

Health Insurance Coverage for Hispanic/Latino Children: 1996 to 2005

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ABSTRACT

Objective

To identify how health insurance coverage trends (public, private and uninsured) changed for Hispanic/Latino children from 1996 to 2005.

Data Sources

This analysis uses data from the Current Population Survey Annual Social and Economic Supplements (CPS-ASEC) from calendar years 1996, 1997, 2004, and 2005 for children ages 0 to 18 years old. Data are pooled across two years to ensure adequate sample size.

Study Design

Insurance rates for children identifying as Hispanic/Latino are categorized by source of coverage (private, public, or uninsured). Logistic regression determines the role of race/ethnicity on health insurance status, adjusting for citizenship status, child characteristics, migration status, and geography.

Data Collection/Extraction Methods

The CPS-ASEC is publicly available from the Census Bureau. Extracted data were analyzed using STATA SE 9.0. Svy procedures were used to control for the complex survey design of the CPS-ASEC.

Principal Findings

Hispanic/Latino children saw significant reductions in the percent of uninsured children from 28.2 percent to 22.0 percent and significant increases in public health insurance from 30.3 percent to 39.6. Health insurance coverage varies widely between Hispanic/Latino subpopulations. Logistic regression shows that the likelihood of Hispanic/Latino children being uninsured relative to non-Hispanic white children did not change during this period.

Conclusions

The expansions in public health insurance programs between 1996/97 and 2004/05 have significantly increased the number of Hispanic/Latino children with health insurance coverage. During this period, non-Hispanic white children also so significant increases in the number of children with health insurance coverage, leaving baseline disparities between the groups in terms of health insurance coverage.

INTRODUCTION

Over the past ten years, both state and federal efforts have been credited with increasing insurance coverage for children through the creation of the State Children's Health Insurance Program (SCHIP) in 1997, expansions of Medicaid programs, and an increased focus on outreach and education surrounding public health insurance programs. Along with increasing health insurance coverage for children, there has been a national focus on reducing health disparities between race and ethnic subpopulations. The elimination of health disparities is one of the two overarching goals of the Department of Health and Human Services' Healthy People 2010 program.¹ Access to health care, with the goal of 100 percent of the population having health insurance, is one of the 10 leading indicators of the Healthy People 2010 program.¹

Population growth estimates predict that the Hispanic/Latino population, defined as individuals of Mexican, Puerto Rican, Cuban, South/Central American, or Spanish culture regardless of race,² will increase by 188 percent between 2000 and 2050, an increase from 12.6 percent to 24.4 percent of the total population.³ By the year 2050, Hispanic/Latino children are expected to account for 29 percent of the total population under 18.⁴ As the number of Hispanic/Latino children in the United States increase in proportion to the total population, it is increasingly important to understand the forces driving disparities in health insurance coverage for this group compared to non-Hispanic white children.

This paper will present how policy changes, economic fluctuations, and increased outreach and education have influenced health insurance coverage for Hispanic/Latino children at the national and state level, as well as among Hispanic/Latino subpopulations between 1996/97 and 2004/05. Using data from the Current Population Survey Annual Social and Economic Supplement (CPS-ASEC) this paper explores the changes in health insurance

coverage for Hispanic/Latino children between 1996/97 and 2004/05. Logistic regressions are used to isolate the key factors driving the trends in health insurance coverage for this growing population of children. Finally, this paper looks at how these findings can help inform future efforts aimed at reducing racial and ethnic disparities in health insurance coverage.

The Hispanic/Latino Population in the United States

The Hispanic/Latino population is a diverse group, defined as those who identify as being of Mexican, Puerto Rican, Cuban, Central/South American, or Spanish culture.² In 2000, Mexicans represented 66 percent of the total population, Central/South Americans represented 15 percent, Puerto Ricans represent 9 percent, Cubans represent 4 percent, and other Spanish represent 6 percent of the total Hispanic/Latino population.²⁴ While Hispanic/Latinos are often viewed as a homogenous group, there is wide variation in the socio-demographic characteristics of the different subpopulations. The Hispanic/Latino population in the United States includes individuals from 15 different countries.²⁴ While 100 percent of Puerto Ricans living in the United States are citizens, only 32 percent of Central/South Americans, 37 percent of Cubans, 62 percent of Mexicans and 75 percent of other Spanish individuals in the United States are citizens.²⁴ Naturalized Hispanic/Latino citizens are three times as likely to work in executive, administrative, or managerial positions compared with non-citizen Hispanic/Latino individuals.²⁴ Family structure varies among the Hispanic/Latino subpopulations. Only 11 percent of Cuban households have five or more people while 31 percent of Mexican households have five or more people.³⁸ Educational attainment for individuals over 25 varies widely between subpopulations. Fifty-one percent of Mexicans individuals have at least a high school education compared to 74 percent of other Spanish individuals living in the United States.³⁸ The percent of the population living below the federal poverty level ranges from 15 percent of Central/South Americans to 26

percent of Puerto Ricans.³⁸ Shah and Carrasquillo show wide variation in health insurance coverage for adults among Hispanic/Latino subpopulation, with 18 percent of Puerto Ricans and 36 percent of Mexicans lacking health insurance coverage in 2004.³⁷ Based on the wide variation in demographic characteristic and in health insurance coverage for adults between subpopulations, this study will explore health insurance coverage for children among Hispanic/Latino subpopulations.

Hispanic/Latino Disparities in Health Insurance

Health insurance is essential for access to the health care system in the United States. Several studies have shown a strong correlation between health insurance status and utilization of health care services.^{5,6} Children who lack health insurance are less likely to have a usual source of care, a regular physician or after hours access to medical care and are more likely to have gone without needed medical care or seeing a physician in the past year.^{5,6} Almost one in four uninsured children were unable to gain access to a needed medical service and uninsured children were six times more likely to go without needed medical services than insured children.⁵ In response to an increased awareness of the importance of health insurance, several changes were made between 1996 and 2005 to increase access to health insurance for children.

Hispanic/Latino children in the United States continue to face large disparities in health insurance coverage compared to non-Hispanic populations. In 2005, almost 22 percent of Hispanic/Latino children lacked health insurance compared to 12.5 percent of Black and Asian children and 7.2 percent of non-Hispanic white children.⁷

Efforts to Expand Health Insurance Coverage: 1996 to 2005

Public Health Insurance Programs

Fifty-six percent of children in the United States obtain health insurance as dependents on their parent's employer-sponsored health insurance plans.⁸ Public health insurance programs, such as Medicaid and the State Children's Health Insurance Program (SCHIP), provide coverage for 27 percent of children in the United States.⁹ Four percent of children have individually purchased private health insurance, leaving 12 percent of children uninsured.⁸

Medicaid, enacted in 1965, is a national public health insurance program for low-income individuals. Medicaid programs are administered by each state with financial support through a federal match ranging from 50 to 76 percent of state Medicaid spending. Overall, the federal government finances 57 percent of total Medicaid spending.⁹ The Medicaid program currently provides health insurance coverage and long-term care for over 55 million Americans, 49 percent of which are low-income children.⁹ While children account for almost half of all Medicaid enrollees, they only account for 18 percent of the total Medicaid expenditures on benefits because children are a relatively healthy group and cost less to insure than other populations.⁹ Although states have the flexibility to determine eligibility levels and services covered, they are required to offer coverage to certain categories of individuals and provide a minimum benefit package. Several states have chosen to expand both eligibility and benefits beyond federal minimums using Section 1115 waivers for research and demonstration projects.¹⁰

The State Children's Health Insurance Program (SCHIP) was authorized as part of the Balanced Budget Act of 1997 due to an estimated 10.1 million children without health insurance in the United States. SCHIP created a \$39 billion block grant to be allocated to states over the next 10 years to oversee the development and implementation of health insurance programs for

low-income, uninsured children who are not eligible for Medicaid.¹¹ Unlike with federal Medicaid dollars, states are allowed to use federal SCHIP dollars to fund education and outreach.¹² The federal government matches state spending, up to the allotted amount, based on an enhanced Federal Medical Assistance Percentage (FMAP).¹² The FMAP is the percent at which the federal government reimburses state Medicaid spending based on the per capita state income. The SCHIP enhanced FMAP is equal to 70 percent of the state's FMAP plus 30 percentage points, not to exceed 85 percent. In general, enhanced FMAP is about 15 percent higher than the FMAP states receive for Medicaid expenditures.¹²

States can use SCHIP funds to expand their Medicaid eligibility, create a separate SCHIP program, or a combination of both. From its inception in 1997 through fiscal year 2005, over 6.1 million children had enrolled in SCHIP programs.⁹ Under the SCHIP program, in addition to expanding income eligibility levels, states can also implement other eligibility procedures designed to increase enrollment, such as 12-month continuous eligibility.¹⁰ As a result, there is wide variation in eligibility and program design for Medicaid and SCHIP programs across states.⁹ Fourteen states used SCHIP dollars to expand their existing Medicaid program, 17 states created separate SCHIP programs, and 19 states create combination Medicaid and SCHIP programs.⁸ SCHIP income eligibility thresholds range from 140 percent of federal poverty level in North Dakota to 350 percent of the federal poverty level in New Jersey.⁸ Twenty-three states do not offer 12-month continuous eligibility for either Medicaid or SCHIP enrollees.⁸ Variation between states in program design and eligibility mean that children in different states face different barriers to enrollment in public health insurance programs.

Welfare Reform, the Economy and Health Insurance: 1996 to 2005

The passage of the Personal Responsibility and Work Opportunity and Reconciliation Act, Medicaid eligibility expansions and contractions, and shifts in the economy all influenced the accessibility of health insurance coverage for Hispanic/Latino children between 1996 and 2005.

In 1996, the passage of the Personal Responsibility and Work Opportunity and Reconciliation Act (PROWA) ended the ties between welfare programs and Medicaid eligibility. Prior to the passage of PROWA, Medicaid eligibility was tied to welfare eligibility rules and states had to apply for a federal waiver to expand Medicaid eligibility. Section 1931 of the Social Security Act under PROWA allowed states greater flexibility to expand Medicaid eligibility for both children and parents.¹³ Under Section 1931, states can increase asset limits, allow exemptions for vehicles, and extend coverage to low-income working families without having to apply for section 1115 demonstration waivers as previously required.¹³ The passage of PROWA set the stage for the introduction of SCHIP and the Medicaid expansions that took place in the following years. Along with the new freedom to determine eligibility, shifts in the economy played a large role in state Medicaid eligibility levels.

