

A Smaller Percent of Hispanic Children Have Special Health Care Needs: Is that Possible?

H Barry Waldman*/ Allen Wong**/ Jorge E Rojas***/ Steven P Perlman****

The results from latest study of children with special health care needs indicate at the national and state levels that (except for Asian children) the proportion of Hispanic children with special needs is less than for other child populations. A review of a series of associated factors raises questions of the validity of these general national and state findings. The significant projected increases in the Hispanic population during the next decades points to the necessity of reconsidering the recent survey findings in light of what could be continued increases in the numbers of youngsters with special health care needs and the evolving family cultural adaptation, education and employment opportunities.

Key words: Hispanic children, disabilities, unmet needs, immigrants

The 2009/2010 National Survey of Children with Special Health Care Needs, (CSHCN) published in 2013, conducted by the Centers for Disease Control and Prevention's National Centers for Health Statistics provides the latest information at the national and state levels regarding the proportions of children (ages 0-17 years) with a range of disabilities by selected sociodemographic variables such as age, race/ethnicity, income level, and type of health insurance. A computer-assisted telephone interviewing system was used to collect the data. From a total of 196,159 households with children, 372,698 children were screened for special health care needs and 40,242 interviews were completed regarding CSHCN.¹

*H Barry Waldman, DDS, MPH, PhD, Distinguished Teaching Professor
Department of General Dentistry, School of Dental Medicine
Stony Brook University, NY.

**Allen Wong, DDS, Clinical Professor, University of the Pacific, Arthur A.
Dugoni School of Dentistry, San Francisco, CA.

***Jorge E Rojas, DDS, Senior Research Scientist and Global Scientific
Affairs Liaison Colgate-Palmolive Co. Piscataway, NJ

****Steven P Perlman, DDS, MScD, Global Clinical Director, Special
Olympics, Special Smiles, Clinical Professor of Pediatric Dentistry,
The Boston University Goldman School of Dental Medicine.

Send all correspondence to:

H Barry Waldman, Department of General Dentistry, School of Dental
Medicine, Stony Brook University, NY 11794-8706
E-mail: h.waldman@stonybrook.edu

PREVALENCE OF CSHCN

Nationally, the prevalence of CSHCN is highest among non-Hispanic Black children (17.5%), non-Hispanic White children (16.3%), American Indian/Alaska Native children (13.5%), and Native Hawaiian/Pacific Islander children (12.3%). Prevalence is lowest among Hispanic children (11.2%) and Asian children (8.0%).

At the state level, there are wide variations in the proportions of CSHCN for each of the race/ethnic populations. Among Hispanic children, the proportion ranges from 7.4% in South Carolina to 25.6% in Vermont. The proportion of Hispanic CSHCN is smaller than the rate for: 1) white non-Hispanic children in 42 states, 2) black non-Hispanic children in 46 states, and 3) "other" non-Hispanic children in 38 states. (Table 1)

The impact of children's conditions also varies across racial/ethnic groups.

- Non-Hispanic white children are the most likely to report never being affected by their conditions, and the least likely to be consistently affected.
- Hispanic CSHCN (more so, when Spanish is the primary language) are more likely to be reported to be consistently affected, often a great deal, by their conditions.¹

LANGUAGE

It is significant that, the prevalence of special health care needs varies substantially depending on whether English or Spanish is the primary language spoken at home.

- Among Spanish speaking families, 8.2% of children are reported to have special health care needs.
- Among English-speaking Hispanics, the proportion of CSHCN is similar to that of non-Hispanic white children (14.4%).¹

The list of adverse health consequences for children because of language communication issues (e.g. inadequate or incorrect medical and family histories and the listing of medications being taken) could result in possible outcomes of misdiagnosis, inappropriate prescribed medication and hospitalization.

