

Medicaid and CHIP are Essential for Tackling Health Disparities in Children

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Despite notable advancements in children's health care over the last two decades, children of color continue to experience a range of health disparities when compared with white children. From infant mortality and childhood obesity to rates of asthma and unmet dental and mental health needs, minority children often fare worse than white children, not only in disease prevalence, but also health outcomes.

While poverty and other social and economic factors have a strong link to health disparities in children, lack of affordable, comprehensive, high quality health care coverage is also a key component. Ensuring that all children have access to the medical, developmental, and support services they need is essential for reducing disparities and making sure that all children have a healthy start in life.



Over the last two decades, Medicaid and the Children's Health Insurance Program (CHIP) have played a critical role in providing a broad range of services to children in low-income families, from basic screenings and medical and dental services, eyeglasses and hearing aids, to language interpretation, transportation, and chronic disease management services. Working together, these programs have cut the numbers of uninsured children in half, with the greatest improvement in coverage rates for children of color. Today Medicaid and CHIP are the largest insurers of children, providing coverage for approximately 40 million children in the United States.

Despite the success of Medicaid and CHIP, the most recent data on the state of health disparities show that there is still more work to do to address health disparities and improve health outcomes, especially for children of color.

- **The uninsured rate continues to be higher for children of color compared with white children.** In 2013, the overall uninsured rate for children was 7.6 percent. The rates were 5.4 percent for non-Hispanic white children, 7.5 percent for black children, and 12.1 percent for Hispanic children.¹
- **Children of color are covered through Medicaid and CHIP at higher rates.** As of 2013, CHIP and Medicaid provide coverage for 56 percent of black children, 52 percent of Hispanic children, and only 26 percent of white children.² The loss of employer-sponsored coverage after the 2008 recession caused a notable increase in Medicaid and CHIP enrollment, with the greatest increases occurring for black and Hispanic children.³
- **Outreach and enrollment campaigns targeting eligible, but unenrolled children have yielded significant coverage gains, especially among Hispanic children.** Between 2009 and 2013, the overall uninsured rate for children declined 1.5 percent, while the uninsured rate for Hispanic children declined 4.3 percent. Despite these gains, a notable portion of the remaining uninsured

children are eligible for Medicaid or CHIP. In 2012, nearly two-thirds of uninsured Hispanic children were eligible for Medicaid and CHIP, but were not enrolled.⁴

- **Children of color are more likely to lack a usual source of care.** As of 2013, 6.5 percent of Hispanic or Latino children, 3.9 percent of black children, and 3 percent of white children had no usual source of health care.⁵
- **Children of color suffer disproportionately from asthma.** In 2013, 13.4 percent of Non-Hispanic black children had asthma and 7.5 percent of Non-Hispanic white children had asthma.⁶ Black children are twice as likely to be hospitalized for asthma and four times more likely to die from asthma than white children.⁷
- **Children of color have higher rates of obesity.** In 2011-2012, the rates of obesity for children ages 2-19 were 22.4 percent for Hispanics, 20.2 percent for non-Hispanic blacks, and 14.1 percent for non-Hispanic whites.⁸
- **Children of color suffer disproportionately from dental disease.** Untreated tooth decay in primary teeth among children aged 2–8 was twice as high for Hispanic and non-Hispanic black children compared with non-Hispanic white children in 2011-2012. Among those aged 6–11, 27 percent of Hispanic children had any dental caries in permanent teeth, compared with nearly 18 percent of non-Hispanic white and Asian children.⁹
- **Children of color are significantly less likely to receive needed mental health services.** In 2012, black children were 70 percent more likely than white children not to receive necessary mental health services. Overall, 40 percent of children who needed these services did not receive them.¹⁰
- **Pre-natal care services provided are more infrequently for minority women.** In 2011, 25.8 percent of Non-Hispanic black mothers and 12 percent of Non-Hispanic white mothers received late (after first trimester) or no entry into prenatal care.¹¹
- **Infant mortality rates are twice as high for black mothers compared with white mothers.** The infant, neonatal, post-neonatal, fetal, and perinatal mortality rate for infants in 2012 was 5.1 percent for white mothers, 5.1 percent for Hispanic mothers, 8.4 percent for American Indian or Alaska Native mothers, and 10.9 percent for black mothers.¹²
- **Parents of white children are much more likely to report that their children are in excellent health, compared with parents of children of color.** In 2011-2012, 91 percent of parents of white children rated their child's health as excellent or very good, compared to 82 percent of parents of black children and only 70 percent of parents of Hispanic children.¹³

Opportunities for Policymakers

The statistics on children's health disparities confirm that there is more work to do if we are to ensure that every child in America, no matter their race, ethnicity, gender, class, sexual orientation, or immigration status is able to have his or her health care and developmental needs met. While this is a daunting challenge, there is good news. We know that having a source of affordable, high quality, comprehensive coverage is critical to level the playing field when it comes to reducing health disparities and improving health outcomes.

We urge policymakers to continue the progress toward eliminating health disparities by supporting policy options that have been proven to improve health outcomes in children of color:

Protect Medicaid and CHIP. While coverage is only one piece of the disparities puzzle, making sure that children have access to coverage is an important step toward keeping kids healthy and reducing health disparities. Medicaid and CHIP are the largest insurers of children in the United States and are essential sources of coverage for children of color. Policymakers must keep Medicaid and CHIP strong if we are to continue to improve health outcomes for children of color. As noted in the data above, some of the most notable health disparities are found in the rates of chronic disease and other conditions where access to routine services and preventive care make a difference. CHIP and Medicaid must be protected if we are to make progress toward reducing health disparities for children.

Improve Outreach and Enrollment Activities and Reduce Administrative Barriers to Coverage. In addition to protecting Medicaid and CHIP, policymakers must continue to eliminate red-tape barriers that prevent eligible children from enrolling into coverage. More than 70 percent of uninsured kids are eligible for Medicaid or CHIP, but are not enrolled. Among the policy options that would streamline enrollment are ending state waiting periods for CHIP and Medicaid, incentivizing state use of Express Lane Enrollment strategies to allow data-matching among public benefits programs to speed the enrollment of eligible children into Medicaid and CHIP, and requiring Medicaid reimbursement for community health workers to enroll children into coverage and provide patient education services for children with chronic illnesses like asthma, obesity, or diabetes.

Reauthorize Healthy Start. Healthy Start is a bipartisan federal program that provides federal funds to reduce infant mortality and improve early childhood through grants to the communities that are most at risk. Healthy Start projects have been successful at reducing infant mortality, reducing low birth weight, improving prenatal care, and reducing barriers to health care for pregnant women and newborns. Healthy Start was first passed in 1991 and was last reauthorized in 2007. Its authorization lapsed in 2013 though appropriations have continued to be provided. In fiscal year 2015, Congress approved \$102 million for Healthy Start. Congress should reauthorize Healthy Start to ensure continued support for the community-based programs that are helping our nation's most disadvantaged children survive infancy and live longer, more productive lives.

References

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