Economic fluctuations between 1996 and 2005 caused reductions in employer sponsored health insurance and shifts in state Medicaid eligibility levels.¹⁴ Due to an economic boom between 1996 and 2001, states saw increases in the real annual budget of 1.6 to 5.2 percent between 1996 and 2001, then, due to an economic recession between 2002 and 2004, states saw reductions in the real annual budget ranging from -0.4 percent to -3.1 percent.¹⁴ In 2005, states saw a positive increase in the real annual budget of 3.1 percent, representing the end of the economic recession.¹⁴

While the increase in state budgets between 1996 and 2001 led to expansions in public health insurance programs, budget constraints in 2001-2004 led many states to take action towards cost containment by cutting eligibility and benefits for public health insurance programs.¹⁵ At the same time, the strained economy was placing stress on employers, many of whom dropped health insurance benefits as a cost-saving strategy.¹⁵ Holahan and Cook found that while the rates of uninsurance increased during this period for adults, public health insurance programs compensated for the reduction of 4.6 percentage points in employer-sponsored health insurance for children.¹⁵ During the period of 2000 to 2004, whites accounted for 55 percent of the increase in the uninsured. While all racial/ethnic groups experienced declines in employer sponsored coverage, whites experienced lower rates of take-up into public health insurance programs. Hispanic individuals experienced a smaller percentage point change in employer-sponsored coverage and saw the largest percent increased in public health insurance programs compared to other racial/ethnic groups.¹⁵

From 1996 to 2001, states had sizable budgets and new freedom from welfare rules and SCHIP, resulting in widespread expansions of state Medicaid programs. By 2000, thirty-six states had increased income eligibility to 200 percent of the federal poverty level.¹⁶ When states began to face increasing fiscal pressures, containing Medicaid spending growth, which on average accounts for 17 percent of the state budget, became a priority.⁸ By 2003, all 50 states and the District of Columbia reported having implemented at least one Medicaid cost containment effort.¹⁷ Forty-nine states either froze or reduced provider payments, 44 states restricted spending growth for prescription drugs, 21 states increased co-payments, 20 reduced benefits, and 19 states limited eligibility.¹⁷ Benefit reductions focused on eliminating coverage for optional services such as: chiropractic, psychological, physical and occupational therapies, limit on

hospital length of stay or circumcisions. Eligibility restrictions included reducing continuous eligibility, reducing eligibility for medically needy programs, or lowering the income threshold.¹⁷

Larger and broader cuts to Medicaid eligibility and benefits were avoided when Congress provided \$10 billion to states by temporarily increasing the Federal Medical Assistance Percentage to allow for greater Federal contributions for Medicaid spending.¹⁷ By 2004, the fiscal situation improved for states; however, as Medicaid spending continues to outpace other budget items in terms of growth, states continue to focus on ways to control Medicaid spending.¹⁷

Increased funding from federal SCHIP dollars has allowed states to increase public health insurance program eligibility and to use the funds to create outreach and education campaigns to increase enrollment. While much of the education and outreach focuses on enrolling children in SCHIP programs, many of the children who apply for SCHIP are eligible for Medicaid. Due to “screen and enroll” mandates in the SCHIP language, children who apply for SCHIP and are eligible for Medicaid must be enrolled in Medicaid.¹⁸ As a result, SCHIP outreach and education has also increased the enrollment of children in state Medicaid programs.³⁹

States have used several different strategies to increase awareness and enrollment of eligible children into public health insurance programs. Outreach strategies include renaming their SCHIP and Medicaid programs to sound less like government programs, television, radio and print ads, collaboration with community based organizations, and targeting specific geographic or ethnic populations.¹⁹ In addition to SCHIP funds, the Robert Wood Johnson Foundation has provided nearly \$150 million to over 5,000 organizations in all 50 states and the District of Columbia since 1997 as part of their Covering Kids and Families Initiative.²⁰ The focal point of the Covering Kids and Families Initiative is the annual Back to School Campaign

started in 1999 that aims to inform parents that low-cost and free health insurance programs exist. In 2006, the Back to School Campaign included over 4,000 events nationwide, a 250 percent increase in the number of calls to the national hotline, the distribution of over 425,000 SCHIP and Medicaid applications, and the participation of over 200 national organizations.²⁰

In addition, several outreach and education strategies have focused on increasing awareness and enrollment in public programs by Hispanic/Latino children. On the national level, the Department of Health and Human Services developed a bilingual booklet for Spanish-speaking parents to explain the services available through SCHIP and Medicaid.²¹ In addition to explaining the basics of how public health insurance programs work, the booklet explains that enrolling their children in the program will not affect the parent's citizenship status. The booklet explains that enrolling their child in the program will not make the child a "public charge", a common fear among non-citizen parents.²¹

Several states have developed innovative outreach programs to reach their Hispanic/Latino populations. While several states offer some outreach and education in multiple languages, other states have outreach campaigns targeted towards Hispanic/Latino families. Arizona has a KidCare-avan that travels with bilingual staff to reach and enroll children in their communities.²² Idaho broadcasts short stories on the radio in Spanish to increase awareness and encourage enrollment of children in SCHIP and Medicaid.²²

It appears that the additional outreach efforts have increased awareness of Medicaid and SCHIP programs for all families. Awareness of the existence of SCHIP increased by 23 percent between 1999 and 2003, as did understanding of the eligibility criteria for both Medicaid and SCHIP.²³ By 2002, interest in Medicaid and SCHIP was high, with 90 percent of parents of low-

income uninsured children expressing interest in enrolling their child in the program if they met the eligibility criteria.²³

Along with increasing outreach, states have also undertaken efforts to simplify the enrollment process following the new flexibility created when PROWA separated Medicaid and welfare eligibility. Strategies that the majority of the states have adopted include joint applications for SCHIP and Medicaid, eliminating asset tests, and eliminating a required face-to-face interview.¹⁶ Other strategies that states are trying include presumptive eligibility, self-declaration of income, and 12-month continuous eligibility. Presumptive eligibility allows children who appear to be income eligible to enroll in Medicaid or SCHIP temporarily and use health care services during the application process. Self-declaration of income means that families do not need to provide any documentation of their income (i.e. paychecks or tax forms). Twelve-month continuous eligibility means that once a child is enrolled in the program, they can remain in the program for 12 months, regardless of changes to the family income or other changes in eligibility.¹⁶ Simplification of enrollment procedures increases access to public programs for all children by reducing the amount of paperwork, but especially for children in non-English-speaking homes where applications and renewal forms are very difficult and time-consuming tasks.¹⁶

Remaining Barriers to Health Insurance Coverage for Hispanic/Latino Children

Despite all of the changes to the structure, eligibility, and enrollment processes for public health insurance programs during this period, significant barriers to enrollment continue to exist for Hispanic/Latino children. Parental employment characteristics, language barriers and immigration status all contribute to high rates of uninsurance for Hispanic/Latino children.²⁴⁻²⁶ Of all racial and ethnic groups in the United States, Hispanic/Latinos adults have the highest rate

of labor force participation and the second highest rate of families that have at least one employed member.²⁷ However, they are more likely than non-Hispanic/Latino whites to work in industries such as agriculture, construction, forestry, and retail, where firms are less likely to offer health insurance benefits.²⁴ In the United States, employer-sponsored health insurance is a central component of the health care system with 61 percent of the non-elderly population receiving health insurance through their employers.⁸ Language plays a large role in the accessibility of health insurance. In English-speaking, citizen families, Hispanic/Latino children are as likely to have health insurance as non-Hispanic white children in English speaking families. In non-English speaking citizen families, Hispanic/Latino children are more likely to be uninsured than non-Hispanic white children in English speaking families (26 percent uninsured v. 17 percent uninsured).²⁸ Language barriers often result in children who are eligible for Medicaid or SCHIP but fail to be enrolled.²⁶

Citizenship status can be another barrier to health insurance for Hispanic/Latino children.²⁹ Children who are not United States citizens have limited eligibility for public health insurance programs. Parental citizenship status also provides a barrier to health insurance. Children who have at least one parent who is not a United States citizen have an uninsurance rate 74 percent higher than that of children in households where both parents are citizens.²⁹

While PROWA increased flexibility to states to determine Medicaid eligibility, it also restricted Medicaid eligibility for non-United States citizens. Previously, legal immigrants were eligible to enroll in Medicaid regardless of citizenship status.³⁰ Under the new law, the use of federal funds to provide health insurance coverage is prohibited for the first five years a legal immigrant is in the country. It is at the discretion of each state to use state funds to provide health insurance coverage to this population.³⁰ While some states have chosen to use state funds to

create “replacement programs” that cover some immigrant populations for the first five years, such as pregnant women, families, seniors, people with disabilities, and children, other states have not.³⁰ The introduction of regulations on immigrant eligibility with the passage of PROWA created an additional barrier to health insurance for a large portion of the Hispanic/Latino population as they are more likely to be impacted by the citizenship restrictions than their non-Hispanic white counterparts.

METHODS

Data:

The data used cover two periods of the Annual Social and Economic Supplement to the Current Population Survey (CPS-ASEC). In order to obtain reliable state estimates, data was pooled from the 1997 and 1998 CPS and the 2005 and 2006 CPS, representing health insurance coverage in 1996/97 and 2004/05. The CPS is a telephone and in-person survey based on a stratified probability sample of the non-institutionalized U.S. population 16 years and older. The 2005 CPS-ASEC included approximately 76,000 households.³² This study will focus on children age 0 to 18 based on the information provided by a parent or adult member of the household. The study includes children who identify as Hispanic/Latino and children who identify as non-Hispanic/Latino white as a comparison population. The sample allows for accurate estimates at both the state and national levels.³² The response rate for non-Hispanic/Latino whites is estimated at 93.8 percent, while Hispanic/Latino rate is estimated to be lower at 83.3 percent.³²

Measurement of Race/Ethnicity

The Office of Budget and Management’s (OMB) Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity defines Hispanic/Latino ethnicity as “a person who is Cuban, Mexican, Puerto Rican, South/Central American, or Spanish culture or

origin regardless of race. The term ‘Spanish Origin’ can be used in addition to ‘Hispanic or Latino.’”² The OMB statistical standards also require that surveys ask respondents about their ethnicity prior to asking about race. Studies have found that asking ethnicity as a separate question and asking ethnicity before asking race leads to the highest response rate to the Hispanic/Latino ethnicity question and the lowest number of people who fill in Hispanic/Latino in the “other race” race question.³³ The CPS-ASEC follows this protocol when asking questions regarding race and ethnicity.

