



HIGHLIGHTS

- 15% of Latino families report having difficulty receiving the health care they need.
- 1 in 4 Latino children lacks health insurance.
- Latino children are more likely than African Americans and non-Latino whites to be uninsured.
- Latino youth are more likely than African American and non-Latino white youth to lack a usual source of health care.
- Latino youth are less likely than African American and non-Latino white children to have private insurance.
- Latino youth are more likely than non-Latino white youth, and less likely than African American youth, to be publicly insured.
- Many immigrant Latino families are ineligible for public insurance programs.

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Background

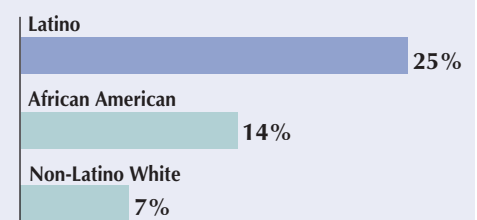
Consistent, preventive and easily accessible health services are crucial to ensuring good health at all ages. Although children tend to have greater access to health care than their parents, their access tends to be influenced by the insurance, socioeconomic and employment status of their parents. Latinos (15%) are more likely than non-Latino whites (11%) and African Americans (10%) to report having difficulty receiving necessary health care or experiencing delays in receiving services.¹ A more coordinated effort is necessary to increase health insurance rates among Latinos while also addressing the larger socioeconomic, cultural, and political issues that prevent Latinos from accessing health services.

Health Insurance Coverage

Latino adults are much more likely to be uninsured than African Americans and non-Latino whites (40%, 26% and 14% respectively).² This pattern is mirrored in the rates of insurance coverage among youth. One in four (25%) Latino children under 18 is uninsured, compared to 14% of African American and 7% of non-Latino white children (See Figure 1).³ Uninsured youth are much more likely to report having unmet health care needs (e.g. dental care, mental health care, prescriptions), going without physician contact, and lacking a usual source of care than those with insurance.⁴

FIGURE 1

Percentage of uninsured children under age 18 by race and ethnicity, 2000



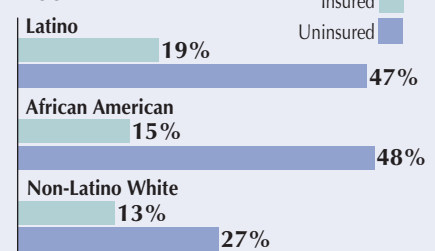
SOURCE: US Census Bureau. 2001. Mills, Robert. Health Insurance Coverage: 2000. Consumer Income. P60-215.

Health Care Visits and Settings

Irregular, inconsistent care increases the likelihood of preventable and controllable illness becoming serious and requiring hospital attention. Uninsured African American (48%) and Latino (47%) youth are much more likely than uninsured non-Latino whites (27%) to not have had a health care visit in the past year (See Figure 2).⁵ Among all races and ethnicities, those without insurance are at least twice as likely as those with insurance to not have had a health care visit in the past year.

FIGURE 2

Percentage with no health care visits in past year among 10-19 year olds by race and ethnicity and insurance status, 1997



SOURCE: Centers for Disease Control and Prevention. 1997. National Center for Health Statistics, National Health Interview Survey.

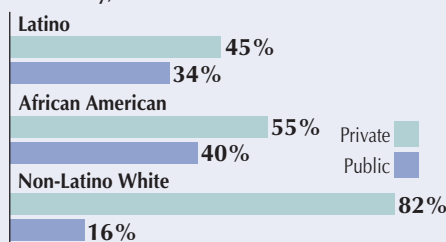
Latino youth are more likely to lack a usual source of health care (17%) than African American (13%) or non-Latino white (6%) youth.¹ Many factors influence where an individual decides to seek health care, including cost, confidentiality, insurance coverage and comfort level. Latinos (20%) are twice as likely as African Americans (10%) and three times as likely as non-Latino whites (7%) to rely on a community health center for regular care.⁶ African American (16%) and Latino (14%) youth are more likely than non-Latino whites (7%) to report using the hospital as their usual source of care.¹

Type of Health Insurance

There is wide variation among health insurance programs regarding covered benefits and services. Generally, private and/or employer-based health insurance has more comprehensive coverage and is accepted by more providers than public insurance programs. Fewer than half (45%) of Latinos have employment-related insurance, compared to 71% of non-Latino whites and 54% of African Americans.⁵ Yet most (87%) uninsured Latinos come from working families.⁷ Latino and African American youth are significantly less likely to have private (usually employer-based) health insurance than non-Latino white youth (45%, 55% and 82% respectively) (See Figure 3).⁸ African American youth are more likely to be publicly insured (40%) than Latino (34%) and non-Latino white (16%) youth.

FIGURE 3

Percentage of insured children under age 18 by type of insurance, race and ethnicity, 2000



Public health insurance includes Medicaid, State Children's Health Insurance, Medicare and Civilian Health and Medical Program of the Uniformed Services. NOTE: Some children are covered by both types of insurance.

SOURCE: Federal Interagency Forum on Child and Family Statistics. 2002. America's Children: Key National Indicators of Well-Being, 2002. Washington, DC: US Government Printing Office.

Medicaid and SCHIP

Public health insurance is available for many individuals lacking private or employer-based coverage. Medicaid and the State Children's Health Insurance Program (SCHIP) are the two main sources of public insurance for US youth. Parents cite lack of awareness and information about these programs, lack of need, and administrative obstacles as the primary reasons they do not enroll their children in these programs.⁹

Although many Latinos are eligible for public health insurance and services, misconceptions regarding eligibility, stigma and quality of care, along with language and cultural barriers, often deter Latinos from enrolling and utilizing these programs. Latinos who are recent US immigrants are often ineligible for public programs, including Medicaid and SCHIP, as mandated by the Personal Responsibility and Work Opportunity Act of 1996, thus relegating many to remain uninsured and reducing the likelihood of their seeking preventive health care. However, 60% of all uninsured children and approximately 80% of low-income, uninsured Latino and African American children live in families that participate in other non-health related but publicly funded programs serving low-income families. Therefore, many eligible but uninsured children could be reached by coordinating and integrating health coverage with other government programs (e.g. Special Supplemental Nutrition Program for Women, Infants, and Children; Food Stamps; Unemployment Compensation).¹⁰

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Fact Sheet on Latino Youth: Health Care Access

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