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## Maximizing Societal Contributions of Latino Adults by Investing in Latino Children's Health Care

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## Introduction

With health care costs on the rise, population increase, and growing state and federal deficits, paying for insurance has become as difficult for individuals and families as it is for the federal government. While Congress debates how to pay for Medicare and Social Security for the elderly, more and more younger workers are striking for better health coverage, and stories about individuals paying the lion's share of their income for health insurance fill the news. We know what the costs of health insurance are, but equal attention needs to be devoted to the costs of *not* having health insurance. A regular type of health care promotes continuity of care and makes possible the major cost-effective approach to health care: preventive care. Without some form of insurance, either public or private, individuals are unlikely to receive preventive care, which leads them to wait until they are seriously ill and then to seek expensive, episodic emergency room care. It is well-documented that children who receive necessary preventive services are generally in better health than children who do not. It is our contention that the lack of health insurance has far-reaching social consequences. In this study, we propose to look at those consequences by focusing on Latino children, their lack of insurance coverage, how this lack of coverage affects their health and school performance, and how these phenomena impact their ability to contribute as adults to the state's economy and society.

To establish the relationship that health care coverage and access to care have on long-term positive societal contributions, our analysis used publicly available data sources and an extensive literature review. No primary data source, to date has sufficient data elements to make a direct link between health care coverage and long-term societal contributions.

## Health Insurance and Access to Care

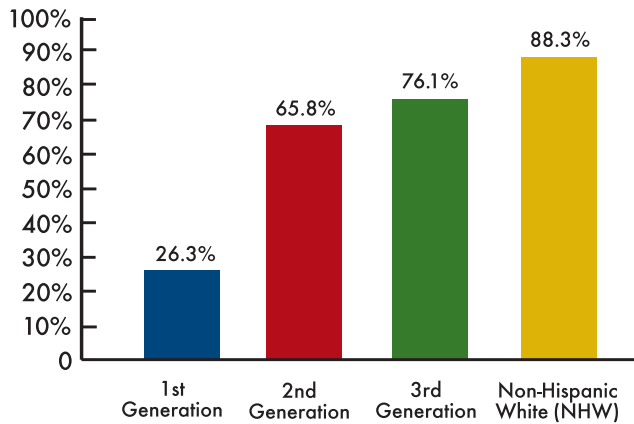
Disparities between Latinos and the non-Hispanic white population are seen in every measure of health insurance status. Overall, a lower percentage of Latinos than whites have some form of insurance. In California, 24 percent of all Latino children, whether they are first-, second- or third-generation\*, are uninsured.<sup>1</sup> Focusing on children of Mexican-American descent, data from the 1999-2000 and 2001-2002 National Health and Nutrition Examination Surveys (NHANES) show patterns of health insurance and access for first- to third-generation children. The data from NHANES reveal that:

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\* First generation means the child and at least one parent was born in a foreign country; second generation means that the child is U.S.-born but at least one parent was born in a foreign country; third generation means that the child and both parents are U.S.-born.

**Lower percentage of Latinos are insured:** 26 percent of first-generation Latino children have health insurance, compared to 88 percent of non-Hispanic white children. (Figure 1).

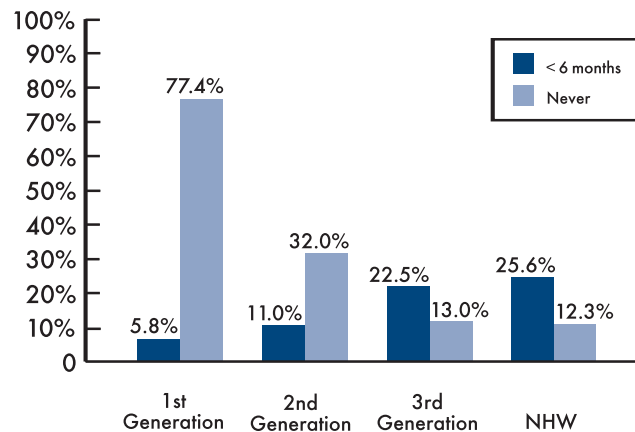
**FIGURE 1:**  
Percentage insured, by generational status



Source: 1999-2000 and 2001-2002 National Health and Nutrition Examination Survey.