Analysis:

The dependent variables are type of health insurance coverage (public, private or uninsured). Public coverage includes children covered by Medicaid, Medicare, SCHIP, or any other state program. Private coverage includes children with employer-sponsored health insurance, privately purchased health insurance, or military health insurance. Those who reported having both public and private health insurance were classified as having public health insurance coverage. Those classified as uninsured did not report having any insurance coverage in the past calendar year. In 2001 the CPS-ASEC added a health insurance verification question to the series of health insurance questions. The additional question asks individuals who did not indicate that they have any insurance coverage if they are uninsured and then gives them the additional opportunity to report type of health insurance coverage. In order to control for this change in survey design over the period that we are using for the study, the verification question was imputed for earlier years using the hotdeck methodology in Stata 9.0.³⁴ This allows us to compare similar rates in both periods.

Three mutually exclusive and exhaustive race/ethnic categories were created for this study: Hispanic/Latino, non-Hispanic white and all others. Due to a change in the CPS race

variables in 2003 to comply with OMB standards, different variables were used for the 2005/2006 data and the earlier data. In 2003, a question was added that asked persons if they were of Hispanic, Spanish, or Latino origin (yes or no) and had a subsequent question regarding ethnic subpopulation information (Mexican, Puerto Rican, Cuban, Central/South American, and other Spanish). Prior to 2003, persons were asked if they were Mexican-American, Chicano, Mexican, Puerto Rican, Cuban, Central/South American, Other Spanish or All Other.³⁵ The ethnic subpopulation question changed on the CPS in 2003. Prior to 2003, categories included: Mexican American, Chicano, Mexican (Mexicano), Puerto Rican, Cuban, Central/South American, and Other Spanish. The Mexican American, Chicano, and Mexican (Mexicano) responses were combined from responses prior to 2003, to create “approximate comparability” of geographic subpopulations over time.³⁵ Results presented in this paper only include the Hispanic/Latino and non-Hispanic white category as the heterogeneity in the “all other” group limited meaningful interpretation due to the inclusion of several different racial groups (i.e. African American, American Indian, Asian, etc.).

Five citizenship categories are examined: Native United States citizen, native Puerto Rican citizen, native United States citizen born abroad, foreign-born United States citizen, and foreign-born non-United States citizen. Those who are a Native United States citizens, native Puerto Rican citizens, native United States citizens born abroad, or foreign-born United States citizens were all considered United States citizens. Those who were classified as foreign-born non-United States citizens were considered non-citizens. In addition to the children’s citizenship status, two categories of parental citizenship are examined. Children who have at least one adult living in the household who is a United States citizen were compared with children who do not have any adult living in the household who is a United States citizen. The CPS does not

distinguish between illegal non-citizen residents and non-citizen legal aliens, so non-citizens who qualify for public health insurance programs cannot be distinguished from non-citizens who do not qualify for public health insurance programs.

Using STATA svy procedures to control for complex survey design, bivariate relationships between key variables are examined. Rates in each period, as well as changes over time are presented. Significance between periods and between subpopulations of interest is tested using a t-test for independent samples. Logistic regression was performed using the Stata 9.2 logistic regression procedure to determine the effect of several demographic characteristics on health insurance status for Hispanic/Latino children. The logistic regression adjusted for race/ethnicity, citizenship status, child characteristics, family characteristics, migration, and geography. Data for the two years was pooled following STATA procedures and adjusted for individuals who, due to CPS sampling, were included in the sample two years in a row.

RESULTS

National Trends:

Health Insurance Coverage: Hispanic/Latino and Non-Hispanic White Children

Table 1a shows the national health insurance trends for non-Hispanic white children and Hispanic/Latino children. The number of children enrolled in public health insurance programs increased significantly for both groups. Hispanic/Latino children enrolled in public health insurance programs increased 9.4 percentage points to 39.6 percent and non-Hispanic white children saw a 6.5 percentage point increase to 18 percent. Both groups also saw a significant reduction in the number of children enrolled in private health insurance. Hispanic/Latino children experienced a 3.2 percentage point reduction in private health insurance to 38.5 percent and non-Hispanic white children experienced a 4.3 percentage point reduction to 74.4 percent in

2004/05. Overall, both groups also saw significant reductions in the number of uninsured children. The number of Hispanic/Latino children without health insurance decreased by 6.2 percentage points to 22.0 percent and non-Hispanic white children saw a 2.2 percentage point reduction to 7.6 percent in 2004/05.

Health Insurance Coverage: Hispanic/Latino Subpopulations

Trends in health insurance status varied between Hispanic/Latino subpopulations (Table 1b). Both Mexican and Central/South American children saw significant increases in public health insurance coverage. Mexican children saw an increase of 13.2 percentage points to 40.8 percent and Central/South American children saw an increase of 11.7 percentage points to 35.4 percent enrolled in public health insurance programs in 2004/05. Puerto Rican, Cuban and Other Spanish children did not see any significant change in the number of children enrolled in public health insurance programs. Mexican children saw a significant decrease of 6.9 percentage points in the number of children with private health insurance, which both Puerto Rican and Other Spanish children saw increases in private health insurance coverage. With the exception of Cuban children, all subpopulations saw significant reductions in the number of uninsured children. Mexican children saw a 6.3 percentage point reduction with 24.4 percent lacking health insurance. Central/South American children saw a 9.2 percentage point reduction to 20.6 percent, Other Spanish children saw an 8.3 percentage point reduction to 12.8 percent and Puerto Rican children saw a 5.1 percentage point reduction to 10.5 percent lacking health insurance in 2004/05.

Demographic Characteristics: Hispanic/Latino and Non-Hispanic White Children

Table 1a also shows demographic characteristics for Hispanic/Latino and Non-Hispanic white children. Between 1996 and 2005, Hispanic/Latino children increased from representing 15.1 percent to 19.5 percent of the total population under 18, while non-Hispanic white children decreased from representing 64.2 percent of the population under 18 to 58.5 percent of children (Figure 1).

The number of Hispanic/Latino children living above 200 percent of the federal poverty level increased by 9.0 percentage points to 38.5 percent while the number of non-Hispanic white children living above 200 percent of the federal poverty level increased by 3.5 percentage points to 73.1 percent in 2004/05. The number of Hispanic/Latino children living below 100 percent of the federal poverty level decreased by 9.6 percentage points to 29.2 percent and the number of non-Hispanic white children living below 100 percent of the federal poverty level decreased by 1.1 percentage points to 10.9 percent of non-Hispanic white children in 2004/05.

Table 1a shows that the number of Hispanic/Latino children living in a family where at least one adult is employed increased by 10.5 percentage points to 93.4 percent of Hispanic/Latino children and by 0.7 percentage points to 91.4 percent for non-Hispanic white children. Hispanic/Latino children saw a reduction of 8.7 percentage points in the number of children living in a household where no adult had a high school diploma to 28.8 percent and a 7.3 percent point increase in the number of children with a family member with some college education to 40.4 percent. Non-Hispanic white children did not see a significant change in household educational attainment.

Both Hispanic/Latino and Non-Hispanic white children had significant changes in the percent of the population in each geographic region. Hispanic/Latino children saw a 1.1 percent

point increase in children living in the Midwest and a 3.0 percent point increase in the number of children living in the South. Hispanic/Latino children saw a 2.1 percent point reduction in the number of children living in both the Northeast and the West. Non-Hispanic white children saw a 2.5 percent point increase in the number of children living in the South, a 1.7 percent point decrease in the number of children living in the Midwest and a 0.8 percent point reduction in the number of children living in the West.

Demographic Characteristics: Hispanic/Latino Subpopulations

Table 1b shows the variation in changes demographic characteristics among Hispanic/Latino subpopulations. All Hispanic/Latino subpopulations saw significant reductions in the number of children living below 100 percent of the federal poverty level. Other Spanish children saw a reduction of 17.9 percentage points, Puerto Rican children saw a 16.9 percent point reduction, Central/South American children saw an 11.7 percent point reduction, Cuban children saw an 8.8 percent point reduction and Mexican children saw a 5.0 percent point reduction. With the exception of Cuban children, all Hispanic/Latino subpopulations saw a significant increase in the number of children living in households with an income above 200 percent of the federal poverty level. Puerto Rican children saw a 13.2 percent point increase, Other Spanish children saw a 12.9 percent point increase, Central/South American children saw an 8.8 percent point increase and Mexican children saw a 6.3 percent point increase in the percent of children living in households with an income greater than 200 percent of the federal poverty level.

All Hispanic/Latino subpopulations saw significant increases in the percent of children who lived in a household where at least one adult is employed. In 2004/05, the employment rates ranged from 87.1 percent among Puerto Rican children to 98.0 percent of Cuban children. Mexican,

Puerto Rican and Other Spanish children saw significant reductions in the number of children living in households where no adult has a high school diploma. The percent of children living in a household where no adult has a high school diploma ranges from 9.6 percent of Cuban children to 33.0 percent of Mexican children in 2004/05. Mexican, Puerto Rican, Central/South American, and Other Spanish children all saw significant increases in the number of children living in a household where one or more adult has some college education. In 2004/05, the percentage of children living in a home where an adult has some college education ranged from 34.6 percent of Mexican children to 68.6 percent of Cuban children. Central/South American and Other Spanish children saw significant increases in both the percent of children who are United States citizens and the number of children who have at least one parent who is a United States citizen. While only 82.1 percent of Central/South American children were United States citizens in 2004/05, 100 percent of Puerto Rican children were United States citizens. The percentage of children with at least one parent who is a United States citizen ranged from 57.1 percent of Central/South American children to 97.2 percent of Puerto Rican children in 2004/05.

Hispanic/Latino Demographics by Health Insurance Status

Table 2 shows the changes demographic characteristics of Hispanic/Latino children by health insurance status.

Public Health Insurance: Between 1996/97 and 2004/05, children with public health insurance saw changes in the age of the child, family income, employment status, family educational attainment, marital status, and geographic region. The percent Hispanic/Latino children with public health insurance between the ages of 6 and 18 increased by 3.3 percentage points and the percent of Hispanic/Latino children with public health insurance between the ages of 1 and 5 years decreased by 2.6 percentage points. The percent of Hispanic/Latino children on

public health insurance living below 100 percent of the federal poverty level declined by 26.4 percent, while the percent of children on public health insurance living at a poverty level between 100 and 199 percent of the federal poverty level increased by 14.3 percent and the percent with public health insurance living above 200 percent of the poverty level increased by 12.2 percent. In 2004/05, there was a 30.2 percent point increase in the number of children on with public health insurance who had a parent who was employed and a 10.9 percentage points increase in the number of children with public health insurance whose parents were married. While the number of children on public health insurance decreased by 5.8 percentage points in the Northeast and 1.1 percent in the West, 5.5 percentage points more children living in the South had public health insurance in 2004/05.

