

# Latino<sup>1</sup> Children's Health and Well-being: SCHIP Makes All the Difference

## Background

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The State Children's Health Insurance Program (SCHIP), 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. SCHIP 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. Further, uninsured children are 12 times more likely to have delayed care and seven times more likely to have unfilled prescriptions.<sup>2</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.

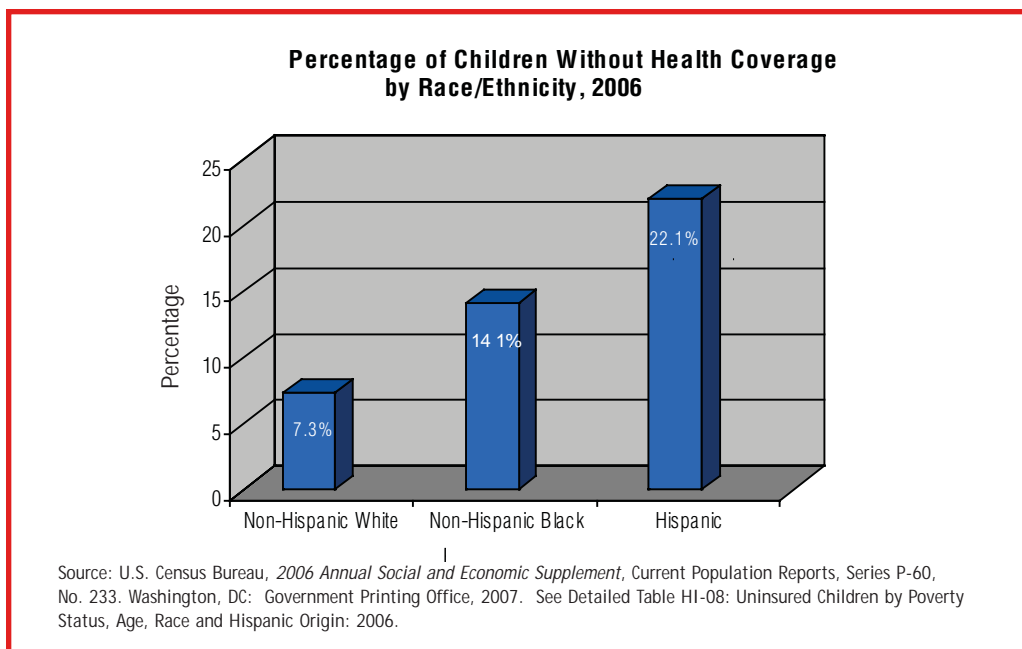
SCHIP can make all the difference for Latino children whose families have difficulty accessing traditional health coverage.

## Lack of Health Coverage is a Serious Problem for Latino Children

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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 2006, 3.4 million (38.8%) of the estimated 8.6 million children under age 18 who lacked health coverage in the U.S. were Hispanic.<sup>3</sup>
- ▶ Because Latinos make up about one in five (20.5%) of all children under age 18, they are disproportionately represented among the uninsured.<sup>4</sup>
- ▶ Hispanic children have the lowest rate of health coverage, compared to their non-Hispanic peers. In 2006, more than one in five (22.1%) Hispanic children lacked health coverage, compared to one in seven (14.1%) non-Hispanic Black and one in 13 (7.3%) non-Hispanic White children.<sup>5</sup> (See chart on page 2).



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

- ▶ 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>
- ▶ 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>7</sup>

## SCHIP Holds Great Promise for Latino Children

**Most Hispanic children without insurance are income-eligible for SCHIP.**

- ▶ The Kaiser Commission on Medicaid and the Uninsured has calculated that of uninsured Hispanic children, 47.6% are living at or below 100% of the federal poverty level (FPL) and 34.5% are living between 100-200% of the FPL.<sup>8</sup> In other words, about 82% of all uninsured Latino children fall within the household income ranges that qualify for SCHIP.

**SCHIP is working.**

- ▶ One study found that by 2003-2004, there was a 20.5% decrease in uninsurance among all children since SCHIP's inception (1997-1998).<sup>9</sup> Among Latino children, the gains were even greater: uninsurance among Hispanic children dropped by 26.7% over the same period.

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

- ▶ One study found that before participating in SCHIP, 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 SCHIP, 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>10</sup>
- ▶ Participation in SCHIP also equitably reduced unmet health needs. Before SCHIP 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>11</sup>

## **SCHIP is crucial to closing the gap in Latino children's health coverage**

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Since its inception ten years ago, SCHIP 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 multiple obstacles that lower their children's participation rate, such as cultural and linguistic barriers and limitations for noncitizens,

SCHIP is an effective program for Hispanic children whose families are without traditional employer-based coverage. Together with Medicaid, SCHIP 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.

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## Endnotes:

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1. The terms "Hispanic" and "Latino" are used interchangeably by the U.S. Census Bureau and throughout this document to identify persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race.
2. Olson, Lynn M., Suk-fong S. Tang, and Paul W. Newacheck, "Children in the United States with Discontinuous Health Insurance Coverage," *The New England Journal of Medicine*, Vol. 353, No. 4, July 2005, pp. 382-391. See Table 4.
3. NCLR calculation using data from: U.S. Census Bureau, *2006 Annual Social and Economic Supplement*, Current Population Reports, Series P-60, No. 233. Washington, DC: Government Printing Office, 2007. See Detailed Table HI-08: Uninsured Children by Poverty Status, Age, Race and Hispanic Origin: 2006. Available online at [http://pubdb3.census.gov/macro/032007/health/h08\\_000.htm](http://pubdb3.census.gov/macro/032007/health/h08_000.htm) (accessed September 12, 2007).
4. U.S. Census Bureau, *2006 Annual Social and Economic Supplement*, Current Population Reports, Series P-60, No. 233. Washington, DC: Government Printing Office, 2007. See Detailed Table HI-08: Uninsured Children by Poverty Status, Age, Race and Hispanic Origin: 2006. Available online at [http://pubdb3.census.gov/macro/032007/health/h08\\_000.htm](http://pubdb3.census.gov/macro/032007/health/h08_000.htm) (accessed September 12, 2007).
5. *Ibid.*
6. Flores, Glenn, 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*, Vol. 118, No. 3, September 2006, pp. e730-e740.
7. "Two-thirds of Uninsured Children in Fair or Poor Health Are Hispanic." Washington, DC: The Urban Institute, April 24, 2004. Available online at <http://www.urban.org/UploadedPDF/900702.pdf> (accessed August 27, 2007).
8. "Insurance Coverage of Children by Race/Ethnicity and Poverty Level in 2005: National and State Level Estimates." Washington, DC: The Kaiser Commission on Medicaid and the Uninsured, 2007. See Table 2, Distribution of Uninsured Children in Each Race/Ethnicity by Poverty Level. Available online at <http://www.kff.org/medicaid/upload/kcmu051706oth.pdf> (accessed July 17, 2007).
9. "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. Available online at <http://coveringkidsandfamilies.org/press/docs/2006StateofKidsCoverage.pdf> (accessed July 16, 2007).
10. Shone, Laura P., Andrew W. Dick, Jonathan D. Klein, Jack Zwanziger and Peter G. Szilagyi, "Reduction of Racial and Ethnic Disparities After Enrollment in the State Children's Health Insurance Program," *Pediatrics*, Vol. 115, No. 6, pp. e697-e705.
11. *Ibid.*