

COMMUNITY NEED:

UNINSURANCE HOLDS BACK LATINO CHILDREN FROM ACCESSING HEALTH CARE IN CALIFORNIA.

In California, Hispanic¹ children are more likely to be uninsured than children of any other racial or ethnic group.

- Hispanic children under age 18 are more than twice as likely (14.9%) as White children (6.1%) to be uninsured and are also more likely to lack coverage than Black (10%) or Asian (8.4%) children.²
- In fact, while Hispanics make up nearly half (48.7%) of the child population in California, they compose more than two-thirds (67.5%) of all uninsured children in that state³ (see Figure 1).

Mirroring nationwide trends, uninsured Latino children in California are less likely to have regular access to health care.

- One in four (25.7%) uninsured Latino children had no usual source of health care in 2007, compared to just 8% of insured Latino children.
- In 2003, uninsured Latino children were more than twice as likely (29.5%) as their insured counterparts (12.3%) to have had no doctor visits in the previous year.⁵
- Uninsured Latino children (12.2%) were also more likely than insured Latino children (7.2%) to have delayed or done without medical care during that year.⁶

COMMUNITY RESPONSE:

COORDINATED CARE MODELS CONNECT UNINSURED CHILDREN WITH NEEDED HEALTH CARE.

Health coverage is a critical factor in the ability of families to access health care for their children. Uninsured children are more likely to miss out on doctor visits, screenings, and treatments that they need to be at their healthiest. Coordinated care models, such as the award-winning model developed by the San Ysidro Health Center (SYHC) in San Ysidro, CA, overcome the barrier of uninsurance by helping families get their children all of the health care that the doctor orders.

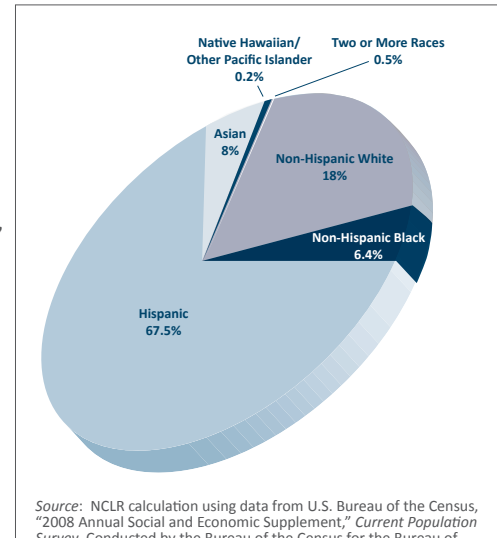
SYHC is a federally qualified community health center located near the southern U.S. border in California. For 40 years, SYHC has improved access to affordable, quality health care for children and families. In 2008, SYHC served about 60,000 registered patients, the vast majority (84%) of whom were Latino. More than half (52%) of its patients are uninsured, and 45% are children ranging in age from birth to 19 years. SYHC does not turn patients away, regardless of their insurance status or ability to pay for services.

To ensure healthy outcomes for children and families in the community, SYHC offers case management services for its high-risk pediatric patients. A bilingual, bicultural pediatric care coordinator works with families to overcome obstacles to health care access and improve children's health. The coordinator primarily works with children with complex health conditions (such as developmental issues, mental or behavioral problems, and multiple significant diagnoses) as well as a variety of barriers to care.

SYHC's pediatric case management staff provide coordination and tracking of primary care visits, specialty visits, and other care, including support services and referrals. Often, staff work with schools and community resource agencies to facilitate children's access to care. To ensure that families are supported, patient education is provided to children and their caregivers as well as follow-up activities and home visits when needed. This innovative model has served 788 children since its inception in April 2006, improving not only their health care access but also their quality of life.

Figure 1:

California's Uninsured Children Under Age 18 by Race/Ethnicity, 2007



Source: NCLR calculation using data from U.S. Bureau of the Census, "2008 Annual Social and Economic Supplement," *Current Population Survey*. Conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington, DC, 2008, http://www.census.gov/hhes/www/cpstc/cps_table_creator.html (accessed June 2008).

Coordinating Crystal's Care

Crystal is a five-year-old patient of the San Ysidro Health Center with multiple complex health conditions. She needs certain types of care from the local hospital. However, Crystal is uninsured, and Crystal's family is often unable to afford the cost of hospital services. Many times, they have been unable to keep all of the appointments that Crystal needs to manage her health.

Upon learning of this issue, Crystal's doctor referred her family to SYHC's pediatric case management services. Her pediatric care coordinator is in constant communication with Crystal's family, her doctor, the hospital, and other community organizations to ensure that the child receives all of the services her doctor orders. In some cases, local agencies are able to meet Crystal's needs, and in others, a state program covers the cost of specific hospital care. Financial barriers no longer force Crystal's family to choose between their daughter's health and other basic household needs.

Today, Crystal is receiving proper care because of the work of the pediatric care coordination staff at SYHC, even though she is still uninsured. There are millions of uninsured children like Crystal in California—and throughout the United States—whose health care access can be greatly improved by coordinated care.

Endnotes

¹ 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. Furthermore, unless otherwise noted, estimates in this document do not include the 3.9 million residents of Puerto Rico.

² NCLR calculation using data from U.S. Bureau of the Census, “2008 Annual Social and Economic Supplement,” *Current Population Survey*. Conducted by the Bureau of the Census for the Bureau of Labor Statistics. Washington, DC, 2008, http://www.census.gov/hhes/www/cpssc/cps_table_creator.html (accessed June 2009).

³ Ibid.

⁴ NCLR calculation using data from *2007 California Health Interview Survey*, online table creator, <http://www.chis.ucla.edu/main/DQ3/geographic.asp> (accessed June 2009).

⁵ Ibid.

⁶ Ibid.