Private Health Insurance: Between 1996/97 and 2004/05, Hispanic/Latino children with private health insurance saw changes in age, family income, employment status, education, and parental citizenship status. The percent of children with private health insurance between the ages of 6 and 18 increased by 3.7 percentage points, while the number of children with private health insurance between the ages of 1 and 5 decreased by 3.2 percentage points. There was an 11.3 percent point increase in the number of children with private health insurance who had family incomes over 200 percent of the federal poverty level, which there was a 6.1 percent point decrease in those between 100 and 200 percent of the federal poverty level and a 5.1 percent point decrease in those under 100 percent of the federal poverty level with private health insurance. Children with private health insurance saw a 6.0 percent point reduction in the number living in households where no adult had a high school diploma. Finally, children with private health insurance saw a 5.1 percent point increase in the percent of children who have at least one parent who is a United States citizen.

Uninsured: Uninsured Hispanic/Latino children saw significant changes in family income, employment, education, geographic region, and migration status between 1996/97 and 2004/05. The number of uninsured children with a family income greater than 200 percent of the federal poverty level increased by 9.8 percentage points while the percent with a family income between 100 and 200 percent of the federal poverty level decreased by 5.3 percentage points and the percent under 100 percent of the federal poverty level decreased by 4.5 percentage points. The percent of uninsured Hispanic/Latino children with a parent who is employed increased 5.3 percentage points. The percent of uninsured Hispanic/Latino children with a parent who has some college education increased by 8.5 percentage points, while the number of uninsured children with parents who did not have a high school diploma decreased by 11.0 percentage points. There was a significant increase in the percent of uninsured children living in the South of 9.1 percentage points. The percent of uninsured children who live in the Northeast decreased by 5.1 percentage points and the number of uninsured children living in the West decreased by 4.9 percentage points. Finally, the number of uninsured children who had moved within the United States in the last year decreased by 3.6 percentage points and the number of uninsured Hispanic/Latino children who moved to the United States from abroad increased by 1.7 percentage points between 1996/97 and 2004/05.

State Trends:

Due to small sample sizes, accurate estimates are not available for many states. Of the 18 states that have adequate sample size, defined as having greater than 100 cases in the two-year combined denominator for each of the time periods analyzed, significant variation in health insurance status exists across states. Table 3 shows that increases in public health insurance program enrollment for Hispanic/Latino ranged from an increase of 22.6 percentage points in

Utah to 9.1 percentage points in Nevada. Arizona, Illinois, New Mexico, and Texas also saw significant increases in the number of children enrolled in public health insurance programs. While no state saw a significant increase in the number of Hispanic/Latino children lacking health insurance, the reduction in uninsured children varied between states. Massachusetts saw a 47.9 percent point reduction in the number of uninsured Hispanic/Latino children, Oregon saw a 21.6 percent point reduction, and California experienced a 7.8 percent point reduction in the number of uninsured Hispanic/Latino children.

Logistic Regression

Logistic regressions are used to isolate the key factors that contribute to health insurance status for children. Separate regressions were run for public health insurance, private health insurance, and uninsurance. The regressions isolated the influence of race/ethnicity, citizenship status, child characteristics, family characteristics, migration in the past year, and geography on health insurance status. Isolating the key factors that influence health insurance status provided insight into the role the demographic characteristics of a population versus cultural differences play in disparities in health insurance coverage for Hispanic/Latino children.

Race/Ethnicity

Compared to non-Hispanic White children, Mexican and Central/South American are more likely to be uninsured in both periods when controlling for citizenship, child and family characteristics, migration, and geography (Table 5). In 2004/05, Mexican children had an odds ratio of 1.79 (95% CI 1.68–1.91) of being uninsured compared to non-Hispanic White children. Central/South American children had an odds ratio of 1.65 (95% CI 1.49 – 1.81) for being uninsured compared to non-Hispanic white children in 2004/05. Cuban, Puerto Rican, and Other Spanish children did not have significantly higher odds of being uninsured compared to non-Hispanic white children in either period.

In 1996/97 all Hispanic/Latino children, regardless of subpopulation, were more likely to have public health insurance coverage than non-Hispanic white children. In 2004/05, all Hispanic/Latino children, with the exception of Cuban children, continued to be significantly more likely to have public health insurance coverage. In 2004/05, odds ratios for public health insurance coverage ranged from 1.65 (95% CI 1.50-1.80) for Central/South American children to 2.06 (95% CI 1.85-2.27) for Puerto Rican children.

All Hispanic/Latino children, regardless of subpopulation, were less likely to have private health insurance than non-Hispanic white children were in 2004/05. In 2004/05, the odds ratios for private health insurance among Hispanic subpopulations ranged from 0.41 (95% CI 0.39–0.43) for Mexican children to 0.69 (95% CI 0.56-0.82) for Cuban children when compared to non-Hispanic white children.

Citizenship Status

Controlling for race/ethnicity and other characteristics, both children who are not United States citizens and children who do not have a parent who is a United States citizen are more likely to be uninsured than children who are citizens or who have a parent who is a citizen (Table 5). In 2005, non-citizen children had an odds ratio of 2.56 (95% CI 2.38-2.74) for being uninsured compared to children who are United States citizens. Children who are not citizens are also less likely to have public health insurance compared to children who are citizens. In 2004/05, non-citizen children had an odds ratio of 0.52 (95% CI 0.48-0.57) of having public health insurance. In 2004/05, children who are not citizens had an odds ratio of 0.72 (95% CI 0.66-0.78) of having private health insurance compared to children who are U.S. citizens.

Children without an adult in the household who is a United States citizen were more likely to be uninsured in both periods, compared to children who have at least one adult in the

household who is a U.S. Citizen (Table 5). In 2004/05, children without an adult citizen in the household had an odds ratio of 1.47 of being uninsured (95% CI 1.38-1.56). Children who do not have an adult who is a citizen in the household were significantly less likely to have public health insurance in the earlier period. In 1996/97, children who did not have an adult who is a citizen in the household had an odds ratio of 0.62 (95% CI 0.57-0.67) compared to children with an adult in the household who is a citizen. However, in 2004/05, there was no significant difference in the likelihood of having public health insurance based on household adult citizenship status. Household adult citizenship status did not make a significant difference in the likelihood of a child having private health insurance in 1996/97, but in 2004/05 children who did not an adult who is a citizen in the household were significantly less likely to have private health insurance (OR 0.70, 95% CI 0.65-0.74).

Child Characteristics

A child's age and health status are associated with their odds of having public, private or no health insurance (Table 5). In 2005/04, children in fair or poor health were less likely to be uninsured than children in excellent/very good/good health (OR 0.78, 95% CI 0.70-0.86). Children in fair/poor health had much higher odds of having public health insurance in both periods. In 2004/05, children in fair/poor health had an odds ratio of 3.08 (95% CI 2.81-3.34) of having public health insurance compared to children in excellent/very good/ good health. Those in poor health had lower odds of having private health insurance than children excellent/very good/good health. In 2004/05, children in fair/poor health had an odds ratio of 0.33 (95% CI 0.30-0.36) for having private health insurance compared to children in excellent/very good/good health. Children between the ages of one and five were less likely to be uninsured than children who are between the ages of 6 and 18 (OR 0.74, 95% CI 0.72-0.77). Younger children, those

under the age of 1 (OR 1.72, 95% CI 1.63-1.81) and those between the ages of one and five (OR 1.51, 95% CI 1.47-1.55), were more likely to have public health insurance than older children in 2004/05. Children under the age of six were less likely to have private health insurance than children who are six or older. In 2004/05, children under the age of one had an odds ratio of 0.56 (95% CI 0.52-0.59) and children between the ages of one and five had an odds ratio of 0.80 (95% CI 0.78-0.82) of having private health insurance compared to children between the ages of 6 and 18.

Family Characteristics

Family characteristics have a large influence on a child's health insurance status (Table 5). Children in families where no adult is married, or they were separated, where the highest household educational attainment is high school or less, and the family income is under 200% of the federal poverty level were more likely to be uninsured in 2004/05. Children in families where no adult is married, or they were separated, where the highest household educational attainment is high school or less, and the family income is under 200% of the federal poverty level were also more likely to have public health insurance in both 1996/07 and in 2004/05. Children in families where no adult is married, or they were separated, where the highest household educational attainment is high school or less, and the family income is under 200% of the federal poverty level were less likely to have private health insurance in both 1996/97 and in 2004/05.

Migration

Table 5 shows that children who moved to the United States in the year prior to the survey were more likely to be uninsured compared to those who had not moved in the year prior to the survey. In 2004/05, children who had moved from abroad had an odds ratio of 2.18 (95% CI 1.70-2.66) of being uninsured. Children who moved from abroad were also less likely to have

public health insurance in 2004/05 (OR 0.32, 95% CI 0.24-0.40). The odds of having private health insurance was not significantly different for children who moved from abroad in the year before the survey and those who did not move.

Children who moved within the United States did not have significantly different odds of being uninsured compared to children who did not move. Those who had moved in the year prior to the survey were more likely to have public health insurance in both 1996/97 and 2004/05. Children who moved in the year prior to the survey were less likely to have private health insurance compared to those who had not moved in both 1996/97 and 2004/05.

Geography

Children who live in rural areas were more likely to be uninsured and less likely to have private health insurance (Table 5). In 2004/05, for children living in rural areas, the odds of having public health insurance coverage was 1.32 times that of children living in metropolitan statistical areas (95% CI 1.26-1.37). In 2004/05 children who live in the South were more likely to be uninsured than children living in the Northwest (OR 1.43, 95% CI 1.27-1.58). In 2004/05, children living in the South had an odds ratio of 0.72 (95% CI 0.67-0.77) for having public health insurance.

In 2004/05, in all 17 states with sufficient sample size, children were less likely to be enrolled in public health insurance programs when compared to Massachusetts (Table 5). In all states except Florida and New Mexico, children were more likely to have private health insurance compared to children in Massachusetts. No states saw a significant change in the likelihood of a child being uninsured, when compared to Massachusetts between 1996 and 2005.