**Latinos are more likely never to have been insured:** 77 percent of first-generation Latino children have never been insured, compared to 12 percent of non-Hispanic white children. (Figure 2).

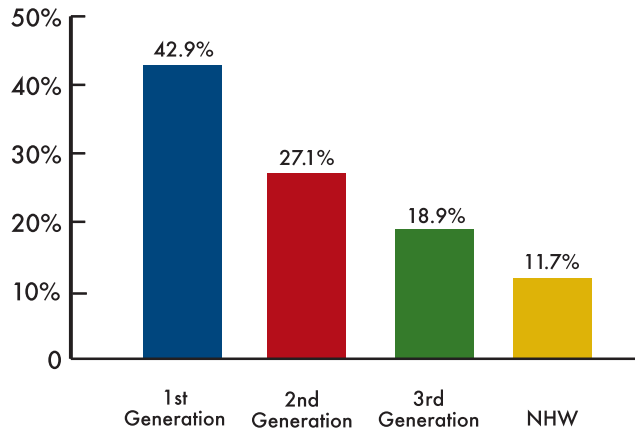
**FIGURE 2:**  
Length of time since last insured, by generational status



Source: 1999-2000 and 2001-2002 National Health and Nutrition Examination Survey.

**Latinos are more likely not to have received care in the last 12 months:** 43 percent of first-generation Latino children did not receive care in the last year, compared to 12 percent of non-Hispanic white children. (Figure 3).

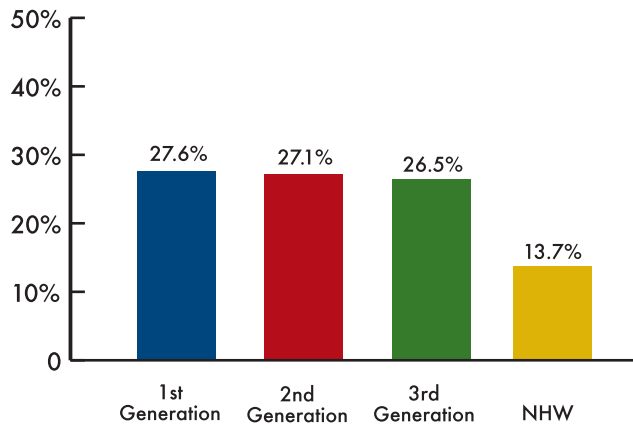
**FIGURE 3:**  
Not receive care in last 12 months



Source: 1999-2000 and 2001-2002 National Health and Nutrition Examination Survey.

**Latinos are more likely not to have received care in more than three years:** 28 percent of first-generation Latino children have gone more than three years since their last health care visit, compared to 14 percent of non-Hispanic white children. (Figure 4).

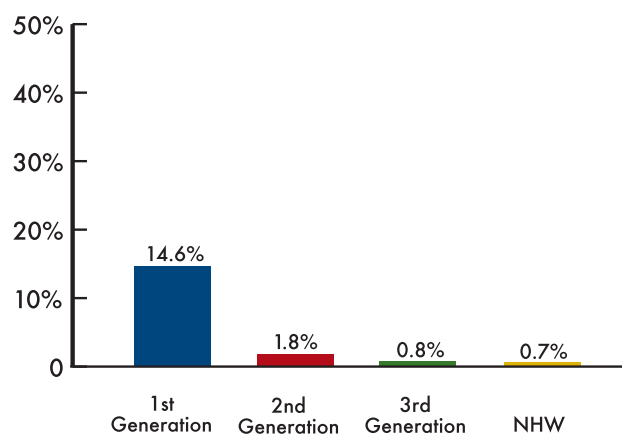
**FIGURE 4:**  
Time since last health care visit: 3+ years



Source: 1999-2000 and 2001-2002 National Health and Nutrition Examination Survey.

**Latinos are more likely to have never received care:** 15 percent of first-generation Latino children have never received medical care compared to 1 percent of non-Hispanic white children. (Figure 5).

**FIGURE 5:**  
Time since last health care visit: Never



Source: 1999-2000 and 2001-2002 National Health and Nutrition Examination Survey.

