

Oral and General Health of Hispanic Children with Disabilities in the United States

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Hispanic residents are the fastest growing population of the U.S. Only recently have government agencies begun to identify the associated demographic facts and inequities which are specific to this population. In particular, limited attention has been directed to Hispanic children with disabilities. Available government reports are used to provide a basic awareness of the oral and general health needs of this population of youngsters.

Keywords: Hispanic, US, children, disability, health, oral health.

J Clin Pediatr Dent 36(2): 219–222, 2011

Increasing population

The increasing Hispanic population in the United States reached approximately 50 million in 2010 (about 16 percent of the total U.S. population). Nationally and in 21 states, Hispanics were the largest minority group. Between 2008 and 2009, one of every two people added to the nation's population was Hispanic. As of 2009, compared to all other countries in the world, the U.S. Hispanic population ranked second in size; only Mexico (with an 111 million population) had a larger Hispanic population. By 2050, the Census Bureau projects that the U.S. Hispanic population will represent 30 percent of the nation's population (132.8 million residents).¹

Only recently have U.S. government agencies begun to emphasize and report on Hispanic demographic characteristics and associated health and social inequities (i.e. referring to comparative summary measures with other population groups). The expansive 2011 report on health disparities and inequities by the Centers for Disease Control and Prevention (CDC) provides a comprehensive review of the marked differences between the different race/ethnic population groupings.² In addition, the CDC's *Health, United States* series

includes specific data on the use of dental services by population groups.³

- 16 states have at least a half million Hispanic residents
- 4.7 million Hispanics live in Los Angeles County California
- 47 percent of New Mexico's population is Hispanic
- 97 percent of the population in Star County Texas is Hispanic.
- 10.5 million families are Hispanic households.
- 35 million residents five years and over speak Spanish at home.⁴

Population with disabilities

In 2011, the World Health Organization and the World Bank reported that almost one-fifth of the estimated global total of persons living with disabilities, or between 110–190 million, encounter significant difficulties. The report stressed that few countries have adequate mechanisms in place to respond to the needs of people with disabilities. Barriers include stigma and discrimination, lack of adequate health care and rehabilitation services, and inaccessible transport, buildings and information and communication technologies. As a result, people with disabilities experience poorer health, lower educational achievements, fewer economic opportunities and higher rates of poverty than people without disabilities.⁵

In the U.S., almost 4 million Hispanic residents (8.3 percent of the civilian noninstitutionalized Hispanic population) were reported by the Census Bureau to have one or more disabilities.⁶ The prevalence of special health care needs was significantly lower for Hispanic children (8.4 percent) than for non-Hispanic children (15.3 percent).

- The prevalence of intellectual disability or developmental delay with special health care needs was significantly lower for Hispanic children than for non-Hispanic children.

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- Hispanic children in English-speaking households had significantly higher rates of special health care needs than children in Spanish-speaking households (13% vs. 4.8%).
- The prevalence of cerebral palsy with special health care needs was also significantly higher among non-Hispanic children than among Hispanic children.⁷

However, parental reports of health conditions are somewhat dependent on access to appropriate health or educational services for diagnosis as well as communication of that diagnosis to the parent. Hispanic children are more likely than non-Hispanic white children to lack access to health care services and specialized doctors, be uninsured, and lack a medical and dental home (i.e. an approach to providing comprehensive primary care that facilitates partnerships between individual patients, and their personal providers, and when appropriate, the patient's family). As a result, developmental problems may be more likely to go undiagnosed among Hispanic children. In addition, parents of Hispanic children (especially parents from Spanish-speaking households) may be less likely to report health problems for their children because of reluctance to share such personal details in a telephone survey. This may also explain why Hispanic children are less likely to have parent-reported special health care needs.⁷

Despite the probable limitation in the reported number of Hispanic children with disabilities, on a state-by-state basis, the number of non-institutionalized Hispanic children with disabilities less than five years of age ranged as high as 7,900 in Texas and 9,700 in California. The number of Hispanic children with disabilities between 5 and 15 years of age ranged as high as 60,300 in Puerto Rico, 95,000 in California and 95,900 in Texas. (Table 1)

Table 1. Estimated number of non-institutionalized Hispanic children with disabilities in states, District of Columbia and Puerto Rico: 20088

Less than 5 years of age		5 – 15 years of age	
Number	States, DC, PR	Number	State, DC, PR
Less than 500	33	Less than 500	8
500 – 1,500	14	500 – 1,000	6
		1,100 – 5,000	20
		5,100 – 10,000	8
2,400	Illinois	11,300	Massachusetts
3,000	Puerto Rico	12,000	Illinois
3,700	New York	12,200	Pennsylvania
7,900	Texas	13,400	New Jersey
9,700	California	20,300	Arizona
		26,800	Florida
		28,000	New York
		60,300	Puerto Rico
		95,500	California
		95,900	Texas

