

## Access to Health Care Among Hispanic/Latino Children: United States, 1998–2001

Gulnur Scott, M.P.A., and Hanyu Ni, M.P.H., Ph.D., Division of Health Interview Statistics

### Abstract

**Objective**—This report presents national estimates on access to health care for five subgroups of Hispanic/Latino children in the United States: Mexican, Puerto Rican, Cuban, Central or South American, and other Hispanic. For comparison, estimates are also presented for non-Hispanic white children.

**Methods**—Data for persons of all ages in the U.S. civilian noninstitutionalized population are collected each year in the National Health Interview Survey (NHIS), which is conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics. Each year, data are collected for approximately 100,000 persons in 40,000 households. In the 1998–2001 surveys combined, 53,510 interviews (14,284 Hispanic/Latino children) were completed by knowledgeable adults for a subsample of children under age 18 years, with an overall response rate of 80.2%.

**Results**—Each year, an estimated 3.0 million (25.7%) Hispanic/Latino children lacked health insurance coverage at the time of interview, 1.6 million (14.1%) had no usual place to go for health care during the past year, and 1.4 million (17.6%) experienced unmet health care needs during the past year due to cost. Of the five Hispanic/Latino subgroups, Mexican children were most likely (30.4%) to lack health insurance coverage, followed by Central or South American children (23.8%) and other Hispanic children (18.6%). The percentage of children having a usual place to go for health care was highest for Cuban children (93.5%) and lowest for Mexican children (83.3%). The percentage of children who experienced unmet medical needs due to cost in the past year was 18.3% for Mexican children, 16.3% for Puerto Rican children, 12.8% for Central or South American children, and 8.3% for Cuban children. Lack of access to health care was most prevalent among Hispanic/Latino children who had poor or near poor poverty status, whose parents had less than a high school diploma, and who were foreign born.

**Conclusion**—Access to health care varied among subgroups of Hispanic/Latino children. Understanding subgroup differences may help community-based programs improve access to care among Hispanic/Latino children.

**Keywords:** access to health care • Hispanic/Latino children • National Health Interview Survey

### Introduction

Having access to high-quality health care is one of the most important determinants of the well-being of America's children. The timely and appropriate use of medical care, such as physical examinations, immunizations, and screenings, can significantly improve the health of children (1). A previous study reported that having health insurance coverage and a usual place to go for health care are among the strongest predictors of health care use (2).

Although much effort has been made to eliminate inequality in health and health care, disparities in access to care have continued to exist. Previous reports indicated that Hispanic/Latino persons were still far more likely to experience a lack of access to care than either non-Hispanic white or non-Hispanic black persons (3–7). When compared with other children, Hispanic/Latino children were most likely to have unmet needs and least likely to have a usual place of health care (5). These results and the fact that the Hispanic/Latino population continues to grow indicate a need for information that can be used to improve health care outreach programs and health policies targeting socially disadvantaged children (8,9).



The U.S. Hispanic/Latino population consists of individuals originally from various countries in North America, Central or South America, the Caribbean, and Europe. Although the Hispanic/Latino population in the United States may share a common language, there is considerable variation among subgroups in terms of cultural background, socioeconomic status, and care-seeking behaviors. These diversities could result in a disparity in access to health care within the Hispanic/Latino population. Understanding this disparity can help identify target groups and initiate and evaluate strategies for improving access.

The objective of this study was to assess subgroup disparities in access to care among Hispanic/Latino children by examining health insurance coverage, having a usual place of health care, and experiencing unmet medical need due to cost. Additionally, we assessed the subgroup disparities in having a usual place to go for routine or preventive care and in time since last contact with a health care professional. For comparison, estimates are also presented for non-Hispanic white children.

## Methods

### Data source

Data from the 1998–2001 NHISs were analyzed for this study. The NHIS is conducted by the Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS). The annual sample consists of about 100,000 persons of all ages in about 40,000 households representing the civilian noninstitutionalized resident population of the United States. Trained interviewers from the U.S. Census Bureau used computer-assisted personal interviewing (CAPI) to conduct the in-person interviews for NCHS.

The NHIS questionnaire has been revised every 10 to 15 years, and the latest revision occurred in 1997 (10). Both the black and Hispanic/Latino populations are oversampled to increase the precision of estimates for those subgroups (11). The NHIS consists of a set of core questions that remain unchanged from year to year in addition

to supplemental questions that vary annually in response to current needs for data. The Core Module has three components: the Family Core, the Sample Adult Core, and the Sample Child Core. The Family Core collects information on household composition, sociodemographic characteristics, health status, and utilization of health care services (10,11). Additionally, one adult and one child are randomly selected from each family, and information on each is collected with the Sample Adult Core and the Sample Child Core questionnaires. Those questionnaires collect more detailed information on health status, utilization of health care services, and health behaviors. For the Sample Adult Core, the adults respond for themselves. For the Sample Child Core, information is collected from an adult family member who is familiar with the child's health, usually a parent.

This study analyzed data from the Sample Child Core components of the 1998–2001 NHISs. The combined data generated a larger sample size for each Hispanic/Latino subgroup. During 1998–2001, interviews were conducted for a total of 53,510 children in 153,347 households, including 14,284 Hispanic/Latino children. The overall response rate for the Sample Child component of the 1998–2001 NHIS was 80.2%.

### Classification of Hispanic/Latino children

In the NHIS, the respondents are first asked if they consider their child to be Hispanic/Latino. Those who answered "Yes" are then asked to identify the subgroup(s) that represents (the sample child's) Hispanic origin or ancestry from a list provided. In the 1998 NHIS, the list included Puerto Rican, Cuban, Cuban American, Mexican, Mexican American, Chicano, other Latin American, and other Spanish or Hispanic. Beginning in 1999, subgroups named "Central or South American" and "Dominican" were added to the list, and the subgroup name "Chicano" was dropped from the list.

This report presents data for five Hispanic/Latino subgroups: Mexicans (comprising Mexicans and Mexican Americans), Puerto Ricans, Cubans

(comprising Cubans and Cuban Americans), Central or South Americans, and other Hispanics. The Mexican subgroup also includes children who were identified as Chicano. The "Other Hispanic" subgroup includes children classified as Dominican, other Latin American, other Spanish, or other unknown type of Hispanic/Latino/Spanish origin. Because non-Hispanic white children made up the majority of the general population of children (64.3%), they were presented as a reference group in this report.

### Measurement of access to health care

Access to health care was measured from three aspects: health insurance status, having a usual place to go for health care, and experiencing unmet medical needs due to cost. In this analysis, a child is classified as having health insurance coverage if he or she has a comprehensive health insurance plan, which includes private health insurance and public health plans (such as Medicaid or military health care), but not plans that pay for only one type of service such as dental or vision care. Children who had only Indian Health Service coverage were considered uninsured.

Children were classified as having a usual place of health care if the parent reported that they had one or more places other than a hospital emergency room to go when sick or in need of advice about their health. Having unmet medical needs due to cost was indicated if a child had a time during the past 12 months when he or she failed to receive or delayed medical care, dental care, mental health care, or counseling due to financial barriers.