The American Academy of Pediatrics (AAP) recommends that a child should receive 11 well-baby visits by the time she is 24 months old, assuming that the child has no illnesses during this time (a child with an illness should receive more visits). Between the ages of 2 and 21, the AAP recommends 17 additional well-child visits, again assuming no other illnesses.<sup>2</sup> This is a total of 28 regular checkups that a number of Mexican-American children never have. If a child were to have an illness, the number of well-care visits would greatly exceed the 28 regular checkups recommended for a child without illness.

### Childhood Illnesses and Chronic Conditions Disproportionately Affect Latino Children

In general, Latino children miss more days of school than do their non-Hispanic white counterparts, and they suffer from vaccine-preventable childhood illnesses in staggering numbers. Access to preventive care and timely reception of immunizations can eliminate absences due to common vaccine-preventable illnesses. If a child has not been immunized and contracts a childhood disease, but has access to medical care, she will lose an average of 16 days of school per year. However, an un-immunized child without access to treatment will lose an average of 24 days, for illnesses that could have been prevented.\*

The chronic conditions that affect school attendance so heavily are also disproportionately present in Latino children:

**Cancer:** Analysis of California Hospital Discharge data revealed that Latino children are more than twice as likely to be hospitalized for a cancer-related diagnosis than non-Hispanic whites. Latino children generated 48 hospitalizations per 100,000 compared to 21 for non-Hispanic white children.<sup>3</sup>

\* Loss of school days is associated with incidence of hepatitis A and pertussis. Twenty-six days are lost per incidence of hepatitis A. Twenty-one days are lost per incidence of pertussis for those with no access to treatment. With access to treatment for pertussis, a child loses only five days. Data from: [http://www.health.vic.gov.au/ideas/diseases/gr\\_vacc.htm](http://www.health.vic.gov.au/ideas/diseases/gr_vacc.htm)



**Diabetes:** Data from the 2001 California Health Interview Survey indicated that when children aged 12-21 years were asked if they had been diagnosed with diabetes, 44 percent of Latinos said yes, compared to 31 percent of non-Hispanic whites.<sup>4</sup> The American Diabetes Association warns that recent clinic-based reports and regional studies indicate that Type 2 diabetes is becoming more common among Native American/American Indian, African-American, and Hispanic and Latino children and adolescents.<sup>5</sup>

**Asthma:** One study, which controlled for the effect of insurance by examining only children in managed Medicaid plans, found that although Latino children and non-Hispanic whites had equivalent scores on the AAP's Children's Health Survey for Asthma, Latinos had missed more school days in the previous two weeks.<sup>6</sup> Study results revealed that Latino children were 42 percent less likely to be using anti-inflammatory medications to prevent attacks. The study also revealed that Latinos had fewer outpatient visits than non-Hispanic whites, again indicating that their asthma was not being managed as well and that preventive care was not being administered. Lieu, *et al.*, concluded that the asthma status for Latino children was worse and that they were less likely to be engaged in preventive care.

Additional developmental conditions, such as dental, vision and hearing problems, attention deficit and hyperactivity disorder, also affect Latino children disproportionately and may affect both school attendance and school performance.

**Dental:** Data from the 2002 National Health Interview Survey (NHIS) commissioned by the National Center for Health Statistics (NCHS) show that 8 percent of Mexican-American children aged 2-17 years had unmet dental needs in the past 12 months, compared to 5 percent of non-Hispanic white children.<sup>7</sup> The percentage of Mexican-American children going between two and five years without dental contact was almost triple that of non-Hispanic white children (6 percent and 2 percent, respectively). On a national scale, the Dental Health Foundation found that tooth decay is the single most common chronic childhood disease, which greatly affects school absenteeism. Children lose more than 51 million school hours each year to dental-related illness.<sup>8</sup>

**Vision:** According to a study using data from the 1982-1984 Hispanic Health and Nutrition Examination Survey (HHANES), which was also commissioned by NCHS, the prevalence of uncorrected binocular distance visual impairment is 15 percent for Mexican-American children aged 6 to 19 years.<sup>9</sup> One study found that having uncorrected vision was significantly associated with below-average IQ scores, which was significantly associated with school performance.<sup>10</sup>