DISCUSSION

Between 1996 and 2005, Hispanic/Latino children experienced significant increases in health insurance coverage. To understand the forces driving the reduction in uninsured Hispanic/Latino children, this study identified the demographic characteristics that contribute to the likelihood of a child having public, private or no health insurance and the changes in these demographic characteristics for Hispanic/Latino children in the United States. In general, during this period, the changes in demographic characteristics for Hispanic/Latino children shifted towards looking more like those of their non-Hispanic white counter-parts. As Hispanic/Latino families in the United States become more acculturated and their demographic characteristics more closely resemble those of non-Hispanic white children, it could be hypothesized that the disparities in health insurance coverage would decline. However, while the number of uninsured children decreased drastically for Hispanic/Latino children, non-Hispanic white children saw similar decreases during this period. While disparities between the two groups did not increase during this period, Hispanic/Latino children continue to be more likely to be uninsured when compared to non-Hispanic white children. Examination of health insurance coverage by state for Hispanic/Latino children reveals state-by-state variation in health insurance trends. Further research needs to be done to look at how regional variation in demographic characteristics and state enrollment and eligibility policies influences enrollment in public health insurance programs and the number of uninsured children in the state.

Logistic regression showed that several factors contribute to the odds of a child having public, private or no health insurance. Children who are not citizens, who do not live with an adult who is a citizen, whose parents are not employed, who living in low-income households, who live in single parent households, whose parents have a high school education or less, who

have moved in the past year and who live in the South are less likely to have health insurance. Many of the characteristics that are associated with having higher odds of being uninsured are more prevalent in the Hispanic/Latino population than among non-Hispanic white children. However, during this period, Hispanic/Latino children saw significant changes in many of the key demographic factors influencing health insurance status. The percent of Hispanic/Latino children living in households below 100 percent of the federal poverty level significantly declined and there was a significant increase in the percent of Hispanic/Latino children living in households with incomes above 200 percent of the federal poverty level. Hispanic/Latino children as a population also saw a significant increase in the percent of children living in households where an adult had some college education during this period. The percent of Hispanic/Latino children living in households where an adult was employed also increased significantly. As a population, Hispanic/Latino children did not see significant change in citizenship status, parental citizenship status, parental marital status, or migration status.

Looking at changes in demographic characteristics for all Hispanic/Latino children together is misleading because it masks the differences between Hispanic/Latino subpopulations. The changes in demographic characteristics differ substantially between subpopulations. Central/South American and Other Spanish children saw significant increases in both the percent of children who are United States citizens and the number of children who have a parent who is a United States citizen. Mexican, Puerto Rican, Central/South American, and Other Spanish children saw significant increases in the percent of children living in families with some college education. Puerto Rican and Other Spanish children saw a significant increase in the number of children who live in two-parent, married households. Mexican children saw a significant increase in the number of children who had moved to the United States from abroad in the past year. This

analysis clearly shows that there is wide variation both in the demographic characteristics and in the change in demographic characteristics between Hispanic/Latino subpopulations. These findings emphasize the importance of looking at trends in both health insurance coverage and in demographic characteristics for each Hispanic/Latino subpopulation, as a great deal of demographic variation is masked when grouping all Hispanic/Latino children together.

In addition to variation among Hispanic/Latino subpopulations, significant variation from the national trends in health insurance coverage is also seen across states and geographic regions. Geographic variation, both by state and region, is likely due to variation in public program eligibility and enrollment policies and variation in demographic characteristics of Hispanic/Latinos by region. Further research should be done to look at the influence of state policies and the demographic characteristics of Hispanic/Latino subpopulations by state to understand the variation in coverage by state and region.

Along with identifying key demographic factors that influence health insurance coverage, the logistic regression analysis also shows that race and ethnicity contributes to the difference in odds of a child having public, private or no health insurance when compared to non-Hispanic white children, even when adjusting for everything in the model. This indicates that some of the variation in health insurance coverage by Hispanic/Latino subpopulation is not explained by any of the variables in the model. Cultural beliefs, illegal residency, or language barriers might account for variation by subpopulation that is not accounted for in the model. Further research should be done to understand the specific cultural barriers each subpopulation faces. Clearly, with wide variation in both health insurance coverage and demographic characteristics, each Hispanic/Latino subpopulations faces very different challenges to obtaining health insurance.

Remaining Disparities between Hispanic/Latino and Non-Hispanic White Children

Despite a slight reduction in private health insurance, Hispanic/Latino children saw a large reduction in the number of children who lack health insurance between 1996/97 and 2004/05, due to the increase in the percent of Hispanic/Latino children with public health insurance. However, despite the increase in the percent of children with health insurance coverage, disparities still exist between Hispanic/Latino and non-Hispanic white children. While Hispanic/Latino children represented 20 percent of the population under the age of 19 in 2004/05, they represented 33 percent of the uninsured population under the age of 19 (Figure 2). There was a reduction in the disparities for Hispanic/Latino children between 1996 and 2005. In 1996/97, Hispanic/Latino children represented 200 percent more of the uninsured population than they did of the total population. In 2004/05, Hispanic/Latino children represented 150 percent more of the uninsured population than they did of the total population. Despite the reduction in the number of uninsured Hispanic/Latino children, the logistic regression shows that their odds ratio for being uninsured remains steady, indicating that non-Hispanic white children are also seeing reductions in the number of uninsured children. While disparities in health insurance coverage did not increase, Hispanic/Latino children continue to be more likely to be uninsured compared to non-Hispanic white children.

Future Challenges

Recent changes to the Medicaid program under the 2005 Deficit Reduction Act pose a threat to the progress that made over the last ten years in increasing access to health insurance coverage for Hispanic/Latino children. Under the provisions of the Deficit Reduction Act, all applicants are required to document their citizenship with an approved document, such as a birth certificate or passport, many of which are challenging and expensive to obtain.³⁶ Not only does

this provision create new barriers to enrollment, it may scare non-citizen parents away from enrolling children who are United States citizens. Since the implementation in July 2006, states have already seen reductions in Medicaid enrollment. A survey of six states found that Medicaid enrollment had declined in all surveyed states since the implementation of the regulation and by as much as three percent in Wisconsin.³⁶ Changes in enrollment due to the implementation of the Deficit Reduction Act might show up on the 2007 CPS, but likely the impact will not be clear until the 2008 CPS data (for calendar year 2007) is available.

Despite the success in increasing health insurance coverage for Hispanic/Latino children during the period examined, they are still less likely to have health insurance. Variations within the Hispanic/Latino population suggest that different subpopulations may face different barriers. Identifying barriers within individual subpopulations and developing targeted outreach to subpopulations would be a large step towards continuing to reduce disparities and barriers to health insurance coverage for all Hispanic/Latino children.

As state Medicaid budgets continue to grow and states look for ways to increase health insurance coverage while controlling costs, it will be important to look at how new reform efforts impact Hispanic/Latino children. Creating premium assistance programs for low-income working families who are not poor enough to qualify for public programs but cannot afford private health insurance may reduce many barriers to Mexican and Central/South American children whose parents have high employment rates, but work in industries that do not typically provide employer-sponsored health insurance.

Limitations of Study

Several limitations exist when using the Current Population Survey to track changes in health insurance for Hispanic/Latino children. First, due to the relatively small population of

Hispanic/Latino children age 18 and under and lower response rate among Hispanic/Latinos, even when pooling two years of data, most states still have sample sizes that are too small to draw any definitive conclusions from the data. However, we are able to examine changes among states with the largest portion of this population. Second, the Current Population Survey does not adequately distinguish Medicaid coverage from SCHIP coverage. However, since this study looked at changes across all public health insurance programs, this is not prohibitive to the study. Third, the Current Population Survey only collects 5-year migration data every ten years, making it difficult to assess the impact of longer-term migration patterns on health insurance status. While it is possible to look at short-term migration, it is likely that there are important differences among populations that are new to a state or the country with respect to knowledge about public programs. Finally, many of the factors, such as cultural beliefs, discrimination, and illegal residency that likely have large impacts on health insurance coverage cannot be measured in a survey.

Policy Recommendations

This study has shown that while progress has been made in reducing the number of uninsured Hispanic/Latino children, large gaps in coverage rates continue to exist between Hispanic/Latino children and Non-Hispanic white children. This study also illustrates that wide variation in coverage exists within the Hispanic/Latino population. Future policy should address both the disparities between Hispanic/Latino and non-Hispanic white children as well as the variation within the Hispanic/Latino population.

Expansions in public health insurance programs since 1996 increased access to health insurance for many children. In order to reduce future medical costs, it is important to provide health insurance coverage to all children, allowing them access to the health care system and

preventive care. As SCHIP faces reauthorization by Congress this year, it is important to focus on the positive impact that public health insurance programs have had on decreasing the number of uninsured children in all populations. In order to maintain the current progress, it is recommended that congress reauthorized SCHIP with adequate funding maintain coverage for the current children enrolled in the program. As evaluation of public programs continues, it is necessary to look at the impact of difference enrollment, eligibility, and outreach strategies on not only the Hispanic/Latino population as a whole, but also by subpopulations.

In order to reduce disparities in health insurance coverage for Hispanic/Latino children, it is important to address the variation in coverage among Hispanic/Latino subpopulations. Future policy should focus on identifying and addressing the unique barriers to health insurance that each Hispanic/Latino subpopulation faces. The success in reducing the number of uninsured Hispanic/Latino children since 1996 should provide momentum to continue to look for policy solutions to ensure that all children in the United States have access to health insurance and the health system.