A contact with a health care professional was defined as a visit to or conversation with a doctor or other health care professional by anyone in the family about the health of the sample child. In this report, information on time since last contact with a health care professional is categorized as never, 6 months or less, more than 6 months but not more than 1 year, and

more than 1 year. The Sample Child Core also included questions that ask respondents whether their children had a usual place for routine/preventive care. The NHIS questions used to define measures of access to health care are included in the appendix. Definitions of selected terms on sociodemographic status used in this report are also included in the appendix.

## Statistical analysis

Estimates shown in this report were calculated using NHIS weights that are based on census totals for sex, age, and race/ethnicity of the civilian noninstitutionalized population of the United States (11). The Taylor series linearization method was chosen for variance estimation. All analyses were conducted using the SUDAAN software package to account for the complex sample design of the NHIS (12). Estimates with relative standard errors of greater than 30% are considered to be unreliable and are indicated with an asterisk (\*). Differences between percentages were evaluated using two-sided *t*-tests at the 0.05 level. No adjustments were made for multiple comparisons. In this report, terms such as “greater than” and “less than” imply that differences are significant, and terms such as “similar” or “no difference” mean that no significant difference between the estimates was found. Lack of comments regarding the difference between estimates does not mean that the difference was tested and found to be significant. Direct standardization was used to calculate age-adjusted percentages using the 2000 U.S. population as the standard population.

## Results

Table 1 presents the percentage distributions of selected sociodemographic characteristics among the different subgroups of Hispanic/Latino children and non-Hispanic white children. Of the 14,284 sampled Hispanic/Latino children, 9,113 were Mexican, 1,335 were Puerto Rican, 464

were Cuban, 1,214 were Central or South American, and 2,158 were other Hispanic children.

Among the five subgroups of Hispanic/Latino children, Puerto Rican children were most likely to be living with their mothers only and least likely to be living with both parents. Overall, Hispanic/Latino children (24.1%) were more likely than non-Hispanic white children (7.2%) to be living below the Federal poverty level. Puerto Rican children (28.0%) and Mexican children (25.6%) were more likely than Cuban children (10.9%) and Central or South American children (16.9%) to be living below the Federal poverty level. The different subgroups of Hispanic/Latino children tend to concentrate in different geographic areas. The majority of Mexican children lived in the West (57.8%), the majority of Puerto Rican children (63.1%) lived in the Northeast, and most Cuban children (72.3%) lived in the South. Among the five subgroups of Hispanic/Latino children, Mexican children were most likely to have parents with the lowest level of education. Overall, approximately 12% of Hispanic/Latino children were foreign-born. Mexican children (3.6%) had a lower level of activity limitation compared with Puerto Rican (10.2%), Cuban (6.7%), Central or South American (5.3%), and other Hispanic children (6.3%). Overall, Hispanic/Latino children (2.4%) were more likely than non-Hispanic white children (1.2%) to be in fair or poor health. Among the five subgroups of Hispanic/Latino children, Puerto Rican children (4.5%) were most likely to be in fair or poor health, followed by other Hispanic children (2.7%) and Mexican children (2.1%).

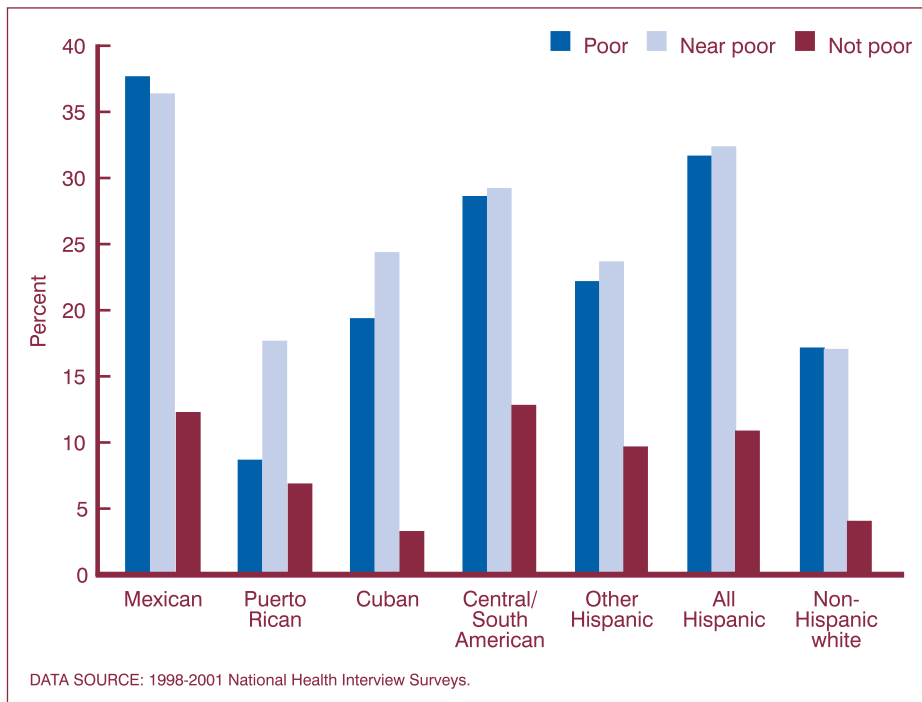
## Health insurance coverage

As shown in table 2, 25.7% (3 million) of Hispanic/Latino children did not have health insurance coverage at the time of interview compared with 7.8% of non-Hispanic white children. Of the five subgroups of Hispanic/Latino children, Mexican children (30.4%) were most likely to lack health insurance coverage, followed by Central or South American children (23.8%) and