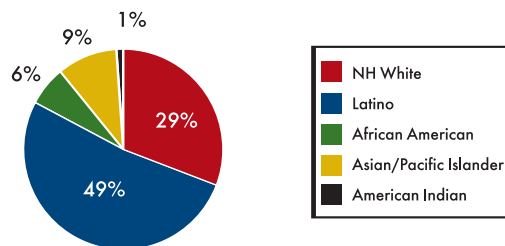
**Hearing:** In a study estimating the prevalence of sensorineural hearing loss (SNHL) and the rate of cochlear implantation among children with SNHL, it was found that while non-Hispanic white children comprised 51 percent of the study population, they comprised 73 percent of those being given cochlear implants.<sup>11</sup> On the other hand, Mexican-American children comprised 27 percent of the population of children with SNHL, and only 9.0 percent of those who received cochlear implants. Cochlear implants help children with understanding their environment and speech. It is clear that Mexican-American children are being implanted at far lower rates than non-Hispanic white children, again contributing to disparately unmet needs in the Mexican-American population.

**Attention Deficit and Hyperactivity Disorder (ADHD):** There are great disparities concerning attention deficit and hyperactivity disorder (ADHD). A study by Stevens, *et al.*, involving children aged 3-18 found that Latino children were less likely to receive a diagnosis of ADHD and less likely to receive a stimulant prescription than non-Hispanic white children. After adjusting for both insurance status and region, Latino children still were nearly 75 percent less likely to receive an ADHD diagnosis during an outpatient visit to a primary care provider, and nearly 75 percent less likely to receive a stimulant prescription, compared with white children in the same setting.<sup>12</sup>

### California Children in the 21st Century

The Department of Finance population data project found that in the fall of 2006, 1,522,221 children, aged 4-6 years,<sup>13</sup> will be eligible to enroll in the state's kindergarten classrooms. This group of children, born at the dawn of the 21st century, will complete their education and enter the work force by 2026. The goal now is to prepare these children so that they will maximize their contributions to the state's economy and society, be productive employees, establish self-sustaining families and become active civic participants. About half of these children (741,997) will be Latino. This demographic fact has the potential to influence the productivity of the state's 21st century work force and citizens to a great extent. (Figure 6).

**FIGURE 6:**  
Ethnic composition of children age 4 to 6 years, California, 2006

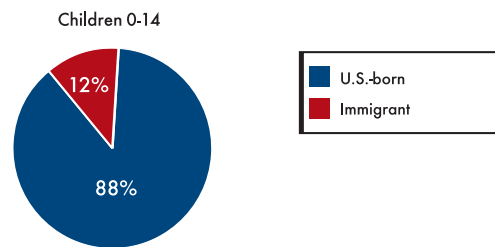


Source: California Department of Finance, California Projections.



According to the 2000 U.S Census, 88 percent of Latino children in California, ages 0-14 years, are U.S born citizens.<sup>14</sup> (Figure 7). U.S.-born and immigrant children are usually siblings in a single family, and both will live their adult lives in California.

**FIGURE 7:**  
Latino children by nativity, California, 2000



Source: U.S. Census 2000.

### School Absence Affects Achievement

Many studies show that healthy children are more likely to succeed in school, largely because they avoid many illness-caused absences. One researcher estimates that students who miss even as few as 10 days of school a semester have difficulty staying at grade level.<sup>15</sup> In a report titled “The Influence of Health on School Outcomes,” Wolfe found an association between absenteeism and lower school achievement.<sup>16</sup> Students with chronic health conditions missed significantly more days than students without them.<sup>17</sup> In her study, Wolfe also found that children who had absences due to chronic illness had even lower school achievement, compared to children who were absent for other non-chronic illness reasons.<sup>18</sup>

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An ethnic breakdown of Los Angeles Unified School District (LAUSD) students demonstrated that in 2000-2004 enrollments, on average 72 percent of students were Latino, 12 percent African-American and 9 percent non-Hispanic white.<sup>19</sup> Clearly, Latinos are the largest population in the LAUSD school population. In the Los Angeles Unified School District, students had an average attendance rate of 85 percent, or less in 1999-2000.<sup>20</sup> This means that in a 180-day school year, students on average missed at least 27 days (15 percent of all days missed) during the school year.

Currently, no formal studies link health insurance directly with school performance. Yet, researchers have begun to look at the connection between insurance, regular access to health care and school performance. In one study, Judith Lave and her research team found that after 12 months of enrollment in a health plan, 99 percent of previously uninsured

children had a regular source of medical care and 85 percent had a regular dentist.<sup>21</sup> The percentage of children with unmet needs or delayed care decreased from 57 percent to 16 percent. In addition, Lave reported that the grades of children suffering from headaches and visual impairment improved after insurance paid for glasses.

