Disparities in Children's Health and Health Coverage

April 10, 2009

Minority children in the United States – Black, Latino, Asian, Pacific Islander, American Indian – are more likely to be uninsured than White children, adversely affecting their health, growth and development from before birth through adolescence and into adulthood.

Health Coverage and Health Status: *Lack of access to health coverage helps explain some of the considerable racial and income disparities that can result in different life paths for our children from their earliest years.*

- There are 9 million uninsured children in America – that's 1 out of every 9 children overall. But the disparities are great. 1 in 5 Latino children, 1 in 5 American Indian Children, 1 in 8 Black children, and 1 in 9 Asian/Pacific Islander children is uninsured, compared to 1 in 13 White children.[1]
- While only a small percentage of all children in America are in fair or poor health, Latino and Black children are more than 4 times as likely as White children to be in only fair or poor health.[2]

Prenatal Care and Infant Mortality*: Without health coverage, pregnant women 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.*

- Almost one in every four pregnant Black women and more than one in three pregnant Latina women is uninsured, compared with one in nearly seven pregnant White women.[3]
- 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 White infants.[4]

Oral Health: *Many children in America, but especially low-income and minority children, grow up without basic dental care. For dental-related illness alone, children missed more than 51 million hours of school in one year.*[5]

- Two-thirds of Black children and about 61% of Latino children report receiving preventive dental care, compared to three-quarters of White children.[6]

Asthma: *Research shows Black children have a higher prevalence of asthma than White children at all income levels.*

- Even after controlling for numerous factors, research has found that Black children are 20% more likely than White children to be diagnosed with asthma and to have had an attack in the prior year.[7]

Lead Poisoning*: Exposure to lead at any level can be harmful to a child's development, leading to learning disabilities, lowered I.Q., behavioral problems, stunted growth and hearing problems.*

- Blood-lead levels above 10 micrograms of lead are four times as common in Black children (3.5 percent) as in White children (0.9 percent). This disparity remains true in children with blood-lead levels at 5 micrograms of lead: 17% of Black children have elevated lead levels compared with 4% of White children.[8]

Obesity: *Obesity is increasing among all children, but it is most prevalent among Black and Latino children.*

- One in four Black children ages 6 to 17 is overweight, compared with one in seven White children.[9] Among Black teenage girls ages 12 to 19, more than 40% are overweight or at risk of overweight.[10]
- Clinic-based reports and regional data suggest that Black and Latino children are also more likely to be diagnosed with type 2 diabetes.[11]

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 and comprehensive health coverage. Learn more about child health disparities at www.childrensdefense.org/healthdisparities

[1] U.S. Census Bureau, 2007 Annual Social and Economic Supplement to the Current Population Survey. Calculations by the Children's Defense Fund, November 2008.
[2] Bloom B, Cohen RA. Summary health statistics for U.S. children: National Health Interview Survey, 2007. National Center for Health Statistics. Vital Health Stat 10(239). 2009
[3] U.S. Census Bureau, 2007 Annual Social and Economic Supplement to the Current Population Survey. Calculations by the Children's Defense Fund, November 2008.
[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] Kaiser Commission on Medicaid and the Uninsured. "Dental Coverage and Care for Low-Income Children: The Role of Medicaid and SCHIP" August 2007
[6] Ibid
[7] 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)
[8] Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being, 2007.
[9] Federal Interagency Forum on Child and Family Statistics. America's Children: Key National Indicators of Well-Being, 2007. Table Health5
[10] 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
[11] 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.