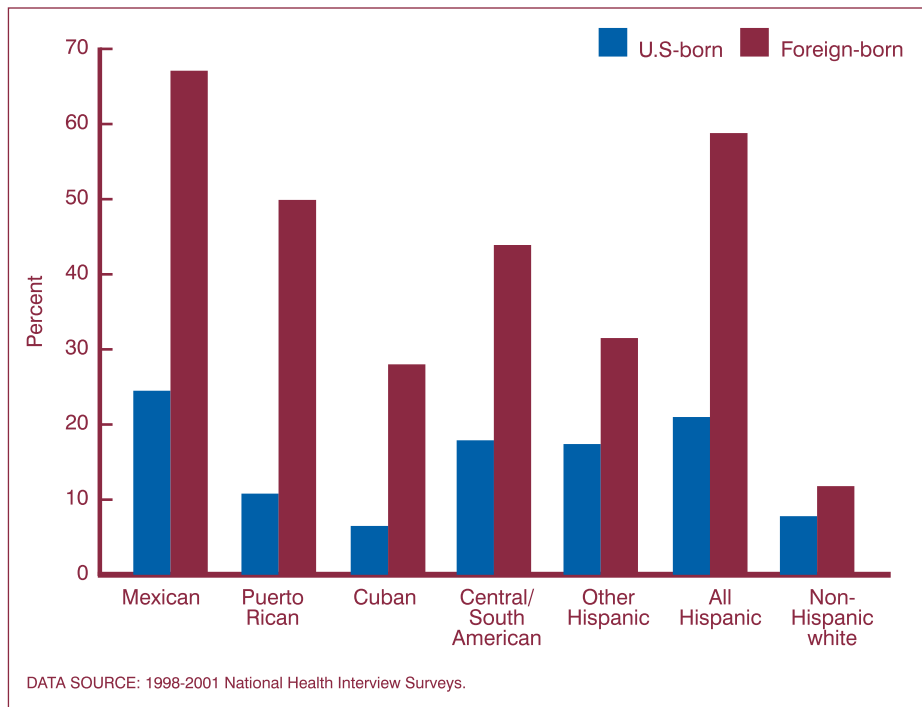
other Hispanic children (18.6%). The percentage of Hispanic/Latino children who did not have health insurance coverage increased with age from 21.3% for ages under 5 years to 29.1% for ages 12–17 years. In all age groups studied in this report, Mexican children were more likely to lack health insurance coverage when compared with the other four Hispanic/Latino subgroups. For those who lived with their mothers only, Mexican children (24.7%) and Central or South American children (24.1%) were more likely to be uninsured than Puerto Rican children (11.1%), Cuban children (11.8%), and other Hispanic children (16.2%). For those who lived with their father only or with neither parent, Hispanic/Latino children were more likely to lack health insurance coverage than non-Hispanic white children.

As shown in figure 1, Hispanic/Latino children from poor or near poor families were more likely than non-Hispanic white children from poor or near poor families to lack health insurance coverage. Among poor and near poor Hispanic/Latino children, the percentage uninsured was higher for the Mexican and Central or South American subgroups than for the Puerto Rican subgroup. Hispanic/Latino children living in the South were more likely than those living in the West, Northeast, and Midwest to lack health insurance coverage. Among those living in the South, Mexican children (39.3%) were more likely to lack health insurance coverage than Puerto Rican children (22.0%), Cuban children (10.7%), Central or South American children (28.9%), and other Hispanic children (24.8%).

Foreign-born Hispanic/Latino children were 2.8 times as likely as U.S.-born Hispanic/Latino children to lack health insurance coverage (figure 2). Among the foreign-born Hispanic/Latino children, Mexican children (67.1%) were most likely to lack health insurance coverage compared with Cuban children (28.0%), Central or South American children (43.9%), and other Hispanic (31.4%) children. As shown in figure 3, foreign-born Hispanic/Latino children who were not citizens of the United States (63.1%)



**Figure 1. Percent of Hispanic/Latino children in five subgroups and of non-Hispanic white children who lacked health insurance coverage, by poverty status: United States, 1998–2001**



**Figure 2. Percent of Hispanic/Latino children in five subgroups and of non-Hispanic white children who lacked health insurance coverage, by nativity: United States, 1998–2001**

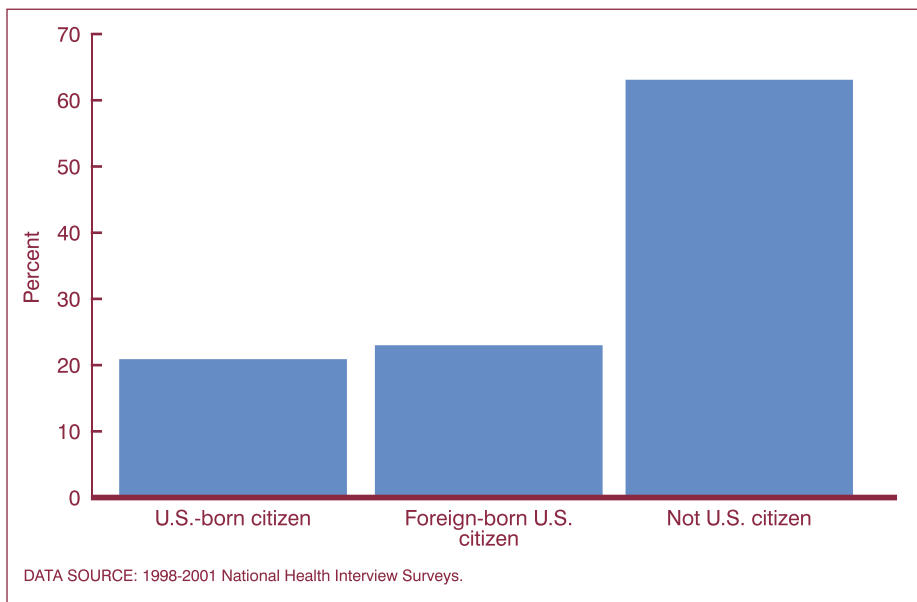
were more likely than foreign-born Hispanic/Latino children who were citizens of the United States (22.9%) to lack health insurance coverage.

**Usual place to go for health care**

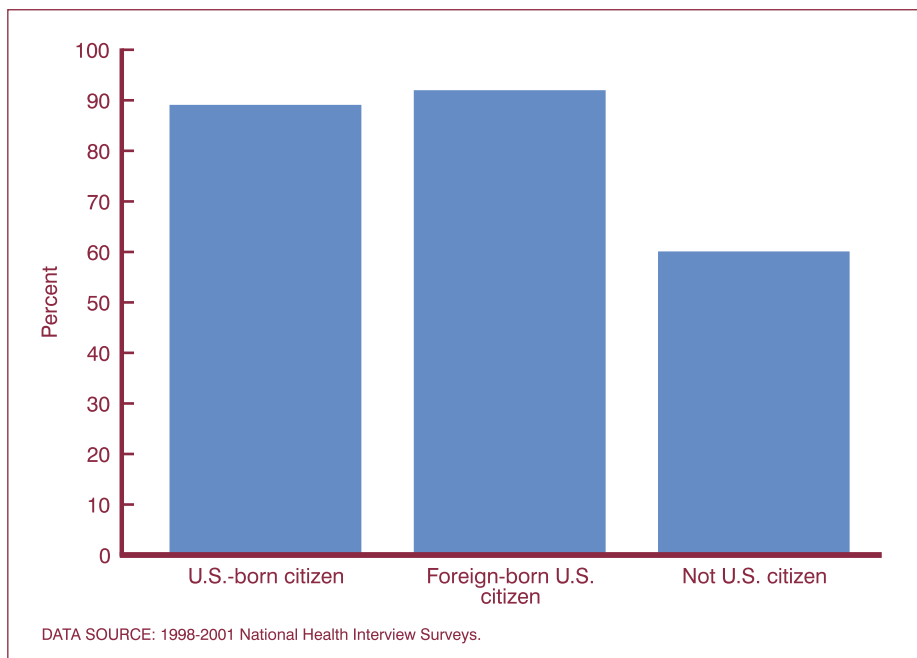
Table 3 presents the percentage of Hispanic/Latino children and non-

