

# LATINO CHILDREN'S HEALTH AND WELL-BEING: CHIP MAKES ALL THE DIFFERENCE

## Background

The Children's Health Insurance Program (CHIP), a federal-state partnership building off of Medicaid, provides health coverage for children of low- and moderate-income families who are often working but do not have the financial resources to purchase private insurance. CHIP has shown great potential to play a fundamental role in ensuring that Latino\* children and families have adequate health care services. Uninsured children are more likely to go without needed health care. For instance, uninsured children are 18 times more likely

than children with continuous public or private coverage to have unmet health needs; they are also 12 times more likely to have delayed care and seven times more likely to have unfilled prescriptions.<sup>1</sup> When chronic or serious conditions develop as a result, families face expensive health care bills and mounting debt. In addition, children who lack coverage have poor access to consistent care from a regular provider. CHIP can make all the difference for Latino children whose families have difficulty accessing traditional health coverage.

## Lack of health coverage is a serious problem for Latino children.

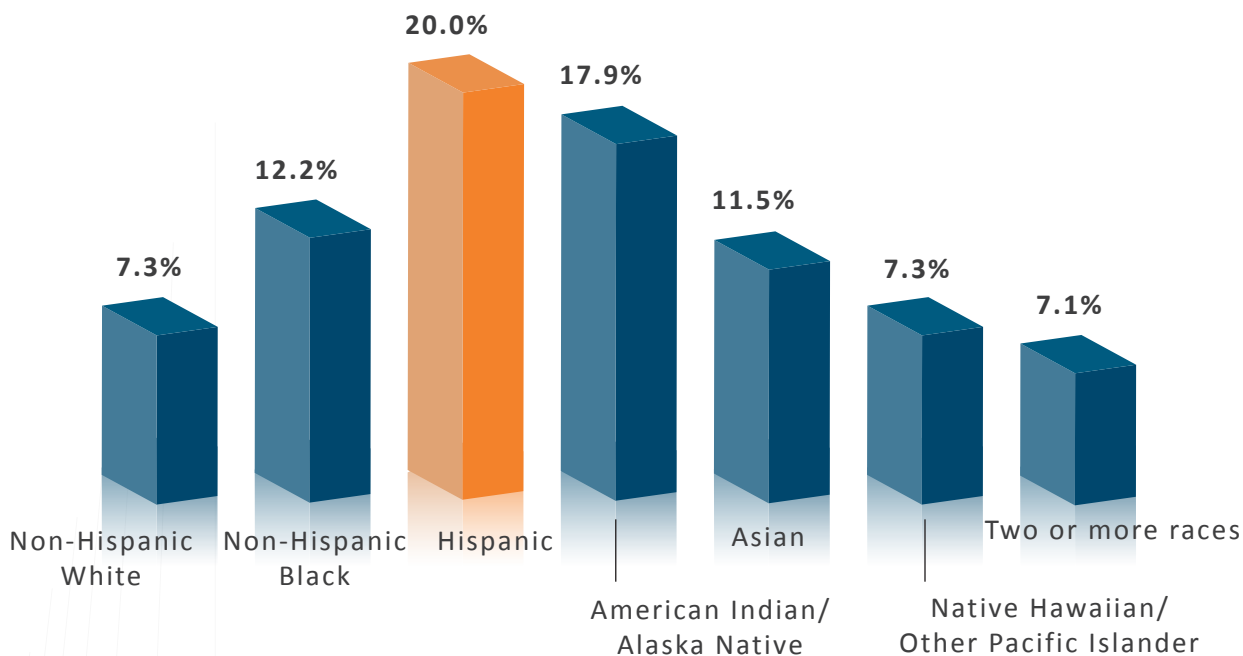
**Compared to non-Hispanic children, Latino children are less likely to have health insurance.**

- Latino children make up a substantial share of uninsured children in the U.S. In 2007, 3.2 million (38.7%)<sup>†</sup> of the estimated 8.1 million children under age 18 who lacked health coverage in the U.S. were Hispanic.<sup>2</sup>
- Because Latinos make up about one in five (21.2%) of all children under age 18, they are disproportionately represented among the uninsured.<sup>3</sup>
- Compared to their non-Hispanic peers, Hispanic children have the lowest rate of health coverage. In 2007, one in five (20%) Hispanic children lacked health insurance, compared to one in eight (12.2%) non-Hispanic Black and one in 13 (7.3%) non-Hispanic White children<sup>4</sup> (See Figure on page 2).

\* The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.

<sup>†</sup> Estimates from the U.S. Bureau of the Census's *Current Population Survey* do not include the 3.9 million residents of Puerto Rico.