Table 1a: Characteristics of Non-Hispanic White and Hispanic/Latino Children, United States

	Non-Hispanic White			Hispanic/ Latino		
	96/97	04/05	Change	96/97	04/05	Change
Total Population (Ages 0-18)	64.2%	58.5%	-5.7% ***	15.1%	19.5%	4.4% ***
Health Insurance Coverage						
Public Health Insurance	11.5%	18.0%	6.5% ***	30.3%	39.6%	9.4% ***
Private Health Insurance	78.7%	74.4%	-4.3% ***	41.6%	38.5%	-3.2% ***
Uninsured	9.8%	7.6%	-2.2% ***	28.2%	22.0%	-6.2% ***
Citizenship						
U.S. Citizen	99.1%	99.0%	-0.1%	87.8%	88.7%	0.9%
Parent is U.S. Citizen	97.1%	96.9%	-0.1%	64.2%	65.6%	1.4%
Child Characteristics						
Health Status						
Excellent/Very Good/Good	97.8%	98.1%	0.4% ***	96.0%	97.3%	1.4% ***
Fair/Poor	2.3%	1.9%	-0.4% ***	4.1%	2.7%	-1.4% ***
Gender						
Female	48.8%	48.7%	-0.1%	48.2%	48.9%	0.8%
Male	51.3%	51.3%	0.1%	51.9%	51.1%	-0.7%
Age (in years)						
< 1	5.0%	5.0%	-0.1%	6.2%	6.1%	-0.1%
1 -5	25.6%	24.8%	-0.8% *	30.7%	29.3%	-1.4% *
6-18	69.4%	70.3%	0.9% *	63.2%	64.6%	1.5%
Family Characteristics						
Family Employment						
Some adult is employed	92.1%	91.4%	-0.7% **	82.9%	93.4%	10.5% ***
No adult is employed	7.9%	8.6%	0.7% **	17.1%	6.7%	-10.5% ***
Family Marital Status						
not married	8.3%	18.4%	10.1%	22.6%	22.2%	-0.4%
married, spouse absent	2.1%	4.0%	1.9%	9.5%	8.9%	-0.7%
married	39.1%	77.7%	38.6%	67.9%	68.9%	1.0%
Family Education Status						
Less than H.S.	2.8%	4.4%	1.6%	37.5%	28.8%	-8.7% ***
H.S. Graduate	13.3%	20.6%	7.3%	28.5%	29.9%	1.4%
Some College or more	33.0%	74.4%	41.4%	33.1%	40.4%	7.3% ***
Family Income						
< 100% FPL	11.9%	10.9%	-1.1% **	38.8%	29.2%	-9.6% ***
100-199% FPL	18.5%	16.1%	-2.4% ***	31.8%	32.4%	0.6%
>200% FPL	69.7%	73.1%	3.5% ***	29.5%	38.5%	9.0% ***
Migration Status						
Moved within U.S	14.7%	11.9%	-2.8% ***	19.7%	16.4%	-3.3% **
Moved from Abroad	0.3%	0.3%	0.0%	1.1%	1.3%	0.3% *
Region						
Northeast	19.5%	19.6%	0.1%	15.0%	13.0%	-2.1% *
Midwest	29.5%	27.8%	-1.7% ***	7.7%	8.7%	1.1%
South	31.2%	33.6%	2.5% ***	30.6%	33.6%	3.0%
West	19.9%	19.1%	-0.8% *	46.8%	44.7%	-2.1%

Source: 1997, 1998, 2005 and 2000 Current Population Survey Annual Social and Economic Supplement

Significant change over time *p< .05 **p< .01 ***p<.001

Table 1b: Characteristics of Hispanic/Latino Children, Ages 0-18, by Ethnic Subpopulation, United States

	Mexican			Puerto Rican			Cuban			Central/ South American			Other Spanish		
	96/97	04/05	Change	96/97	04/05	Change	96/97	04/05	Change	96/97	04/05	Change	96/97	04/05	Change
Total Population (Ages 0-18)	10.4%	13.7%	3.4%	1.6%	1.7%	0.1%	0.3%	0.5%	0.1% ***	1.8%	2.8%	1.0% ***	1.0%	0.9%	-0.1%
Health Insurance Coverage															
Public Health Insurance	27.6%	40.8%	13.2% ***	46.6%	45.4%	-1.3%	20.6%	23.0%	2.4%	23.7%	35.4%	11.7% ***	35.9%	34.4%	-1.6%
Private Health Insurance	41.8%	34.9%	-6.9% ***	37.9%	44.2%	6.3% *	63.8%	60.2%	-3.7%	46.5%	44.1%	-2.5%	42.9%	52.8%	9.9% **
Uninsured	30.7%	24.4%	-6.3% ***	15.6%	10.5%	-5.1% **	15.6%	17.0%	1.4%	29.8%	20.6%	-9.2% ***	21.1%	12.8%	-8.3% ***
Citizenship															
U.S. Citizen	87.9%	88.1%	0.2%	99.6%	100.0%	0.4%	84.3%	87.6%	3.3%	77.9%	82.1%	4.2% *	92.9%	97.1%	4.2% **
Parent is U.S. Citizen	62.9%	61.8%	-1.1%	96.9%	97.2%	0.3%	72.6%	74.5%	1.9%	49.9%	57.1%	7.2% **	78.6%	86.1%	7.5% **
Child Characteristics															
Health Status															
Excellent/Very Good/Good	96.3%	97.4%	1.1% **	95.1%	95.8%	0.7%	98.9%	98.3%	-0.6%	97.3%	98.0%	0.7%	94.7%	97.5%	2.8% *
Fair/Poor	3.7%	2.7%	-1.1% **	4.9%	4.3%	-0.7%	1.1%	1.8%	0.7%	2.7%	2.1%	-0.7%	5.3%	2.5%	-2.8% *
Gender															
Female	48.2%	48.6%	0.4%	48.5%	50.3%	1.8%	48.5%	48.3%	-0.3%	48.1%	51.0%	2.9%	48.1%	44.9%	-3.3%
Male	51.8%	51.5%	-0.4%	51.5%	49.8%	-1.8%	51.5%	51.8%	0.2%	51.9%	49.1%	-2.9%	51.9%	55.2%	3.3%
Age (in years)															
< 1	5.9%	6.5%	0.6%	4.9%	4.9%	0.0%	9.8%	5.7%	-4.2%	6.1%	5.5%	-0.6%	4.8%	5.6%	0.8%
1 -5	31.5%	30.2%	-1.3%	27.7%	24.0%	-3.7%	28.9%	31.2%	2.3%	29.8%	28.4%	-1.5%	29.8%	27.1%	-2.7%
6-18	62.2%	63.5%	1.3%	67.6%	71.1%	3.5%	63.0%	63.1%	0.2%	64.3%	66.2%	1.9%	64.5%	67.4%	2.9%
Family Characteristics															
Family Employment															
Some adult is employed	85.5%	94.5%	8.9% ***	66.8%	87.1%	20.3% ***	87.5%	98.0%	10.5% ***	87.6%	95.0%	7.4% ***	78.2%	94.3%	16.1% ***
No adult is employed	14.5%	5.6%	-9.0% ***	33.2%	12.9%	-20.3% ***	12.5%	2.0%	-10.5% ***	12.4%	5.0%	-7.4% ***	21.8%	5.7%	-16.1% ***
Family Marital Status															
not married	18.4%	19.8%	1.5%	44.9%	40.2%	-4.7%	21.9%	18.8%	-3.1%	23.1%	22.3%	-0.8%	31.7%	28.2%	-3.5%
married, spouse absent	8.2%	8.2%	0.0%	13.9%	12.1%	-1.8%	4.6%	6.1%	1.6%	11.3%	11.6%	0.3%	15.5%	6.7%	-8.8% ***
married	73.6%	72.1%	-1.5%	41.3%	47.7%	6.4% *	73.7%	75.2%	1.5%	65.7%	66.2%	0.4%	53.0%	65.2%	12.3% **
Family Education Status															
Less than H.S.	41.6%	33.0%	-8.7% ***	32.7%	16.2%	-16.5% ***	13.1%	9.6%	-3.5%	27.9%	23.5%	-4.5%	26.7%	16.4%	-10.3% **
H.S. Graduate	28.3%	31.6%	3.3% **	29.2%	30.2%	1.0%	28.6%	21.0%	-7.6%	30.2%	24.4%	-5.8% **	25.8%	23.2%	-2.6%
Some College or more	29.2%	34.6%	5.4% ***	36.6%	52.4%	15.9% ***	58.4%	68.6%	10.2%	40.8%	51.0%	10.3% ***	46.9%	59.5%	12.6% ***
Family Income															
< 100% FPL	36.4%	31.4%	-5.0% ***	49.4%	32.5%	-16.9% ***	21.7%	12.9%	-8.8% *	33.9%	22.2%	-11.7% ***	37.9%	20.1%	-17.9% ***
100-199% FPL	35.2%	34.0%	-1.3%	21.6%	25.3%	3.7%	21.9%	21.5%	-0.4%	29.6%	32.7%	3.1%	21.7%	26.7%	5.0%
>200% FPL	28.4%	34.7%	6.3% ***	29.0%	42.2%	13.2% ***	56.4%	65.6%	9.2%	36.4%	45.2%	8.8% ***	40.4%	53.3%	12.9% ***
Migration Status															
Moved within U.S	21.0%	16.6%	-4.5% ***	16.9%	16.6%	-0.4%	11.4%	11.6%	0.2%	15.3%	16.9%	1.6%	16.4%	15.4%	-1.0%
Moved from Abroad	0.7%	1.5%	0.8% **	1.6%	2.1%	0.5%	2.4%	1.4%	-1.1%	1.4%	0.8%	-0.7%	0.4%	0.0%	-0.4%
Region															
Northeast	1.8%	2.3%	0.5%	66.8%	62.0%	-4.8%	4.6%	9.6%	5.0%	37.8%	38.9%	1.1%	37.5%	8.6%	-29.0% ***
Midwest	8.6%	9.7%	1.1%	10.8%	8.2%	-2.7%	5.7%	4.5%	-1.3%	2.8%	5.0%	2.2% *	4.0%	9.4%	5.4% **
South	32.2%	33.3%	1.1%	18.0%	23.8%	5.8% *	80.2%	76.2%	-4.0%	25.6%	34.2%	8.6% ***	23.2%	32.2%	9.0% *
West	57.4%	54.8%	-2.6% *	4.4%	6.2%	1.8%	9.5%	9.8%	0.3%	33.8%	22.1%	-11.7% ***	35.2%	49.9%	14.7% ***

Source: 1997, 1998, 2005 and 2000 Current Population Survey Annual Social and Economic Supplement

Significant change over time *p< .05 **p< .01 ***p<.001

Table 2: Characteristics of Hispanic/Latino Children by Health Insurance Status, Ages 0-18, United States