Hispanic white children under age 18 years who had a usual place to go for health care by selected demographic characteristics. Overall, the percentage of Hispanic/Latino children who had a usual place to go for health care was 85.9%, which is significantly lower than the 95.8% for non-Hispanic white children. The percentage was highest among Cuban children (93.5%) and lowest among Mexican children (83.3%). The percentage decreased with age for all five subgroups of Hispanic/Latino children. For those in families at or below the Federal poverty line, Mexican children were more likely to lack a usual place to go for health care compared with non-Hispanic white children, Puerto Rican children, and other Hispanic children. For those who lived in the South, Hispanic/Latino children (83.6%) were less likely than non-Hispanic white children (94.8%) to have a usual place to go for health care. For those who lived in MSAs, Mexican children (83.1%) were less likely to have a usual place to go for health care than Cuban children (93.8%), Puerto Rican children (92.1%), and other Hispanic children (91.3%). Foreign-born Hispanic/Latino children were more likely than their U.S-born counterparts to have lacked a usual place of health care. Overall, uninsured Hispanic/Latino children (61.5%) were less likely to have a usual place of health care than uninsured non-Hispanic white children (79.0%). For children with health insurance coverage, Hispanic/Latino children were less likely than non-Hispanic white children to have a usual place to go for health care. For those in fair or poor health, Hispanic/Latino children (88.1%) were less likely than non-Hispanic white children (95.4%) to have a usual place of health care. Among those with an activity limitation, Hispanic/Latino children (90.2%) were less likely to have a usual place to go for health care than non-Hispanic white children (95.5%).

As shown in figure 4, foreign-born Hispanic/Latino children who were not U.S. citizens (60.1%) were less likely than foreign-born Hispanic/Latino children who were U.S. citizens (92.0%) to have a usual place to go for health care.



**Figure 3. Percent of Hispanic/Latino children who lacked health insurance coverage, by nativity and citizenship: United States, 1998–2001**



**Figure 4. Percent of Hispanic/Latino children who had a usual place of health care, by nativity and citizenship: United States, 1998–2001**

**Table 4** presents percent distributions of usual place of health care for Hispanic/Latino children and non-Hispanic white children by health insurance coverage. During 1998–2001, the most common place for Hispanic/Latino children to go for health care was a doctor's office or health maintenance organization (HMO) (65.6%), followed by a clinic or health center (30.5%). In contrast, 83.3% of

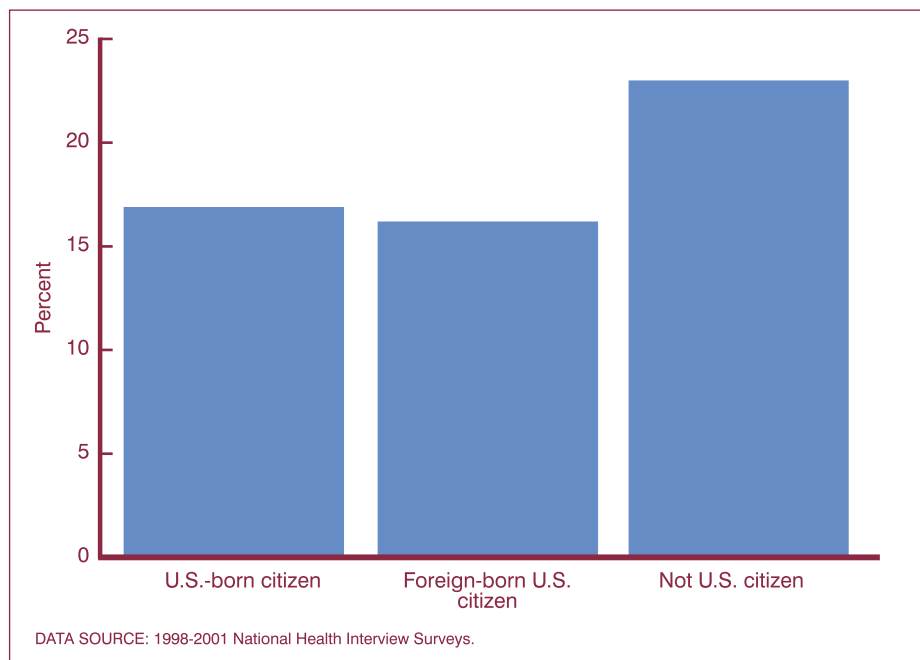
non-Hispanic white children sought health care mostly in a doctor's office or HMO and only 15.2% in a clinic or health center. Overall, Hispanic/Latino children (1.1%) were more likely than non-Hispanic white children (0.3%) to use a hospital emergency department as their usual place of health care.

**Table 5** presents percent distributions of the kind of place to which Hispanic/Latino children and

non-Hispanic white children usually went when they needed routine preventive care. Compared with non-Hispanic white children, Hispanic/Latino children were more likely to receive routine preventive care in a clinic or health center and less likely to receive such care in a doctor's office. Among the five subgroups, Mexican children (22.4%) and Central or South American children (17.9%) were less likely to get routine preventive care in a clinic or health center compared with Puerto Rican (35.6%) and other Hispanic children (33.1%). Mexican children were least likely to receive routine preventive care in a doctor's office. The percentage of children who did not receive this type of care was highest among Mexican children (55.4%) and lowest among Puerto Rican children (20.0%). Overall, 50.0% of Hispanic/Latino children did not get routine preventive care anywhere, compared with 28.8% of non-Hispanic white children.

### Unmet medical needs due to cost

**Table 6** presents percentages of Hispanic/Latino children and non-Hispanic white children who had unmet medical needs in the past 12 months by selected demographic characteristics. On the average, each year an estimated 17.6% (1.4 million) Hispanic/Latino children experienced an unmet medical need due to cost. Mexican children (18.3%) were more likely to experience an unmet medical need compared with Cuban children (8.3%) and Central or South American children (12.8%). Children from families with annual incomes under \$20,000 were more likely to experience an unmet medical need than children in families with annual incomes of \$20,000 or more. Overall, about 23.2% of poor and 21.6% of near poor Hispanic/Latino children had experienced an unmet medical need during the past year. The percentage was higher for foreign-born Hispanic/Latino children (22.3%) than for U.S.-born Hispanic children (16.9%). Overall, almost one-third of Hispanic/Latino children without health insurance coverage had experienced an unmet



**Figure 5. Percent of Hispanic/Latino children who had unmet medical needs, by nativity and citizenship: United States, 1998–2001**

medical need due to cost. Over one-third of Hispanic/Latino children who were in fair or poor health (33.4%) had experienced an unmet medical need due to cost. In addition, one out of every four Hispanic/Latino children with an activity limitation (25.0%) had experienced an unmet medical need due to cost.

As shown in [figure 5](#), foreign-born Hispanic/Latino children who were not citizens of the United States (23.0%) were more likely than foreign-born Hispanic/Latino children who were citizens of the United States (16.1%) to experience an unmet medical need due to cost.