## PERCENTAGE OF CHILDREN WITHOUT HEALTH COVERAGE BY RACE/ETHNICITY, 2007



Source: U.S. Bureau of the Census, "2007 Annual Social and Economic Supplement", *Current Population Survey*, Washington, DC, 2008, [http://www.census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://www.census.gov/hhes/www/cpstc/cps_table_creator.html) (accessed December 2008).

### Uninsured Latino children are at risk for poor health consequences.

- The Urban Institute calculated that in 2002, two-thirds (68%) of uninsured children in fair or poor health were Hispanic; in comparison, 19% of these children were non-Hispanic Blacks and 12% were non-Hispanic Whites.<sup>5</sup>
- One study found that uninsured Latino children were less likely (1%) than insured Latino children (16%) to have a regular source of care and make doctor visits during the year.<sup>6</sup>

## CHIP holds great promise for Latino children.

### Most Hispanic children without insurance are income-eligible for CHIP.

- According to Census estimates, 33% of uninsured Hispanic children are living at or below 100% of the federal poverty level (FPL) and 39.2% are living between 100–200% of the FPL.<sup>7</sup> In other words, nearly three-quarters (72%) of all uninsured Latino children fall within the household income ranges that qualify for CHIP.
- One study found that from 2003 to 2004, there was a 20.5% decrease in uninsurance among all children since CHIP's inception (1997–1998).<sup>8</sup> Among Latino children, the gains were even greater: uninsurance among Hispanic children dropped by 26.7% over the same period.

**Evidence shows that CHIP substantially improves health care outcomes and levels the playing field for all racial and ethnic groups.**

- One study found that before participating in CHIP, 61% of non-Hispanic White children made all or most of their health care visits to a usual source of care, compared to 54% of non-Hispanic Black children and 34% of Hispanic children. After enrolling in CHIP, disparities by race/ethnicity were no longer observed and all children experienced improved access to a regular provider (87% of White, 86% of Black, and 92% of Hispanic children had a usual source of care).<sup>9</sup>
- Participation in CHIP also equitably reduced unmet health needs. Before CHIP enrollment, 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 of children.<sup>10</sup>

**Conclusion: CHIP is crucial to closing the gap in Latino children's health coverage.**

Since its inception more than a decade ago, CHIP has considerably reduced the number of uninsured children by enrolling millions and by identifying scores of additional children, through states' outreach and education efforts, who were eligible for but not enrolled in Medicaid. Although Latino families face numerous obstacles, such as cultural and linguistic barriers and limitations for noncitizens

that lower their children's participation rate, CHIP is an effective program for Hispanic children whose families are without traditional employer-based coverage. Together with Medicaid, CHIP provides thousands of Latino children with access to affordable health care that they would not otherwise have, increasing their chances of growing up to be healthy, fit, and productive.

## Endnotes

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1. Lynn M. Olson, et al., "Children in the United States with Discontinuous Health Insurance Coverage," *The New England Journal of Medicine*, 353, No. 4 (July 2005): 382-391. See Table 4.
2. NCLR calculation using data from: U.S. Census Bureau, "2007 Annual Social and Economic Supplement," *Current Population Survey*. Washington, DC, 2008, [http://census.gov/hhes/www/cpstc/cps\\_table\\_creator.html](http://census.gov/hhes/www/cpstc/cps_table_creator.html) (accessed December 2008).
3. Ibid.
4. Ibid.
5. Glenn Flores, Milagros Abreau, and Sandra C. Tomany Korman, "Why Are Latinos the Most Uninsured Racial/Ethnic Group of U.S. Children? A Community Study of Risk Factors for and Consequences of Being an Uninsured Latino Child," *Pediatrics*, 118, No. 6 (September 2006): e730–e740.
6. "Two-thirds of Uninsured Children in Fair or Poor Health Are Hispanic," (Washington, DC: The Urban Institute, April 24, 2004), <http://www.urban.org/UploadedPDF/900702.pdf> (accessed December 2008).
7. NCLR calculation using data from U.S. Bureau of the Census, "2007 Annual Social and Economic Supplement."
8. "The State of Kids' Coverage," (Minneapolis, MN: State Health Access Data Assistance Center, University of Michigan, August 9, 2007). See Figure 5, Children (0–17 Years) Lacking Health Insurance Coverage by Race/Ethnicity, Change from 1997–1998 to 2003–2004, <http://coveringkidsandfamilies.org/press/docs/2006StateofKidsCoverage.pdf> (accessed December 2008).
9. 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.
10. Ibid.