	Public Health Insurance			Private Health Insurance			Uninsured		
	1996/1997	2004/2005	% Point Change	1996/1997	2004/2005	% Point Change	1996/1997	2004/2005	% Point Change
Total Population (Ages 0-18)	30.3%	39.6%	-9.4% ***	41.6%	38.4%	-3.2% ***	28.2%	22.0%	-6.2% ***
Citizenship									
U.S. Citizen	92.35%	92.20%	-0.15%	92.65%	93.65%	1.00%	75.70%	73.40%	-2.30%
Parent is U.S. Citizen	61.85%	58.50%	-3.35%	77.10%	82.20%	5.10% ***	47.40%	49.10%	1.70%
Child Characteristics									
Health Status									
Excellent/Very Good/Good	93.00%	95.95%	2.95% ***	97.30%	98.50%	1.20% **	97.05%	97.65%	0.60%
Fair/Poor	7.00%	4.05%	-2.95% ***	2.70%	1.50%	-1.20% **	2.95%	2.35%	-0.60%
Gender									
Female	48.75%	48.45%	-0.30%	48.00%	49.70%	1.70%	47.75%	48.15%	0.40%
Male	51.25%	51.55%	0.30%	52.00%	50.30%	-1.70%	52.25%	51.85%	-0.40%
Age (in years)									
< 1	8.90%	8.15%	-0.75%	5.10%	4.60%	-0.50%	4.80%	4.95%	0.15%
1 -5	37.20%	34.65%	-2.55% *	29.65%	26.50%	-3.15% **	25.05%	24.25%	-0.80%
6-18	53.90%	57.15%	3.25% *	65.20%	68.85%	3.65% ***	70.15%	70.80%	0.65%
Family Characteristics									
Employment									
some adult is employed	60.20%	90.40%	30.20% ***	95.85%	98.05%	2.20% ***	88.10%	93.40%	5.30% ***
no adult is employed	39.80%	9.60%	-30.20% ***	4.15%	1.95%	-2.20% ***	11.90%	6.60%	-5.30% ***
Marital Status									
Not married	35.40%	29.00%	-6.40% ***	13.25%	15.05%	1.80%	22.70%	22.60%	-0.10%
seperated or spouse absent	16.55%	12.10%	-4.45% **	5.40%	5.50%	0.10%	8.00%	9.05%	1.05%
Married	48.05%	58.90%	10.85% ***	81.35%	79.50%	-1.85%	69.30%	68.35%	-0.95%
Education									
Less than H.S.	51.30%	38.45%	-12.85% ***	19.60%	13.65%	-5.95% ***	49.00%	38.00%	-11.00% ***
H.S. Grad	27.40%	32.10%	4.70% **	28.80%	26.70%	-2.10%	29.00%	31.10%	2.10%
Some College	19.85%	28.30%	8.45% ***	51.25%	59.40%	8.15%	20.45%	28.90%	8.45% ***
Family Income									
< 100% FPL	72.60%	46.20%	-26.40% ***	12.25%	7.15%	-5.10% ***	41.60%	37.10%	-4.50% *
100-199% FPL	21.85%	36.10%	14.25% ***	32.50%	26.40%	-6.10% ***	41.50%	36.20%	-5.30% **
>200% FPL	5.55%	17.70%	12.15% ***	55.25%	66.50%	11.25% ***	16.95%	26.70%	9.75%
Migration Status									
Moved within U.S	24.20%	18.40%	-5.80% ***	14.95%	13.40%	-1.55%	21.70%	18.10%	-3.60% *
Moved from Abroad	0.90%	0.80%	-0.10%	0.45%	0.50%	0.05%	1.95%	3.65%	1.70% **
Geography									
Northeast	21.10%	15.30%	-5.80% ***	11.95%	13.50%	1.55%	12.95%	7.90%	-5.05% ***
Midwest	6.35%	7.70%	1.35%	10.05%	11.15%	1.10%	5.60%	6.35%	0.75%
South	25.15%	30.65%	5.50% ***	32.05%	31.10%	-0.95%	34.25%	43.35%	9.10% ***
West	47.40%	46.35%	-1.05%	45.95%	44.20%	-1.75%	47.25%	42.40%	-4.85% **

Source: 1997, 1998, 2005 and 2000 Current Population Survey Annual Social and Economic Supplement

Note: Percents based on total population ages 0 to 18

*p< .05 **p< .01 ***p<.001

Table 3: Trends in Health Insurance Coverage by State: 1996-2005, Hispanic/Latino population Ages 0-18, United States

	Uninsured			Public			Private		
	96/97	04/05	Change	96/97	04/05	Change	96/97	04/05	Change
Arizona	39.6%	25.2%	-14.3% *	26.5%	42.2%	15.8% *	34.0%	32.6%	-1.4%
California	27.0%	19.2%	-7.8% *	32.7%	42.4%	9.7%	40.3%	38.4%	-1.9%
Colorado	23.6%	29.7%	6.1%	21.2%	26.3%	5.0%	55.2%	44.1%	-11.1% *
Connecticut	24.1%	13.6%	-10.5%	38.7%	48.6%	9.9%	37.2%	37.8%	6.0%
Florida	24.5%	27.4%	2.9%	23.8%	28.4%	4.6%	51.7%	44.3%	-7.5% *
Idaho	27.0%	21.6%	-5.3%	22.1%	52.1%	29.9%	50.9%	26.3%	-24.6% *
Illinois	24.3%	18.1%	-6.2%	20.8%	31.4%	10.6% *	54.9%	50.5%	-4.4%
Massachusetts	17.5%	5.9%	-47.9% *	47.9%	62.3%	14.4%	34.6%	31.8%	-11.6%
Michigan	14.4%	6.2%	-8.3%	34.8%	35.6%	0.8%	50.7%	58.3%	7.5%
Nebraska	19.1%	14.5%	-4.6%	38.6%	36.0%	-2.5%	42.3%	49.5%	7.1%
New Jersey	29.0%	21.6%	-7.4%	26.4%	32.2%	5.8%	44.6%	46.2%	1.6%
New Mexico	21.6%	21.2%	-4.0%	32.5%	42.3%	9.8% *	45.9%	36.5%	-9.3% *
Nevada	34.9%	29.2%	-5.7%	7.5%	16.6%	9.1% *	57.6%	54.1%	-3.4%
New York	25.0%	9.7%	-15.3% *	48.1%	50.3%	2.2%	26.9%	40.0%	13.2% *
Oregon	39.1%	20.2%	-21.6% *	21.6%	50.1%	28.5%	39.3%	29.8%	-18.5%
Pennsylvania	12.9%	19.1%	6.2%	36.5%	43.9%	7.4%	50.6%	37.0%	-13.6%
Texas	32.9%	29.9%	-3.0%	25.8%	37.8%	12.0% *	41.3%	32.3%	-9.0% *
Utah	30.1%	28.2%	-1.9%	10.9%	33.4%	22.6% *	59.1%	38.4%	-20.7% *
TOTAL (all states)	28.2%	22.0%	-6.2% *	30.2%	39.6%	9.4% *	41.6%	38.4%	-3.2% *

Source: 1997, 1998, 2005 and 2000 Current Population Survey Annual Social and Economic Supplement

*p< .05 **p< .01 ***p<.001

Table 4: Odds Ratios of Health Insurance Status, Adjusted for Race/Ethnicity, Citizenship, Child and Family Characteristics, and Geography, Children ages 0-18, United States

	Uninsured				Public				Private			
	96/97		04/05		96/97		04/05		96/97		04/05	
	OR	Std.Err	OR	Std.Err	OR	Std.Err	OR	Std.Err	OR	Std.Err	OR	Std.Err
Race/Ethnicity												
<i>Non-Hispanic White</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Hispanic												
Mexican	1.57 ***	0.12	1.79 ***	0.11	1.47 ***	0.13	1.77 ***	0.10	0.53 ***	0.04	0.41 ***	0.02
Cuban	0.68	0.21	1.22	0.27	1.96 **	0.53	1.63	0.35	0.91	0.22	0.69 *	0.13
Central/South American	1.71 ***	0.19	1.65 ***	0.16	1.43 **	0.19	1.65 ***	0.15	0.50 ***	0.06	0.52 ***	0.05
Other Spanish	1.31	0.21	1.07	0.18	2.12 ***	0.33	1.80 ***	0.26	0.45 ***	0.06	0.67 ***	0.10
Puerto Rican	1.14	0.16	1.01	0.14	2.18 ***	0.28	2.06 ***	0.21	0.46 ***	0.05	0.54 ***	0.05
All Others	1.25 ***	0.07	1.19 ***	0.06	1.53 ***	0.10	1.65 ***	0.07	0.63 ***	0.03	0.60 ***	0.02
Citizenship												
<i>Child is a U.S. Citizen</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Non-U.S. Citizen	2.03 ***	0.17	2.56 ***	0.18	0.62 ***	0.07	0.52 ***	0.05	0.65 ***	0.06	0.72 ***	0.06
<i>At least 1 parent is U.S. Citizen</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
No Parent is U.S. Citizen	1.71 ***	0.12	1.47 ***	0.09	0.62 ***	0.05	0.99	0.06	0.90	0.07	0.70 ***	0.05
Child Characteristics												
<i>Excellent/Very Good/Good Health Status</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Fair/Poor Health Status	0.79 *	0.08	0.78 **	0.08	2.26 ***	0.20	3.08 ***	0.27	0.58 ***	0.05	0.33 ***	0.03
<i>Female</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Male	1.04	0.03	1.03	0.03	0.96	0.03	1.05 *	0.02	1.00	0.03	0.94 ***	0.02
<i>6-18 years old</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Less than 1 year old	1.06	0.08	1.07	0.07	2.30 ***	0.16	1.72 ***	0.09	0.51 ***	0.03	0.56 ***	0.03
1 to 5 years old	0.74 ***	0.03	0.74 ***	0.03	1.60 ***	0.06	1.51 ***	0.04	0.88 ***	0.03	0.80 ***	0.02
Family Characteristics												
<i>At least one adult in HH is employe</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
No adult is employed	0.55 ***	0.04	0.89	0.07	3.36 ***	0.22	1.37 ***	0.10	0.37 ***	0.03	0.68 ***	0.06
<i>Adult in HH is married</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
No adult is married	1.11	0.06	1.28 ***	0.06	1.35 ***	0.08	1.65 ***	0.06	0.73 ***	0.04	0.54 ***	0.02
Adult is seperated/spouse absent	0.97	0.08	1.37 ***	0.10	1.31 ***	0.11	1.45 ***	0.09	0.83	0.07	0.58 ***	0.04
<i>Adult in HH has > H.S. Education</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Less than H.S. Education	1.74 ***	0.12	1.50 ***	0.10	1.73 ***	0.13	1.81 ***	0.10	0.39 ***	0.03	0.36 ***	0.02
H.S. Graduate	1.73 ***	0.09	1.47 ***	0.07	1.32 ***	0.07	1.55 ***	0.06	0.57 ***	0.02	0.56 ***	0.02
<i>HH Income > 200% FPL</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
HH Income under 100% FPL	2.62 ***	0.20	1.84 ***	0.12	12.64 ***	0.91	8.98 ***	0.42	0.09 ***	0.01	0.09 ***	0.00
HH Income 100-200% FPL	2.76 ***	0.15	1.88 ***	0.09	4.16 ***	0.26	4.39 ***	0.17	0.27 ***	0.01	0.24 ***	0.01
Migration												
<i>Child did not move is past year</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Moved within the U.S.	1.24 ***	0.07	1.11	0.06	1.27 ***	0.08	1.18 ***	0.06	0.70 ***	0.04	0.79 ***	0.04
Moved from Abroad	1.30	0.28	2.18 ***	0.48	1.16	0.39	0.32 ***	0.08	0.77	0.23	1.33	0.33
Geography												
<i>MSA</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
Non-MSA	1.18 **	0.07	1.19 ***	0.06	1.01	0.06	1.32 ***	0.05	0.88 **	0.05	0.71 ***	0.03
<i>Northwest</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
South	1.48 **	0.20	1.43 ***	0.15	1.06	0.14	0.72 ***	0.05	0.72 **	0.08	1.16 *	0.08
Midwest	0.95	0.13	1.23	0.14	0.83	0.12	0.69 ***	0.05	1.16	0.13	1.31 ***	0.09
West	1.01	0.17	1.30	0.18	1.68 **	0.29	0.79 **	0.08	0.70 **	0.10	1.14	0.10
<i>MA</i>	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-	1.00	-
AZ	2.47 ***	0.64	1.45	0.28	0.47 ***	0.14	0.51 ***	0.08	1.10	0.26	1.52 **	0.24
CA	1.45	0.35	1.19	0.19	0.75	0.19	0.59 ***	0.07	1.20	0.26	1.56 ***	0.18
CO	1.83 *	0.52	1.83 **	0.34	0.50 **	0.16	0.26 ***	0.04	1.16	0.29	2.21 ***	0.33
CT	1.50	0.38	1.61 *	0.34	0.64	0.18	0.39 ***	0.06	1.10	0.24	1.92 ***	0.29
FL	1.41	0.32	1.95 ***	0.30	0.82	0.20	0.55 ***	0.07	0.98	0.20	1.16	0.14
ID	1.59	0.44	1.29	0.27	0.55 **	0.17	0.53 ***	0.08	1.39	0.35	1.55 **	0.24
IL	1.09	0.26	1.48 *	0.26	0.98	0.24	0.44 ***	0.06	1.05	0.22	1.77 ***	0.23
MI	0.93	0.23	0.83	0.16	1.29	0.32	0.69 **	0.10	0.87	0.18	1.57 ***	0.22
NE	1.09	0.31	0.77	0.16	1.29	0.37	0.67 **	0.10	0.80	0.19	1.69 ***	0.26
NJ	2.22 ***	0.43	1.89 **	0.37	0.62 **	0.14	0.32 ***	0.05	0.81	0.14	2.05 ***	0.30
NM	1.56	0.42	1.82 **	0.37	0.67 *	0.19	0.67 *	0.11	1.19	0.29	0.93	0.15
NV	1.60 *	0.32	1.79 **	0.35	0.34 ***	0.10	0.20 ***	0.04	1.46	0.29	3.16 ***	0.51
NY	1.54 **	0.27	1.07	0.20	1.06	0.19	0.57 ***	0.08	0.75 *	0.12	1.70 ***	0.23
OR	1.23	0.36	1.34	0.28	0.34 ***	0.11	0.49 ***	0.08	2.33 **	0.67	1.77 ***	0.27
PA	0.92	0.18	1.62 *	0.33	0.70	0.14	0.38 ***	0.06	1.37	0.23	2.03 ***	0.29
TX	1.53 *	0.34	1.88 ***	0.28	0.62 *	0.14	0.43 ***	0.05	1.02	0.20	1.41 **	0.16
UT	1.47	0.42	1.64 *	0.34	0.30 ***	0.10	0.39 ***	0.07	1.79 *	0.47	1.77 ***	0.28
Other States	1.16	0.24	1.10	0.15	0.85	0.17	0.61 ***	0.06	1.07	0.19	1.56 ***	0.16