[Table 7](#) presents percentages of Hispanic/Latino children and non-Hispanic white children who delayed medical care due to a variety of reasons. When asked to select one or more reasons from a list of reasons as to why their children delayed getting care during the past 12 months, 4.9% of Hispanic/Latino parents said that they had to wait too long to see the doctor. This was followed by, “Could not get an appointment soon enough” (4.1%). Hispanic/Latino children (4.9%) were more likely than non-Hispanic white children (2.9%) to delay getting care because they had to wait too long to see the doctor. Overall, 2.6% of Hispanic/

Latino children delayed care because they did not have transportation, compared with 0.9% of non-Hispanic white children.

[Table 8](#) presents percentage distributions of the length of time since last contact with a health care professional for Hispanic/Latino children and non-Hispanic white children. The percentage of Hispanic/Latino children who had never seen a physician was 3.3%, which is significantly higher than the 0.8% of non-Hispanic white children. About two-thirds of Hispanic/Latino children (66.7%) had seen or contacted a health care professional within the past 6 months. A larger percentage of Mexican children than all the other subgroups had not seen a health care professional in a year. In addition, Mexican children (63.4%) were less likely than Puerto Rican (76.9%), Central or South American (68.7%), and other Hispanic children (73.2%) to have contacted a health care professional within the past 6 months. Among children under 1 year of age, Hispanic/Latino children were less likely than non-Hispanic white children to have seen a health care professional within the past 6 months. Also, in all three age groups, a higher percentage of Hispanic/Latino children had never had

a contact with a health care professional compared with non-Hispanic white children.

## Discussion

During the last 15 years, Hispanic/Latino children have been found to be most likely to lack access to health care compared with children of other race/ethnicity groups in the United States (13). This report is the first to provide national estimates of access to health care by selected social demographic characteristics for five subgroups of Hispanic/Latino children under age 18 years in the United States. Analyses revealed that all five subgroups of Hispanic/Latino children were at greater risk of experiencing a lack of access to health care compared with non-Hispanic white children. The study results also indicated a disparity in access to health care among subgroups of Hispanic/Latino children. Of the five subgroups examined, Mexican children were most likely to lack health insurance coverage and least likely to have a usual place of health care. Lack of access to health care was most prevalent among Hispanic/Latino children who had poor or near poor poverty status, whose parents had less than a high school diploma, and who were foreign-born. The information from this study may help programs that aim to improve access to health care among Hispanic/Latino children.

Previous studies have suggested that the lack of access to health care for Hispanic/Latino children may be attributable to multiple factors, including language barriers, cultural differences, poverty, lack of health insurance coverage, transportation difficulties, long waiting times, and parents' education and employment status (14–18). This study revealed a diverse sociodemographic background for subgroups of Hispanic/Latino children. Among the five subgroups, parents of Mexican children were most likely to have lower levels of educational attainment and to be at poor or near poor poverty status. Lower levels of educational attainment are related to less favorable occupational status and lower

individual incomes. According to data from the 2000 census, about 4.0% of Mexicans are employed in farming, fishing, and forestry occupations, a predominantly seasonal, low-wage sector, compared with 0.4% of Puerto Ricans, 0.4% of Cubans, 0.9% of Central or South Americans, and 1.0% of other Hispanic persons (19). This study also showed that approximately 90% of Mexican children lived in the South and West, where the percentage of uninsured children was higher compared with the Northeast and Midwest, which may be due partly to differentials in the types of plans available, eligibility criteria for government-sponsored health plans, or administrative practices of the health plans by States. Additionally, a large number of Mexicans live along the U.S.–Mexico border, which stretches from southern California to Brownsville, Texas. It has been reported that health care entitlements were extremely meager along the entire border and that only one fully supported public hospital was available to serve as a facility of last resort for the poor (20). Many Mexicans cross back into Mexico when they need to buy pharmaceuticals or to obtain health care. These facts may partly explain the increased lack of access to care among Mexican children.

The Federal Medicaid program offers health insurance coverage to all poor children under age 19 years in the United States. The State Children's Health Insurance Program (SCHIP), enacted in 1997 to reduce the number of low-income children without health insurance, gives grants to States to provide health insurance coverage to children under age 19 years in families with incomes under 200% of the Federal poverty level. Despite these efforts, the 1998–2001 NHISs indicate that a large proportion of poor (31.7%) and near poor (32.4%) Hispanic/Latino children still lacked health insurance coverage. Analyses revealed that among the poor and near poor children, Mexican children were more likely to lack health insurance coverage compared with the other four Hispanic/Latino subgroups. According to a previous report (21), many Hispanic/Latino parents were not aware of their

children's eligibility for these public programs. Some of these parents did not enroll their children in these public programs because they encountered language barriers, and other parents did not want to cope with all of the concerns involved with enrolling their children in public programs.

Consistent with previous studies, the 1998–2001 NHISs revealed that foreign-born Hispanic/Latino children were at greater risk for the lack of access to health care than their U.S.-born counterparts (22–25). Although the current study was not aimed at exploring the factors attributable to this difference, previous reports have shown that lack of access to health care for foreign-born Hispanic/Latino children may be caused by language barriers and cultural differences (26,27). One study (28) reported that foreign-born Hispanic/Latinos who have limited proficiency in English were more likely to be uninsured and less likely to use U.S. health care services than English-speaking U.S.-born Hispanic/Latinos. Foreign-born Hispanic/Latino persons may also have different expectations about their health care needs than U.S.-born Hispanic/Latinos due to cultural differences, which may have subsequently resulted in a difference in access to health care. A recent study (29) indicated a difference in access to care between foreign-born children who were and who were not citizens of the United States. The 1998–2001 NHISs also revealed that foreign-born Hispanic/Latino children who were not citizens of the United States were at greater risk of experiencing a lack of access to health care compared with foreign-born Hispanic/Latino children who were citizens of the United States. This may be because many foreign-born children are not eligible for Medicaid and SCHIP unless they are U.S. citizens or lawful permanent residents (30).

The NHIS is one of the largest health surveys conducted in the United States. It provides annual data to identify and monitor trends in the Nation's health and health care. Because of its sample design, it is possible to combine years of data to produce more reliable estimates and thus provide national estimates of access to health

care for subgroups of Hispanic/Latino children. Although the data from the 1998–2001 NHIS were combined to increase sample size, the sample sizes for some groups of Hispanic/Latino children are still small. This limited the ability to produce reliable estimates for all Hispanic/Latino subgroups.

