



Disparities in Children's Health and Health Coverage

The fact is that minority children in the United States – Black, Latino, Asian, Pacific Islander, American Indian – are more likely to be uninsured than White children. This disproportionate lack of health coverage has consequences for their health, growth and development – from before birth through adolescence and into adulthood.

There are 9.4 million uninsured children in America – that's 1 out of every 8 children overall. But the disparities are great. 1 in 13 White children are uninsured, as compared to:¹

- 1 in 7 Black children
- 1 in 4 American Indian children
- 1 in 8 Asian/Pacific Islander children
- 1 in 4 Hispanic children

The disproportionate lack of health coverage is one of many disadvantages that can affect a minority child's chances of growing up in excellent health. Relative to White children, Latino children are 28 percent less likely, and Black children are 20 percent less likely, to be in excellent health. In total, fewer than half of all Black and Latino children today are in excellent health.²

In order to lay the groundwork for a healthy start for all children, and reduce the glaring health disparities in life expectancy and cancer mortality seen in adults, pregnant women and children must have access to continuous and comprehensive health coverage, including regular health screenings and early identification and treatment of any health problems. But as evidenced by these statistics, our current systems and policies fall far short of this goal.

Prenatal Care, Low Birthweight, and Infant Mortality:

- One in every six pregnant Black women and more than one in three pregnant Latina women is uninsured, compared with one in every nine pregnant White women.³ Without coverage, they are less likely to access or afford prenatal care, and may not get the advice, examinations, and screenings that could protect the health of both mothers and babies.
- Babies born to Black mothers are more than twice as likely to die in the first year of life as White babies – 13.73 Black infant deaths per 1,000 live births compared with 5.73 for Whites.⁴ Overall, the U.S. infant mortality rate ranked 25th among 30 industrialized countries.⁵ Despite the fact that the per-capita GDP of the United States is 5 times that of Chile, seven states and the District of Columbia have higher infant mortality rates than Chile.⁶
- Black infants are almost twice as likely to be born at a low birthweight as White babies, and this disparity has held true since 1995. The high incidence of Black infants born at low birthweight increases the likelihood of a child having health and learning problems down the road.⁷ For instance, a child born at low birthweight is about 50 percent more likely to score below average on measures of both reading and mathematics at age 17.⁸

Oral Health:

- Black and Latino children are less likely to receive dental care than White children. Two-thirds of Black children and about 61 percent of Latino children report receiving preventive dental care, compared to three-quarters of White children.⁹

Oral Health continued:

- Among children ages 2 through 11, about one in five White children report untreated dental caries, compared to more than one in four Black children and more than one in three Mexican-American children.¹⁰ As a result of untreated caries, children have problems speaking, eating, and sleeping, so their ability to learn and their general quality of life suffer.

Asthma:

- Nationwide, 12.7 percent of Black children were reported as having asthma, compared with 7.8 percent of Latino children and 8.0 percent of White children. Puerto Rican children reported the highest prevalence of asthma of all groups, at 19.2 percent.¹¹
- Research shows Black children have a higher prevalence of asthma than White children at all income levels.¹² And even after controlling for numerous factors, research has found that Black children are 20 percent more likely than White children to be diagnosed with asthma and to have had an attack in the prior year.¹³
- Black children are more than three and a half times as likely as White children to have had an emergency room visit for asthma in the past year (263.7 visits per 10,000 vs. 73.0) and to be hospitalized for asthma than White children (59.2 hospitalizations per 10,000 vs. 16.9).¹⁴
- While asthma deaths are relatively rare today, Black children are six times as likely to die from asthma as White children (9.0 deaths vs. 1.5 deaths per million children).¹⁵

Lead Poisoning:

- Elevated blood-lead levels are four times as common in Black children (3.5 percent) as in White children (0.9 percent). This remains true when taking into account all children whose blood levels show at least 5 micrograms of lead: 17 percent of Black children have elevated lead levels compared with 4 percent of White children.¹⁶

Childhood Obesity:

- Today, more than a third of American children--25 million in total--are overweight or at risk for being overweight¹. Overall, Black children and Mexican American children are more likely to be at risk for overweight and overweight than White children.¹⁷
- One in four Black teenage girls (ages 12-17) is overweight, compared with one in seven White teenage girls.¹⁸ Black girls ages 2 through 19 are also more likely to be at risk of being overweight than White girls and Mexican American girls, but the difference is smaller: 40.0 percent for Black girls, compared with 31.5 percent for White girls and 32.2 percent for Mexican American girls.¹⁹
- Clinic-based reports and regional data suggest that Black and Latino children are also more likely to be diagnosed with type 2 diabetes.²⁰