General health disparities

Many significant economic and health disparities exist between white and minority (in particular Hispanic) populations:

- 31 percent of Hispanic children (less than 18 years) compared to 15.7 percent of white children were living in poverty in 2009.⁹
- Hispanic children are less likely to have health insurance than either white or African American children. In 2003, 79 percent of Hispanic children were covered by health insurance, compared with 93 percent of white children and 86 percent of African American children.
- Hispanic boys are the most overweight and Hispanic girls are the second most overweight of all U.S. children.¹⁰
- Hispanic (and black) children have worse asthma status and less use of preventive medications than white children within Medicaid managed populations.¹¹ (Medicaid is a federal-state financed health program for individuals with incomes below the poverty line.)
- Approximately 90 percent of white, 79 percent of black and 65 percent of Hispanic children are in excellent or very good health. Almost one-third of Hispanic children had no physician visits in the past year.¹²

Dental health disparities

In 2009, a greater percent of Hispanic (Mexican) children (22 percent) than white children (13 percent) had untreated dental caries. (This difference was continued in older age groups.) A smaller percent of Hispanic (Mexican) children than white children had a dental visit in the past year. (Similarly, this difference was continued in older age groups.) (Table 2)

Table 2. The proportion of U.S. residents with untreated dental caries and dental visits in the past year by age and race/ethnicity: 2005-2009¹³

Race/ethnicity	Untreated dental caries			
	6-19 yrs	20-64 yrs	65-74 yrs	75+ yrs
White	12.8%	18.8%	16.6%	15.4%
Black	22.1	39.0	31.4	40.5
Hispanic (Mexican)	22.2	34.6	31.9	41.1
Race/ethnicity	Dental visit in past year			
	2-17 yrs	18-64 yrs	65+ years	
White	81.4%	66.3%	62.8%	
Black	76.7	55.3	38.4	
Hispanic (Mexican)	73.0	48.1	47.9	

Note: Hispanics may be any race

Children in the Medicaid program, (for individuals below the poverty line and a major support system for individuals with disabilities) "...especially Hispanics and blacks, experience high rates of dental caries, yet visit dentists less often than privately insured children. Even Hispanic and black children with private insurance are less likely than white children to visit dentists and have longer intervals between dental visits."¹⁴ (Note: as a consequence of an inadequate Medicaid reimbursement schedules and a Byzantine administrative system, few dental practitioners are willing to participate in the program.)

"Certain disparities are particularly (noted) ...for Hispanics, (including) suboptimal health status and teeth condition, uninsurance and problems getting specialty care..."¹²

Oral health and children with disabilities

The results from the *National Survey of Children with Special Health Care Needs* told the story of youngsters in need of a great expanse of health and support services. "*The service most commonly reported as needed but not received was preventive dental care.*"¹⁵ (emphasis added) Low-income and uninsured children are most likely not to receive the services they need. For example, children in poverty are three times as likely as children in families with high income not to receive at least one service they need.¹⁵

It is significant to note that dental services are a required component for children eligible for the Medicaid program. This Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Program is the child health component of Medicaid. It's required in every state and is designed to improve the health of low-income children, by financing appropriate and necessary pediatric services. However, oral health care is an elective service component of the adult Medicaid program. Most states have elected to provide little to no dental services beyond emergency relief of pain and infection; particularly during this period of economic uncertainty. Thus, all too often Hispanic (and nonHispanic) children with disabilities, who are dependent on the Medicaid program, "age out of dental care" as they reach adulthood. There are no national U.S. studies which specifically identify the oral health status of Hispanic children with disabilities. However, based upon the general population reports on Hispanic 1) economics, 2) language barriers, 3) lack of insurance, 4) dependence on Medicaid for dental services, 5) an array of social factors and 6) the national finding that dentistry is the most commonly reported needed service but not received for children with disabilities, it would seem reasonable to assume that Hispanic children with disabilities share (at a possibly greater rate) the oral health needs and inadequacies faced by the general population of children with disabilities.

CONCLUSIONS

With 50 million Hispanics living in the US and a rapid predicted growth to reaching 130 million in 2050, we need to work to mend health disparities and social inequities to respond to the needs of people with disabilities.

The intensive effort to explore policies and methods to improve dental and general health and social services for children with disabilities has filled the lay and professional media for decades. Now that government and private agencies have recognized the reality that the Hispanic population is the largest minority in the country and warrants identification in its many surveys and reports, the challenge is to publicize the particular health status (including dental health) of the multitude of Hispanic children with disabilities. Only then can their unmet dental care be provided.

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