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**Table 1. Number and percent distributions (with standard errors) of selected demographic characteristics for Hispanic/Latino children in five subgroups and for non-Hispanic white children under age 18 years: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
	Number						
Unweighted sample size . . . . .	9,113	1,335	464	1,214	2,158	14,284	28,491
	Percent distribution <sup>1</sup> (standard error)						
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Sex							
Male . . . . .	51.4 (0.70)	51.7 (1.90)	53.6 (2.83)	51.9 (1.62)	48.6 (1.23)	51.2 (0.56)	51.4 (0.33)
Female . . . . .	48.6 (0.70)	48.3 (1.90)	46.4 (2.83)	48.1 (1.62)	51.4 (1.23)	48.8 (0.56)	48.6 (0.33)
Age							
0–4 years . . . . .	32.1 (0.63)	29.4 (1.45)	28.1 (1.95)	29.7 (1.37)	31.7 (1.14)	31.4 (0.48)	26.2 (0.32)
5–11 years . . . . .	39.4 (0.65)	39.3 (1.70)	36.9 (2.80)	41.2 (1.60)	40.0 (1.08)	39.6 (0.53)	39.9 (0.35)
12–17 years . . . . .	28.5 (0.55)	31.3 (1.64)	34.9 (2.57)	29.1 (1.56)	28.3 (1.18)	29.0 (0.44)	33.8 (0.34)
Family structure <sup>2</sup>							
Mother, no father . . . . .	21.1 (0.66)	44.9 (1.93)	24.1 (3.04)	23.4 (1.64)	30.0 (1.19)	25.0 (0.57)	14.8 (0.27)
Father, no mother . . . . .	2.5 (0.21)	3.5 (0.60)	*0.6 (0.31)	3.1 (0.47)	2.4 (0.36)	2.6 (0.16)	3.4 (0.11)
Mother and father . . . . .	73.7 (0.69)	46.7 (2.12)	73.8 (3.27)	71.5 (1.64)	65.3 (1.36)	69.6 (0.63)	80.3 (0.31)
Neither mother nor father . . . . .	2.7 (0.22)	4.9 (0.78)	*1.6 (0.58)	2.0 (0.41)	2.3 (0.38)	2.8 (0.18)	1.6 (0.08)
Family income <sup>3</sup>							
\$20,000 or more . . . . .	65.8 (0.89)	58.3 (2.13)	85.3 (2.28)	73.6 (1.80)	67.6 (1.43)	66.4 (0.73)	88.5 (0.31)
Less than \$20,000 . . . . .	34.2 (0.89)	41.7 (2.13)	14.7 (2.28)	26.4 (1.80)	32.4 (1.43)	33.6 (0.73)	11.5 (0.31)
Poverty status <sup>4</sup>							
Poor . . . . .	25.6 (0.95)	28.0 (1.77)	10.9 (1.88)	16.9 (1.49)	21.2 (1.15)	24.1 (0.73)	7.2 (0.24)
Near poor . . . . .	26.6 (0.70)	19.9 (1.42)	15.3 (2.53)	25.1 (1.62)	24.4 (1.03)	25.2 (0.53)	14.5 (0.32)
Not poor . . . . .	23.8 (0.84)	30.5 (1.85)	54.0 (3.64)	34.7 (2.01)	33.1 (1.10)	27.5 (0.68)	59.6 (0.50)
Unknown . . . . .	24.0 (0.78)	21.6 (1.32)	19.8 (2.26)	23.2 (1.80)	21.3 (1.36)	23.2 (0.60)	18.6 (0.36)
Region							
Northeast . . . . .	1.6 (0.20)	63.1 (2.30)	12.7 (2.30)	28.2 (2.55)	28.3 (1.60)	14.0 (0.63)	20.1 (0.41)
Midwest . . . . .	9.5 (0.85)	8.9 (0.87)	*2.5 (0.95)	6.9 (1.13)	6.5 (0.81)	8.6 (0.59)	30.3 (0.56)
South . . . . .	31.1 (1.61)	20.8 (1.92)	72.3 (3.54)	34.1 (2.73)	28.7 (1.91)	31.0 (1.25)	32.7 (0.61)
West . . . . .	57.8 (1.64)	7.2 (1.48)	12.6 (2.99)	30.9 (2.31)	36.5 (2.59)	46.3 (1.24)	16.9 (0.48)
Place of residence <sup>5</sup>							
MSA . . . . .	88.7 (1.80)	97.4 (1.28)	96.4 (1.13)	97.5 (0.59)	88.8 (2.99)	90.5 (1.17)	75.1 (0.67)
Central city . . . . .	44.3 (1.80)	55.7 (2.67)	22.9 (2.92)	43.3 (2.40)	46.2 (2.32)	45.1 (1.36)	17.5 (0.63)
Noncentral city . . . . .	44.3 (1.77)	41.8 (2.61)	73.5 (3.13)	54.2 (2.42)	42.6 (2.27)	45.4 (1.35)	57.6 (0.85)
Not MSA . . . . .	11.3 (1.80)	*2.6 (1.28)	*3.6 (1.13)	2.5 (0.59)	11.2 (2.99)	9.5 (1.17)	24.9 (0.67)
Urban/rural							
Urban . . . . .	87.1 (1.37)	94.8 (0.87)	94.8 (1.39)	95.4 (1.04)	89.7 (1.60)	89.2 (1.02)	63.6 (0.79)
Rural . . . . .	12.9 (1.37)	5.2 (0.87)	5.2 (1.39)	4.6 (1.04)	10.3 (1.60)	10.8 (1.02)	36.4 (0.79)
Highest education in family <sup>6</sup>							
Less than high school diploma . . . . .	43.9 (0.90)	26.8 (1.50)	18.3 (1.90)	28.2 (1.80)	27.7 (1.11)	37.7 (0.68)	7.6 (0.25)
High school or GED <sup>7</sup> . . . . .	23.6 (0.60)	28.8 (1.60)	19.8 (2.53)	20.5 (1.42)	23.8 (1.24)	23.8 (0.51)	21.1 (0.39)
More than high school . . . . .	32.6 (0.83)	44.5 (1.92)	61.9 (2.57)	51.2 (1.96)	48.5 (1.47)	38.5 (0.69)	71.3 (0.49)
Nativity <sup>8</sup>							
U.S. born . . . . .	86.6 (0.62)	98.6 (0.44)	87.2 (1.42)	77.3 (1.53)	91.7 (0.64)	87.8 (0.45)	98.3 (0.10)
Foreign born . . . . .	13.4 (0.62)	*1.4 (0.44)	12.8 (1.42)	22.7 (1.53)	8.3 (0.64)	12.2 (0.45)	1.7 (0.10)
Health insurance <sup>9</sup>							
Insured . . . . .	69.6 (0.75)	88.6 (1.12)	90.7 (1.70)	76.2 (1.33)	81.4 (1.24)	74.3 (0.57)	92.2 (0.21)
Private . . . . .	41.2 (0.98)	42.7 (2.09)	66.7 (3.26)	48.9 (2.13)	50.1 (1.31)	43.9 (0.77)	78.9 (0.38)
Public . . . . .	29.3 (0.79)	47.0 (2.11)	25.1 (2.89)	27.8 (1.80)	32.4 (1.36)	31.3 (0.65)	14.6 (0.34)
Uninsured . . . . .	30.4 (0.75)	11.4 (1.12)	9.3 (1.70)	23.8 (1.33)	18.6 (1.24)	25.7 (0.57)	7.8 (0.21)
Health status							
Excellent, very good, or good . . . . .	97.9 (0.19)	95.5 (0.70)	98.5 (0.70)	98.8 (0.32)	97.3 (0.43)	97.6 (0.16)	98.8 (0.07)
Fair or poor . . . . .	2.1 (0.19)	4.5 (0.70)	*1.5 (0.70)	1.2 (0.32)	2.7 (0.43)	2.4 (0.16)	1.2 (0.07)
Activity limitation <sup>10</sup>							
Limited . . . . .	3.6 (0.25)	10.2 (1.06)	6.7 (1.88)	5.3 (0.69)	6.3 (0.62)	4.9 (0.24)	7.3 (0.18)
Not limited or unknown . . . . .	96.4 (0.25)	89.8 (1.06)	93.3 (1.88)	94.7 (0.69)	93.7 (0.62)	95.1 (0.24)	92.7 (0.18)

\*Estimate has a relative standard error of greater than 30% and should be used with caution, as it does not meet the standard of reliability or precision.