POVERTY

The prevalence of SHCN in the child population is slightly higher among children with lower family incomes. Among children with family incomes below 100 percent of the Federal Poverty Level (FPL) 16.0% report special health care needs; compared to 14.7% with family incomes 400%+ of the FPL.¹ This “limited” difference should be considered in line with the fact that more Hispanic children are living in poverty (6.1 million in 2010) than children of any other racial or ethnic group. “This marks the first time in U.S. history that the single largest group of poor children is not white. In 2010, 37.3% of poor children were Hispanic, 30.5% were white and 26.6% were black.”²

In 2013, high rates of poverty still existed among the youngest and oldest Hispanics, according to Census data. About 30% of Hispanic children under 18 years lived in poverty, compared with 20% of children nationwide. Hispanics have the highest number of children in poverty (5.4 million).³

Overall, nearly one quarter of CSHCN did not receive at least one service that they needed, and 8.8% did not receive more than one needed service. “The service most commonly reported as needed but not received was mental health care or counseling, which was reported as needed but not received by 5.6 percent of CSHCN. Other common unmet needs (among CSHCN) were for dental care (5.4 percent), specialty therapies (4.7 percent), and specialty medical care (4.3 percent).”¹

It is more likely that low-income and uninsured children do not receive all of the services they need. Of children in poverty, nearly one-third had at least one unmet need, compared to 12.3% of children with family incomes of 400% + of the FPL. Likewise, over half (55.7%) of uninsured children had at least one unmet need, compared to 16.7% of CSHCN with private insurance.¹

OUT-OF-POCKET COST

Children in low-income families are less likely to have high levels of expenditures than are children from families with higher incomes. This could be because children in low-income families are more likely to be covered by Medicaid and State Children’s Insurance Program (SCHIP), which limit the co-pays charged to families. “In addition, these data only include the expenses that families actually paid; low-income families may be more likely to have unpaid bills that are not reported. Alternatively, low-income families may be more likely to delay or forgo care if they feel they cannot afford the out-of-pocket costs.”¹

IT IS NOT JUST LANGUAGE

There are multiple factors which may influence findings in research projects regarding the proportion of Hispanic CSHCN. For example:

1. Hispanic parents (especially parents from Spanish speaking households) may be less likely to report health problems and needs for their children because of reluctance to share such personal details in a telephone survey.⁴ The outcome of these and other related characteristics is that Hispanic children “...experience marked disparities in obtaining timely medical care, only some of which is associated with language differences.”⁵ One can not over-emphasize the need for health care providers to maintain an awareness of the diversity of the Hispanic population, which consists largely of persons of Mexican, Puerto Rican and Cuban descent. “In spite of the fact that Hispanics share a similar language, religion and belief system,

Table 1. Proportion of children with special health care needs (0-17 years) by race/ethnicity at the national and state levels: 2009-10¹

	Hispanic	White non-Hispanic	Black non-Hispanic	Other non-Hispanic
United States	11.2%	16.3%	17.5%	13.6%
Lowest proportion	SC 7.4%	AK 11.9%	OR 10.9%	TX 8.4%
	GA 7.5	HI 12.5	SD 11.6	CA 9.1
	NV 7.9	UT 12.7	AK 12.0	AK 9.4
Highest proportion	PA 19.9	AR 18.6	MT 29.1	AR 25.8
	ME 24.3	ME 19.0	NH 30.2	ME 26.2
	VT 25.6	MA 19.0	VT 34.4	KY 35.3
Number of states with smaller proportion of Hispanic CSHCN than CSHCN in otherracial groups		42	46	38

there are other significant cultural differences among these subgroups. In addition, English-language proficiency and socioeconomic variables, factors that are known to influence healthcare outcomes, may also differ markedly among Hispanic subgroups.”⁵

