-growing ethnic group within the United States (and within the youth population in particular)—are more likely than non-Hispanics to have poor access to health care. This disparate access is, in part, due to the fact that Latino children are the *least* likely to be covered by any type of health insurance plan. One in five (22.1%) Latino children is uninsured—nearly three times the rate (7.3%) of non-Hispanic White children. Health coverage can alleviate much of the financial burden of timely medical exams and treatment, improving families' access to timely care. When children go uncovered, they are less likely to have regular health care visits that monitor healthy growth and development, putting them at risk for poor health outcomes that can have painful, expensive, and lifelong effects. It is imperative that policymakers address the children's coverage gap at the national level, before the future of these children—and the nation—is compromised. This report documents the coverage gap by profiling Latino children's access to health insurance in the U.S.

### Access to Health Care Has Lasting Effects on Quality of Life

- ◆ There is evidence that Hispanic children are suffering from preventable health-related conditions and complications at greater rates than their non-Hispanic peers. For example, according to the *2006 National Health Disparities Report*, Latino children are more likely than non-Hispanic White children to be hospitalized for asthma and gastroenteritis.<sup>1</sup> They are also more likely to develop risk factors such as overweight and obesity, which can lead to serious chronic diseases such as Type II diabetes. In fact, some conditions that have remained stable over time among other American children have worsened for Latino children. Between 2001 and 2003, for example, the rate of pediatric asthma hospitalizations increased for Hispanics, but remained static for non-Hispanic Whites.<sup>2</sup>
- ◆ These observations are likely linked to Latino children's relatively poor access to health care. In a telling measure of whether children are receiving adequate access to health care, only 67.6% of Hispanic parents reported that their children had a personal doctor or nurse, compared to 89.4% of non-Hispanic White and 77.2% of non-Hispanic Black respondents.<sup>3</sup> When Latino children have health insurance, they are more likely to have access to a personal health care provider and other regular health services. One study found that insured Latino children were nearly two times more likely (75%) to have a usual source of care than Latino children without coverage (41%).<sup>4</sup> Health coverage reduces the need to delay care. One study found that before enrolling in the State Children's Health Insurance Program (SCHIP), 27% of non-Hispanic White children, 38% of non-Hispanic Black children, and 29% of Hispanic children had unmet health needs. During their participation in the program, this measure fell to 19% for each group.<sup>5</sup>
- ◆ Poor health outcomes can ultimately affect children's chances of economic and social success by reducing school achievement. For instance, increased absenteeism directly affects school performance, and children with frequent or chronic illnesses miss more days of school than children who are generally healthy.<sup>6</sup> Latino children are particularly vulnerable to this threat.

### Latino Children Have Inadequate Access to Current Health Coverage Mechanisms

- ◆ Hispanics now make up the largest proportion of uninsured children. In 2006, 38.8% of all uninsured children were Hispanic, 35.8% were non-Hispanic White, 18.5% were non-Hispanic Black, 3.9% were Asian, and 3% had another racial background (such as two or more races).<sup>7</sup> Overall, 22.1% of Hispanic children had no health coverage, and noncitizen children were most vulnerable to uninsurance; half (51.8%) of noncitizen Hispanic children went uninsured in 2006.
- ◆ These high uninsurance rates are largely driven by Hispanic children's poor access to private health coverage, and in particular, their parents' poor access to insurance offered through the workplace. In 2006, 38.5% of Latino

children were covered by an employer-based health plan, compared to 49.2% of non-Hispanic Black children and 70.6% of non-Hispanic White children.<sup>8</sup> Few children in the U.S. are covered by direct-purchase, “nongroup” health insurance, and Latino children are the least likely group to receive such coverage. Only 2.2% of Hispanic children had nongroup health coverage, compared to 6% of non-Hispanic Whites and 3.1% of non-Hispanic Blacks.<sup>9</sup> Ultimately, Hispanic children have the lowest private coverage rates of any major racial or ethnic group, and noncitizen children are the most vulnerable. Hispanic noncitizen children are less likely than Hispanic citizen children *and* non-Hispanic noncitizen children to have any form of private coverage.

◆ Although public coverage programs such as Medicaid and SCHIP are insuring two in five (40.9%) Hispanic children, this safety net is not available to all children. While nearly one-third (29.7%) of Hispanic noncitizen children are covered by these programs—a rate that is comparable or higher than the rates for other noncitizen children—Hispanic children who are naturalized citizens have a coverage rate (26.6%) that is even lower than the rate for Hispanic noncitizen children (29.7%). Furthermore, this rate is significantly below the rate of coverage for U.S.-born Hispanic children (41.6%). This suggests that foreign-born Latino children, even those who are likely to qualify for federal Medicaid and SCHIP coverage, face barriers to public coverage even beyond rigid eligibility requirements.

◆ Latino children who are uninsured often do not receive health care as soon as it is needed. Uninsured Latinos may use over-the-counter remedies or other alternatives as an initial step to treat sick children if conventional care is unaffordable. Community Health Centers (CHCs) are critical sources of care for Latino families who are uninsured. Most CHCs treat everyone who seeks care, regardless of insurance status or ability to pay, and they play a role in facilitating children’s enrollment and retention in coverage programs (see pp. 17–18 of the full report).