<sup>1</sup>Excludes children with unknown status (except for poverty status) for the variables of interest.

<sup>2</sup>Family structure refers to parents living in the household. "Mother and father" can include biological, adoptive, step, in-law, or foster relationships. Legal guardians are classified as "Neither mother nor father."

<sup>3</sup>The categories "Less than \$20,000" and "\$20,000 or more" include both persons reporting specific dollar amounts and persons reporting only that their incomes were within one of these two categories.

<sup>4</sup>Poverty status is based on family income and family size using the Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

<sup>5</sup>MSA is metropolitan statistical area.

<sup>6</sup>Highest education in family refers to education of adult with highest education in the sample family.

<sup>7</sup>GED is General Educational Development high school equivalency diploma.

<sup>8</sup>"U.S. born" refers to children born in the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States. "Foreign born" refers to children born outside the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States.

<sup>9</sup>Health insurance coverage is based on a hierarchy of mutually exclusive categories. The category "Uninsured" includes children who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service.

<sup>10</sup>Limitation of activity refers to children who are limited in any way in any activities because of physical, mental, or emotional problems.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

**Table 2. Percent (with standard errors) of Hispanic/Latino children in five subgroups and of non-Hispanic white children under age 18 years who did not have health insurance coverage at the time of interview, by selected demographic characteristics: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
Total		Percent <sup>1</sup> (standard error)					
Crude . . . . .	30.4 (0.75)	11.4 (1.12)	9.3 (1.70)	23.8 (1.33)	18.6 (1.24)	25.7 (0.57)	7.8 (0.21)
Age adjusted . . . . .	33.7 (1.12)	12.0 (1.67)	10.4 (2.84)	28.2 (2.60)	19.8 (1.69)	28.3 (0.84)	8.2 (0.29)
Sex							
Male . . . . .	30.5 (0.92)	11.5 (1.37)	8.9 (1.95)	24.9 (2.12)	17.8 (1.51)	25.8 (0.70)	8.0 (0.28)
Female . . . . .	30.2 (0.93)	11.4 (1.75)	9.7 (2.25)	22.7 (1.95)	19.4 (1.66)	25.6 (0.72)	7.7 (0.30)
Age							
0–4 years . . . . .	24.9 (1.06)	12.1 (2.25)	*4.3 (1.58)	18.4 (2.13)	15.5 (1.66)	21.3 (0.76)	7.0 (0.38)
5–11 years . . . . .	31.7 (1.20)	10.2 (1.72)	11.6 (2.99)	23.8 (1.98)	20.1 (1.92)	26.7 (0.91)	8.0 (0.31)
12–17 years . . . . .	34.7 (1.31)	12.3 (2.03)	*10.8 (3.39)	29.5 (3.16)	20.1 (1.94)	29.1 (0.97)	8.3 (0.34)
Family structure <sup>2</sup>							
Mother, no father . . . . .	24.7 (1.23)	11.1 (1.60)	11.8 (2.86)	24.1 (2.75)	16.2 (1.96)	20.4 (0.80)	11.8 (0.58)
Father, no mother . . . . .	34.1 (3.95)	*13.7 (5.71)	0.0 (0.00)	31.8 (7.20)	24.9 (5.26)	29.7 (2.88)	16.1 (1.30)
Mother and father . . . . .	31.3 (0.89)	10.6 (1.50)	8.3 (2.13)	22.4 (1.59)	18.9 (1.52)	26.9 (0.71)	6.7 (0.21)
Neither mother nor father . . . . .	45.1 (3.78)	20.0 (5.46)	*22.0 (13.68)	59.9 (9.32)	33.8 (8.12)	39.9 (2.95)	13.5 (1.40)
Family income <sup>3</sup>							
\$20,000 or more . . . . .	26.2 (0.81)	10.1 (1.43)	7.6 (1.46)	21.0 (1.62)	15.7 (1.38)	22.1 (0.64)	6.3 (0.20)
Less than \$20,000 . . . . .	36.9 (1.21)	13.1 (1.81)	*17.0 (5.57)	31.2 (3.00)	23.0 (2.20)	31.4 (0.93)	18.2 (0.82)
Poverty status <sup>4</sup>							
Poor . . . . .	37.7 (1.58)	8.7 (1.75)	*19.4 (7.05)	28.8 (3.22)	22.3 (2.78)	31.7 (1.24)	17.1 (1.08)
Near poor . . . . .	36.4 (1.22)	17.7 (3.19)	24.4 (5.09)	29.4 (2.64)	23.7 (2.58)	32.4 (0.96)	17.0 (0.81)
Not poor . . . . .	12.3 (0.88)	6.9 (1.26)	3.3 (0.55)	13.0 (1.81)	9.7 (1.30)	10.9 (0.61)	4.0 (0.17)
Region							
Northeast . . . . .	27.3 (4.10)	8.5 (1.17)	*4.5 (3.16)	18.0 (2.20)	16.3 (2.06)	13.6 (0.88)	4.4 (0.36)
Midwest . . . . .	20.2 (1.87)	*10.0 (3.36)	*18.7 (12.7)	*20.2 (6.32)	*14.7 (5.73)	18.5 (1.47)	6.2 (0.31)
South . . . . .	39.3 (1.30)	22.0 (3.48)	10.7 (2.14)	28.9 (2.37)	24.8 (2.65)	33.6 (1.14)	11.0 (0.42)
West . . . . .	27.3 (0.89)	*8.2 (2.96)	*4.1 (2.59)	24.5 (2.14)	16.2 (1.69)	25.5 (0.71)	8.7 (0.54)
Place of residence <sup>5</sup>							
MSA . . . . .	30.2 (0.75)	11.6 (1.14)	9.1 (1.73)	23.2 (1.34)	18.4 (1.26)	25.4 (0.55)	7.0 (0.22)
Central city . . . . .	33.6 (1.06)	9.8 (1.29)	14.5 (3.44)	23.8 (1.95)	18.6 (1.67)	27.5 (0.78)	7.4 (0.44)
Noncentral city . . . . .	26.9 (0.97)	13.9 (1.92)	7.4 (1.95)	22.7 (1.75)	18.1 (1.77)	23.3 (0.78)	6.9 (0.27)
Not MSA . . . . .	31.2 (3.02)	*5.2 (4.61)	*14.0 (8.65)	48.9 (8.78)	20.6 (5.23)	29.0 (2.56)	10.4 (0.48)
Urban/rural							
Urban . . . . .	29.9 (0.78)	11.5 (1.14)	9.5 (1.73)	23.8 (1.35)	18.3 (1.28)	25.2 (0.56)	6.9 (0.22)
Rural . . . . .	33.5 (2.30)	*9.3 (5.66)	*5.5 (5.64)	24.4 (6.79)	21.6 (3.66)	30.1 (2.15)	9.4 (0.43)
Highest education in family <sup>6</sup>							
Less than high school diploma . . . . .	39.3 (1.16)	11.3 (2.14)	*15.8 (5.18)	32.6 (2.99)	23.7 (2.30)	34.9 (0.99)	19.5 (1.19)
High school or GED <sup>7</sup> . . . . .	25.7 (1.15)	14.2 (2.49)	*12.1 (3.66)	27.8 (3.24)	18.4 (2.25)	23.1 (0.97)	12.4 (0.56)
More than high school . . . . .	17.7 (0.94)	8.1 (1.27)	*5.9 (2.09)	14.2 (1.77)	14.0 (1.55)	14.9 (0.65)	4.8 (0.18)
Nativity <sup>8</sup>							
U.S. born . . . . .	24.5 (0.64)	10.8 (1.09)	6.5 (1.50)	17.9 (1.43)	17.3 (1.34)	21.0 (0.50)	7.8 (0.21)
Foreign born . . . . .	67.1 (1.78)	*49.9 (15.66)	28.0 (7.13)	43.9 (3.77)	31.4 (3.67)	58.8 (1.54)	11.8 (1.76)
Health status							
Excellent, very good, or good . . . . .	30.4 (0.76)	11.7 (1.18)	9.3 (1.73)	23.7 (1.32)	18.8 (1.25)	25.8 (0.57)	7.8 (0.21)
Fair or poor . . . . .	30.4 (4.07)	*6.2 (2.96)	*9.3 (7.39)	*35.4 (13.57)	*13.2 (5.02)	22.9 (2.80)	8.4 (1.50)
Activity limitation <sup>9</sup>							
Limited . . . . .	21.7 (2.83)	9.7 (2.88)	0.0 (0.00)	*19.1 (6.81)	*9.6 (3.06)	15.9 (1.79)	7.9 (0.61)
Not limited or unknown . . . . .	30.7 (0.75)	11.6 (1.19)	9.9 (1.80)	24.1 (1.38)	19.2 (1.25)	26.2 (0.57)	7.8 (0.21)