A study conducted by Keane, *et al*, examined the effect of enrollment in a health insurance program among different age groups of children. Before obtaining health insurance, older children (11-19 years) were more likely than younger children (0-5 years) to: a) have had unmet or delayed care, b) have not received health care, c) have low access, and d) have had activities limited by their parents.<sup>22</sup> Health insurance coverage eliminated low usage, low access and limited activities in the older age groups. Additionally, after year one of enrollment, unmet needs and delayed care were practically nonexistent in all groups.

A study conducted by the Managed Risk Medical Insurance Board (MRMIB), funded by the David and Lucile Packard Foundation, examined the positive effects of being enrolled in the Healthy Families Program (HFP), California's S-CHIP program. MRMIB completed a longitudinal survey of families whose children were newly enrolled in HFP in 2001 to measure changes in health over two years of enrollment in the Healthy Families Program. The report demonstrated that after one year of enrollment, there was a dramatic increase in the quality of life and improvements in school performance for children who are in the poorest health.<sup>23</sup> The authors reported that the greatest increases that occurred within school performance were related to paying attention in class and keeping up with school activities. The most significant improvement in health status and school performance occurred in the first year of enrollment, with most of the gains sustained through the second year of enrollment.

### Prepared Adult Latinos Contribute More

By failing to receive adequate, regular access to health care, Latino children are, quite simply, failing to achieve their potential in school. As a result of this failure, Latino children are not being prepared to maximize the contributions they will make as adults. Analysis

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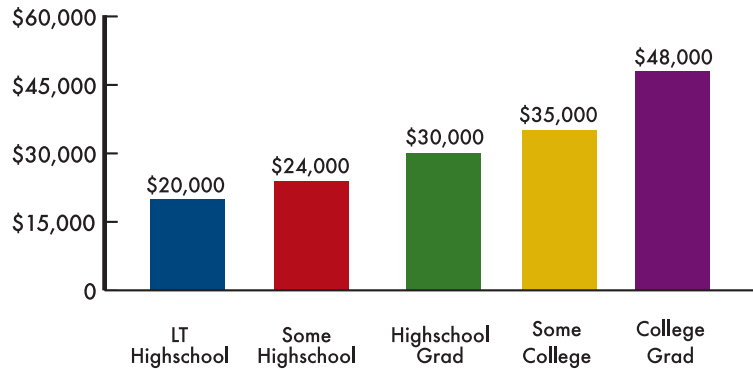
of educational attainment across major racial and ethnic groups in California demonstrates tremendous disparity. Among Californians aged 25 and older, U.S.-born Latinos were more likely to have less than a high school education (9 percent) than non-Hispanic whites (3 percent). In a similar fashion, college completion is substantially lower for U.S.-born Latinos (13 percent), compared to non-Hispanic whites (34 percent).<sup>24</sup> Under current policy and with current population composition – nearly 50 percent Latino – such sub-optimization of Latino children will affect everyone, not just Latinos themselves.

Analysis of the 2000 U.S. Census for societal contributions demonstrates that a Latino adult with more education in general makes more contributions to society than a Latino adult with less

education. We have created surrogate measures to examine societal contributions that include indicators such as income,\* family sustainability,+ home ownership and voting.\*\*

**Income:** U.S.-born Latino college graduates earn 140 percent more than U.S.-born Latinos with less than a high school education. (Figure 8).

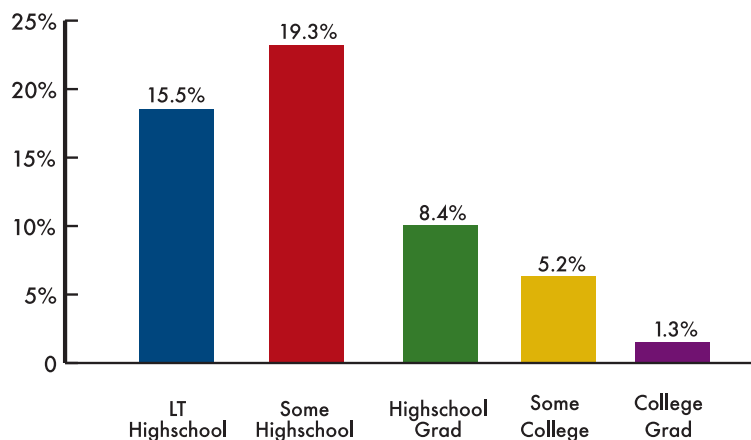
**FIGURE 8:**  
U.S.-born Latino median income by educational attainment (Age 25+), California, 2000



Source: U.S. Census 2000.