2. Although most minority racial and ethnic groups are less likely to have usual sources of care (USC) than non-Hispanic whites, people with disabilities are more likely to have a USC. However, Hispanics with basic activity limitations are the only group with disabilities that has a great probability of lacking USC. There is an association between the availability of a USC and the interaction needed in the care of individuals with disabilities, including parental understanding of the child’s condition.⁶
3. Compared with non-Hispanic white children, Hispanic children with autism and other developmental disabilities have a consistent pattern of limited health care access, utilization and quality. In addition, providers do not spend enough time with the children, they are not culturally sensitive and do not make the parents feel “like a partner.”⁷ Their lack of encouragement and support for parents in these difficult times, may well be a factor in the reluctance to share such personal details in a telephone survey. An analysis of the results from the National Study of CSHCN noted that, “The interaction between race and disability status indicated that disparities in quality indicators were exacerbated among families of children with autism. These analyses suggest that children with autism, particular those who are Latino and black, face greater challenges in receiving high-quality health care.”⁸
 “Compare to white children Latino children with autism and developmental disabilities experience worse outcome in health care access, utilization, and quality.”⁹ Results from a national representative sample study indicated that Hispanic families consistently reported higher rates of problems with health care than white families. “... There was a relationship between the quality of care that families receive and those families’ utilization of health care services.”⁹
4. About 4 million children in the U.S., roughly 7% of all people under 18 years of age have at least one parent who is an illegal immigrant. 79% of these children are U.S. citizens because they were born in this country. The Department of Homeland Security reported that there are 10.8 million illegal immigrants in the country.¹⁰ The Census Bureau reported that 10.5% of foreign born individuals in the United States (more than 428,000 young people) between 5 and 20 years had one or more disabilities. Based on the foreign region of origin, there were marked differences in the proportion of youngsters with disabilities immigrating between 1990 and 2000; ranging from 5.3 % for immigrants from North America, to

a high of 12% for immigrant youngsters from Latin America.^{11,12}

Listing of youngsters with disabilities immigrating to the U.S. by geographic areas of origin, 1990-2000.

Origin	Number of disabilities	Percentage
North America	3,715	5.3%
Europe	27,410	6.8
Oceania	1,670	7.9
Africa	9,940	8.1
Asia	79,150	8.4
Latin America	306,310	12.0

Note: Any assumption that the proportion of illegal and legal immigrant children with disabilities is comparable may understate the reluctance of families to come forward because of the fear of deportation, despite federal legislation which assures care for youngsters with disabilities. Now add the general difficulties by all immigrants of overcoming the barriers of culture, economics, language and the availability of health services.

Children grow older: do the differences in reported special need rates continue?

Children with special health care needs do grow into adulthood and advanced years. Efforts to compare special need rates for Hispanic adults with other adult populations, however, are complicated by the differences in the age distributions and the marked increases in disability rates among older populations (e.g. 16.6% of the population 21-64 years, 49.5% of the 65+ years and 70.5% of the 80+ years population are reported to have one or more disabilities.)¹ For example, Hispanics are predominantly younger than non-Hispanic whites (about 5.8% of Hispanics are 65 years or older compared with 13.8% of non-Hispanic whites). Similarly, higher disability rates for the overall population of females are associated with proportionally larger groups of older women than older men (there are 5.6 million more females than males aged 65 and older).¹³⁻¹⁵

CONCLUSIONS

Results from the survey at the national and state levels would appear to indicate that a smaller percent of Hispanic children have SHCN. Nevertheless, a series of underlying factors would question this overall conclusion. The Census Bureau demographic projections indicate that the Hispanic population will increase from 56.7 million (17.6% of the general population) in 2015, to 70.4 million (20.2% of the population) in 2025, 84.5 million (22.8 of the population) in 2035 and 105.5 million (25.8% of the population) in 2050.¹⁶

Given these projected major increases in the Hispanic population, with 1) associated increases in the number of CSHCN and necessary support services, and 2) evolving family cultural adaptation, education and employment opportunities, surely for planning purposes, the need is to answer the question, “Is it possible that a smaller percent of Hispanic children have special health care needs?”