Source: 1997, 1998, 2005 and 2000 Current Population Survey Annual Social and Economic Supplement

*p<.05 **p<.01 ***p<.001

Reference Groups noted in Italics

Figure 1: Percent Total Population by Race/Ethnicity, Children Ages 0-18, United States

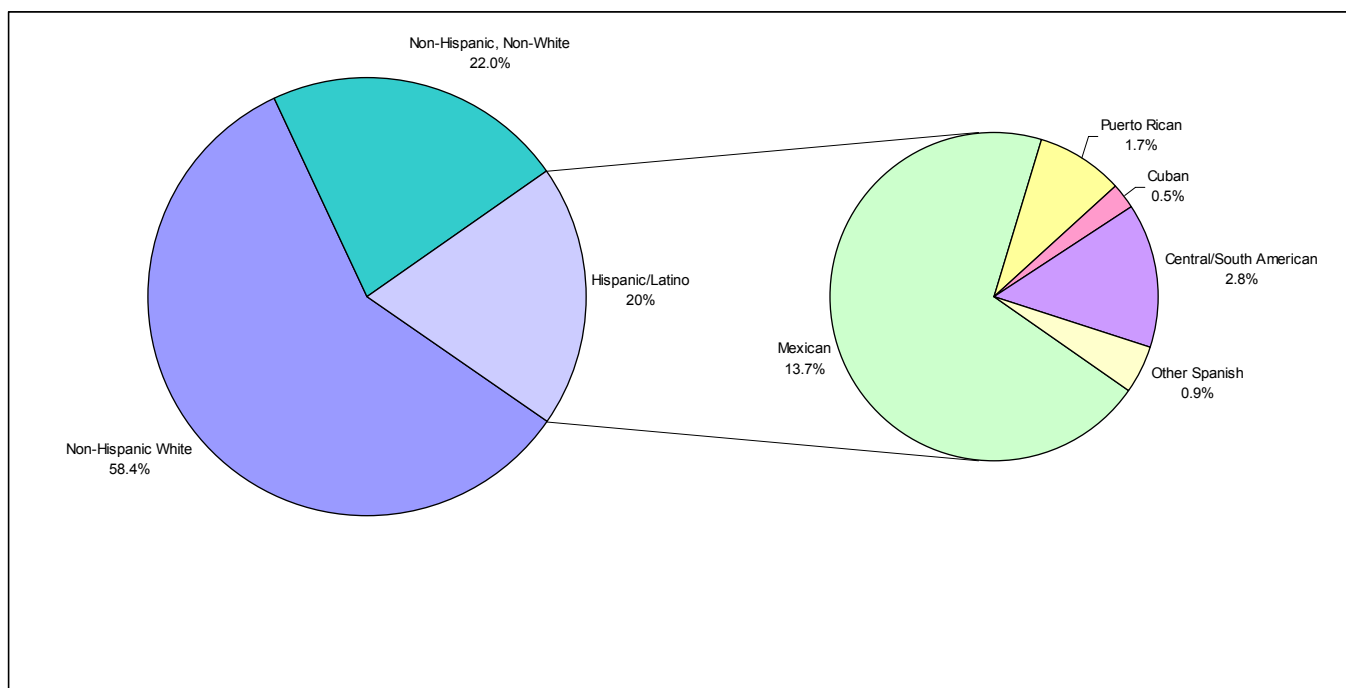
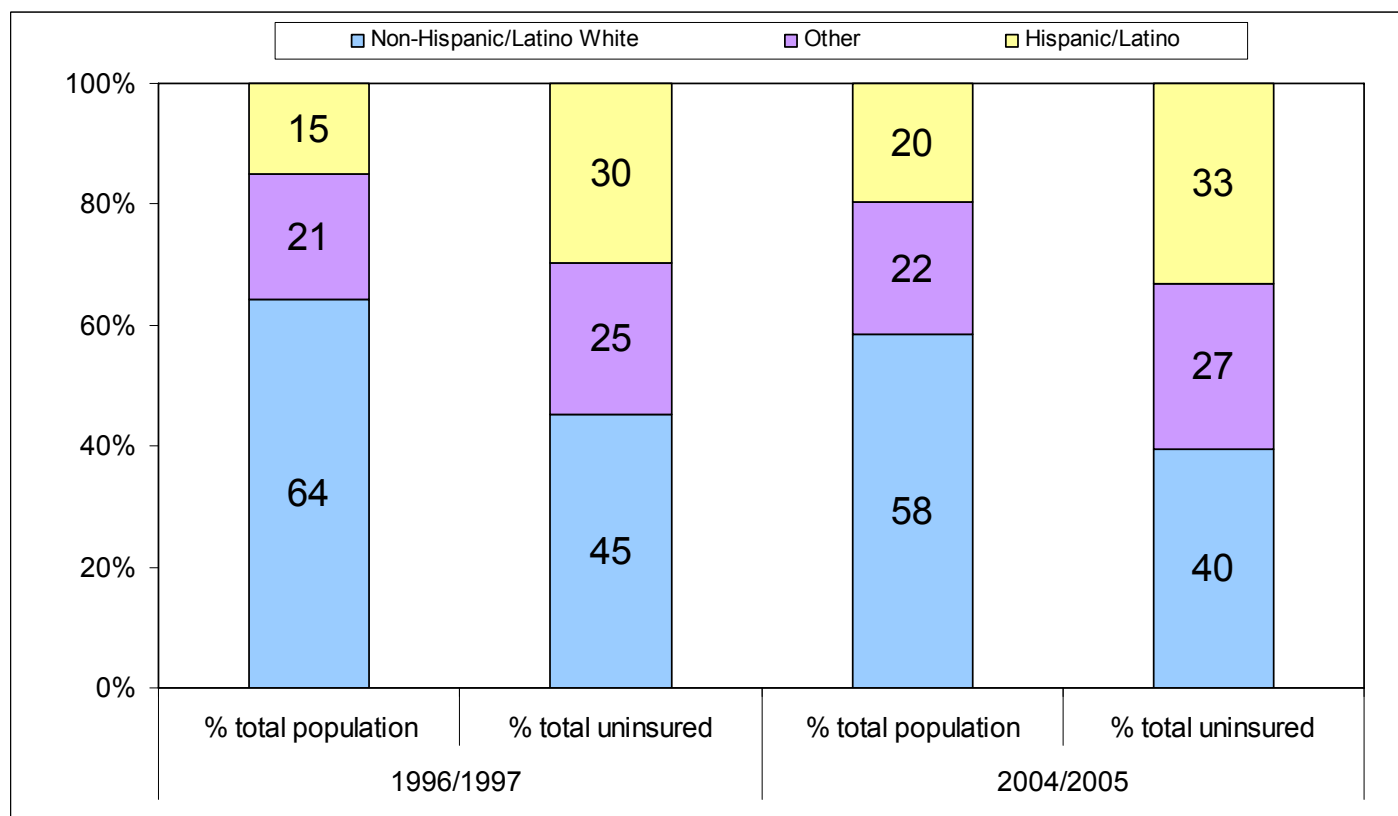


Figure 2: Hispanic/Latino Disparities in Health Insurance Coverage, 1996/97 and 2004/05, Children Ages 0-18, United States



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