While these disparities are still wide, it is important to recognize Medicaid and SCHIP, as well as other federally funded programs such as Vaccines for Children (VFC), have improved health coverage for minority children and have in some cases narrowed disparities. The Children's Defense Fund believes the best investment this country can make is to ensure that all children and pregnant women have access to affordable, seamless, comprehensive health coverage. Learn more about the Healthy Child Campaign at www.childrensdefense.org/healthychild

¹ The CDC describes children at or above the 85th percentile of the BMI distribution— meaning that at least 85 percent of children of the same age and sex in the reference group had lower values of BMI—as being at risk for overweight, and those at or above the 95th percentile of the distribution for the reference group as overweight.

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- ¹ U.S. Census Bureau, 2006 Annual Social and Economic Supplement to the Current Population Survey. Calculations by the Children's Defense Fund, November 2007.
- ² Bloom B, Dey AN, Freeman G. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2005. National Center for Health Statistics. Vital Health Stat 10(231). 2006. calculations by the Children's Defense Fund, 4/07
- ³ U.S. Census Bureau, 2006 Annual Social and Economic Supplement to the Current Population Survey. Calculations by the Children's Defense Fund, November 2007.
- ⁴ U.S. Department of Health and Human Services, National Center for Health Statistics, National Vital Statistics Report, Vol. 56, No. 10, "Deaths: Final Data for 2005," (January 2008), Table 30.
- ⁵ The State of the World's Children 2008. New York: The United Nations Children's Fund (UNICEF), December 2007; Table 1: Basic Indicators. Ranking by the Children's Defense Fund, 2/08.
- ⁶ IMF World Economic Database, April 2008. Accessed April 16, 2008. Calculations by CDF; The United Nations Children's Fund (UNICEF), The State of the World's Children 2007 (2006), Table 1;
- ⁷ Johnson RC and Schoeni R., "The influence of early-life events on human capital, health status, and labor market outcomes over the life course," National Poverty Center Working Paper Series #07-05, February 2007
- ⁸ Breslau N, Paneth NS, Lucia VC "The lingering academic deficits of low birthweight children" Pediatrics 2004; 114(4):1035-1040
- ⁹ Kaiser Commission on Medicaid and the Uninsured. "Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP" August 2007
- ¹⁰ Dye BA, Tan S, Smith V, Lewis BG, Barker LK, Thornton-Evans G, et al. "Trends in Oral Health Status: United States, 1988-1994 and 1999-2004." National Center for Health Statistics. Vital Health Stat 11(248). 2007
- ¹¹ Akinbami LJ. The State of Childhood Asthma 1980-2005. Advance Data from Vital and Health Statistics: no 381, Revised December 29, 2006. Hyattsville, MD: National Center for Health Statistics, 2006
- ¹² McDaniel M, Paxon C, and Waldfogel J. "Racial Disparities in Childhood Asthma in the United States: Evidence from the National Health Interview Survey, 1997 to 2003." Pediatrics 2006; 117(5)
- ¹³ McDaniel M, Paxon C, and Waldfogel J. "Racial Disparities in Childhood Asthma in the United States: Evidence from the National Health Interview Survey, 1997 to 2003." Pediatrics 2006; 117(5)
- ¹⁴ Akinbami LJ. The State of Childhood Asthma 1980-2005. Advance Data from Vital and Health Statistics: no 381, Revised December 29, 2006. Hyattsville, MD: National Center for Health Statistics, 2006
- ¹⁵ Akinbami LJ. The State of Childhood Asthma 1980-2005. Advance Data from Vital and Health Statistics: no 381, Revised December 29, 2006. Hyattsville, MD: National Center for Health Statistics, 2006
- ¹⁶ Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2007.*
- ¹⁷ Y Wang & M.A. Beydoun "The Obesity Epidemic in the United States – Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis" Epidemiologic Reviews 2007; 29: 6-28
- ¹⁸ Federal Interagency Forum on Child and Family Statistics. *America's Children: Key National Indicators of Well-Being, 2007.* Table Health5
- ¹⁹ Y Wang & M.A. Beydoun "The Obesity Epidemic in the United States – Gender, Age, Socioeconomic, Racial/Ethnic, and Geographic Characteristics: A Systematic Review and Meta-Regression Analysis" Epidemiologic Reviews 2007; 29: 6-28
- ²⁰ Centers for Disease Control and Prevention. National diabetes fact sheet: general information and national estimates on diabetes in the United States, 2005. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, 2005.