REFERENCES

1. Centers for Disease Control and Prevention. 2009/10 National Survey of Children with Special Health Care Needs. Web site: <http://childhealthdata.org> Accessed August 19, 2015.
2. Lopez M, Velasco G. Pew Research Center. Childhood poverty among Hispanics sets record, leads nation. The toll of the great recession. Web site: <http://www.pewhispanic.org/2011/09/28/childhood-poverty-among-hispanics-sets-record-leads-nation> Accessed August 19, 2015.
3. Krogstad JM. Pew Research Center. In 2013, Hispanics only group to see its poverty rate decline and incomes rise. Web site: <http://www.pewresearch.org/fact-tank/2014/09/19/hispanics-only-group-to-see-its-poverty-rate-decline-and-incomes-rise> Accessed August 20, 2015.
4. Read D, Bethell, C, Blumberg SJ, Abreau M, Molina C. An evaluation and cultural validity of the Spanish language version of the children with special health care needs screener. *Journal Maternal Child Health*, 2007;11:568-85.
5. Rothe EM. Considering cultural diversity in the management of ADHD in Hispanic patients. *Journal National Medical Association*, 2005;97(10 Suppl):17S-23S.
6. Horner-Johnson W, Dobbertin K. Usual source of care and unmet health care needs: interaction of disability with race and ethnicity. *Medical Care* 2014;52(10 Supplement 3):S40-50.
7. Parish S, Magana S, Rose R, et al. Health care of Latino children with autism and other developmental disabilities: quality of provider interaction mediates utilization. *American Journal Intellectual Developmental Disabilities*, 012;117(4):304-15.
8. Magana S, Parish SL, Rose RA, et al. Racial and ethnic disparities in quality of health care among children with autism and other developmental disabilities. *Intellectual Developmental Disabilities*, 2012;50(4):287-299.
9. Parish SL, Magana S, Rose RA, et al. Latino children with autism and other disabilities experiences disparities in access, utilization, and quality of health care. *Lurie Institute for Disability Policy*. Brandeis University, The School of Social Policy and Management. June 2011.
10. CBS News. Number of illegal immigrant plunges by 1M. Web site: <http://www.cbsnews.com/stories/2010/02/11/national/main6197466.shtml> Accessed November 11, 2010.
11. Preston J. Births to illegal immigrants are studied. *NY Times*, August 11, 2010, pA19.
12. Census Bureau. Census 2000 Special tabulations (STP-159) Web site: <http://www.census.gov/population/cen2000/stp-159/foreignborn.pdf> Accessed 18, 2006.
13. Brault MW. Census Bureau. Americans with Disabilities: 2010. Web site: <http://www.census.gov/prod/2012pubs/p70-131.pdf> Accessed August 20, 2015.
14. Census Bureau. The Older Population: 2010. Web site: <https://www.census.gov/prod/cen2010/briefs/c2010br-09.pdf> Accessed August 20, 2015.
15. Census Bureau. Population by Sex, Age, Hispanic Origin, and Race: 2010. Web site: <http://www.census.gov/population/hispanic/files/2010/CPS-2010-table01.csv> Accessed August 20, 2015.
16. Census Bureau Population Division. Table 10. Projections of the population by sex, Hispanic origin and race in the U.S: 2014. Web site: <http://www.census.gov/pop>

30 YEARS
OF EXCELLENCE

CHENG CROWNS
PEDIATRIC CROWNS

For 30 years Cheng Crowns has been the most trusted name in pediatric crowns.



Our classic resin-veneered crowns, the industry's first aesthetic pediatric crown, are easy to place and last longer. And we continue to perfect our classic crowns, year after year.



Our all-ceramic zirconia crowns are unrivaled in aesthetics, using SmartPolish technology to give them a satin finish on the facial, and a mirror like quality on the lingual and margins.

We invite you to visit us online and order a starter kit.

If you're not totally satisfied, we'll give you a refund.*