**Family Sustainability:** Children raised in better-educated families are less likely to grow up relying on public assistance. U.S.-born Latino college graduates rely 92 percent less on public assistance than U.S.-born Latinos with less than a high school education. (Figure 9).

**FIGURE 9:**  
U.S.-born Latino family sustainability by educational attainment (Age 25+), California, 2000



Source: U.S. Census 2000.

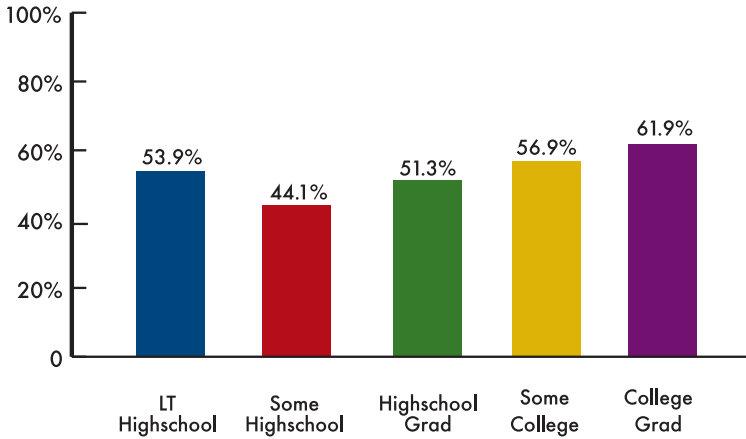
\* Income is defined as: earned income year round, of a full-time worker working 32+ hours and employed 52 weeks.

+ Family sustainability is defined as: one that did not need to rely on public assistance for any part of its income.

\*\* Voting data from 2000 U.S. Census, Voting and Registration Supplement.

**Home ownership:** U.S.-born Latinos with a college degree are 15 percent more likely to own a home than U.S.-born Latinos with less than a high school education. (Figure 10).

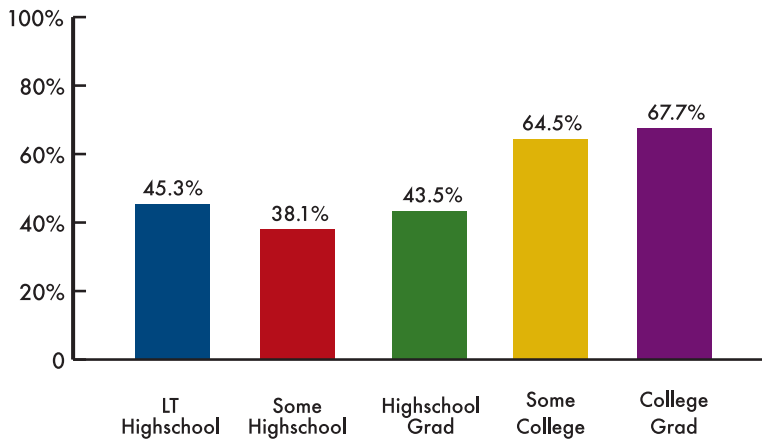
**FIGURE 10:**  
U.S.-born Latino homeowners by educational attainment (Age 25+), California, 2000



Source: U.S. Census 2000.

**Voting:** U.S.-born Latinos with a college degree are 50 percent more likely to vote than U.S.-born Latinos with less than a high school education. (Figure 11).

**FIGURE 11:**  
U.S.-born Latino voter participation by educational attainment (Age 25+), California, 2000



Source: U.S. Census 2000.

Under current policy, Latino children are not receiving the necessary investments to maximize the contributions they will make as adults. However, if these same Latino children were to receive better preparation and increased opportunities as a direct result of providing increased access to health care, societal contributions would greatly increase and could result in great strides towards economic parity.

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# Cover California's Kids

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