## Many Latino Children Face Unique Barriers to Health Coverage

◆ Latino children living in immigrant families have poor access to health coverage. In addition to having higher uninsurance rates than children living in citizen families, Latino children in immigrant families are more likely to be uninsured than non-Hispanic children. For instance, one study found that among children in low-income noncitizen families, 74% of Latino children were uninsured, compared to 36% of Black children, 22% of Asian children, and 17% of White children.<sup>10</sup> Immigrant families are less likely to be offered employer-based coverage, and they face barriers to safety-net programs due to fear and confusion around restrictions even when their children are eligible.

◆ Latino children in limited-English-proficient (LEP) families are likely to go uninsured. While most Hispanics are fluent in English, some speak English “less than very well” and are considered to be LEP. Linguistic barriers play a significant role in impeding Latinos’ access to coverage. A 2003 study by the Kaiser Commission on Medicaid and the Uninsured found that primary language was an important factor in whether Hispanic children were covered by a health plan. The researchers found that low-income Latino children in English-dominant families where all members were citizens had an uninsurance rate (16%) similar to the rate of low-income non-Hispanic White children in English-dominant citizen families (17%). Yet when researchers focused on Latino low-income citizen families, children in Spanish-dominant homes were more likely (26%) to be uninsured than the children in English-dominant homes (16%).<sup>11</sup> When language barriers *and* citizenship barriers were present, Latino children were even less likely to be covered by any type of health plan.

◆ Latino children and their families continue to face discrimination when seeking health coverage. An independent study commissioned by NCLR in 2005 showed discriminatory treatment against Hispanics seeking public health coverage for their citizen children. In the study, 80% of Spanish-speaking testers reported at least one discriminatory practice during their on-site and telephonic interchanges with the government agency.<sup>12</sup>

## Conclusion

Children should not be saddled with the problems that result from insufficient access to health care. Hispanic children, and children from communities of color across the nation, are at greater risk than non-Hispanic White children for poor health outcomes that disrupt their abilities to learn, develop, and achieve. These disparities cannot be eliminated unless policymakers address the health coverage gap, a barrier that perpetuates inequitable health outcomes—and life chances—for so many Latino children.

## Endnotes

- <sup>1</sup> Agency for Healthcare Research and Quality, *2006 National Healthcare Disparities Report*, AHRQ Pub. No. 07-0012 (Rockville, MD: U.S. Department of Health and Human Services, December 2006), 170–171.
- <sup>2</sup> *Ibid.*, 7.
- <sup>3</sup> The Child and Adolescent Health Measurement Initiative, “National Survey of Children’s Health,” Indicator 4.9, 2003, <http://nschdata.org/DataQuery/SurveyTopics.aspx> (accessed July 2008).
- <sup>4</sup> Laura P. Shone et al., “Reduction of Racial and Ethnic Disparities After Enrollment in the State Children’s Health Insurance Program,” *Pediatrics* 115, no. 6 (June 2005): e697–e705, <http://pediatrics.aappublications.org/cgi/content/full/115/6/e697> (accessed July 2008).
- <sup>5</sup> Meredith King, *The SCHIP Shortfall Crisis: Ramifications for Minority Children* (Washington, DC: Center for American Progress, March 2007), [http://www.americanprogress.org/issues/2007/03/pdf/schip\\_report.pdf](http://www.americanprogress.org/issues/2007/03/pdf/schip_report.pdf) (accessed July 2008).
- <sup>6</sup> For a summary of the impact of health outcomes on school achievement, see M. Iya Kahramanian et al., *Maximizing Societal Contributions in Latino Adults by Investing in Latino Children’s Health Care* (Los Angeles: The California Endowment, April 2005), [http://www.calendow.org/Collection\\_Publications.aspx?coll\\_id=44&ItemID=310#](http://www.calendow.org/Collection_Publications.aspx?coll_id=44&ItemID=310#) (accessed July 2008).
- <sup>7</sup> NCLR calculation using data from the U.S. Census Bureau, *Current Population Survey*, “2006 Annual Social and Economic Supplement,” Conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington, DC, 2007, [http://pubdb3.census.gov/macro/032007/health/h08\\_000.htm](http://pubdb3.census.gov/macro/032007/health/h08_000.htm) (accessed July 2008).
- <sup>8</sup> *Ibid.*
- <sup>9</sup> *Ibid.*
- <sup>10</sup> Leighton Ku and Timothy Waidmann, *How Race/Ethnicity, Immigration Status and Language Affect Health Insurance Coverage, Access to Care and Quality of Care Among the Low-Income Population* (Washington, DC: Kaiser Commission on Medicaid and the Uninsured, August 2003), <http://www.kff.org/uninsured/loader.cfm?url=/commonspot/security/getfile.cfm&PageID=22103> (accessed July 2008).
- <sup>11</sup> *Ibid.*
- <sup>12</sup> Equal Rights Center, *Department of Human Services Language Access Testing* (Washington, DC: Equal Rights Center, commissioned by the National Council of La Raza, January 2005).