\*Estimate has a relative standard error of greater than 30% and should be used with caution, as it does not meet the standard of reliability or precision. Data have a relative standard error of greater than 30% and should be used with caution, as they do not meet the standard of reliability or precision.

<sup>1</sup>Excludes children with unknown status for health insurance coverage at the time of interview.

<sup>2</sup>Family structure refers to parents living in the household. "Mother and father" can include biological, adoptive, step, in-law, or foster relationships. Legal guardians are classified as "Neither mother nor father."

<sup>3</sup>The categories "Less than \$20,000" and "\$20,000 or more" include both persons reporting specific dollar amounts and persons reporting only that their incomes were within one of these two categories.

<sup>4</sup>Poverty status is based on family income and family size using the Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

<sup>5</sup>MSA is metropolitan statistical area.

<sup>6</sup>Highest education in family" refers to education of adult with highest education in the sample family.

<sup>7</sup>GED is General Educational Development high school equivalency diploma.

<sup>8</sup>“U.S born” refers to children born in the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States. “Foreign born” refers to children born outside the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States.

<sup>9</sup>Limitation of activity refers to children who are limited in any way in any activities because of physical, mental, or emotional problems.

NOTE: Age-adjusted estimates for children under age 18 are adjusted to the year 2000 standard U.S. population using three age groups: under 5 years, 5–11 years, and 12–17 years. All other estimates in this table are crude rates.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

**Table 3. Percent (with standard errors) of Hispanic/Latino children in five subgroups and of non-Hispanic white children under age 18 years who had a usual place to go for health care, by selected demographic characteristics: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
Total		Percent <sup>1</sup> (standard error)					
Crude . . . . .	83.3 (0.60)	92.3 (0.91)	93.5 (1.18)	87.7 (1.06)	91.1 (0.71)	85.9 (0.43)	95.8 (0.14)
Age adjusted . . . . .	77.0 (0.95)	90.1 (1.53)	91.0 (1.99)	82.4 (2.31)	88.5 (1.34)	80.9 (0.69)	94.7 (0.22)
Sex							
Male . . . . .	83.7 (0.72)	92.6 (1.06)	93.1 (1.64)	86.6 (1.76)	90.8 (1.20)	86.1 (0.52)	96.0 (0.19)
Female . . . . .	82.9 (0.78)	91.9 (1.47)	94.0 (1.72)	88.9 (1.47)	91.4 (1.00)	85.8 (0.57)	95.7 (0.21)
Age							
0–4 years . . . . .	90.9 (0.64)	94.1 (1.76)	96.9 (1.22)	93.9 (1.31)	94.2 (1.05)	92.0 (0.49)	97.1 (0.24)
5–11 years . . . . .	83.2 (0.91)	93.1 (1.29)	94.1 (1.71)	88.2 (1.77)	90.9 (1.18)	86.0 (0.67)	96.3 (0.22)
12–17 years . . . . .	75.1 (1.11)	89.5 (1.85)	90.1 (2.35)	80.7 (2.81)	87.8 (1.61)	79.3 (0.81)	94.3 (0.26)
Family structure <sup>2</sup>							
Mother, no father . . . . .	85.0 (1.06)	91.8 (1.48)	91.6 (2.31)	83.2 (2.34)	91.7 (1.25)	87.4 (0.68)	93.7 (0.40)
Father, no mother . . . . .	80.3 (2.81)	86.8 (7.42)	100.0 (0.00)	84.1 (5.18)	86.4 (3.97)	82.5 (2.26)	89.3 (1.13)
Mother and father . . . . .	83.3 (0.67)	93.3 (1.23)	94.3 (1.38)	90.0 (1.35)	91.3 (0.88)	85.9 (0.51)	96.6 (0.15)
Neither mother nor father . . . . .	73.3 (3.45)	90.1 (4.46)	83.1 (12.09)	64.0 (10.52)	80.4 (7.32)	76.7 (2.78)	90.4 (1.26)
Family income <sup>3</sup>							
\$20,000 or more . . . . .	86.0 (0.66)	93.1 (1.10)	95.0 (1.08)	90.8 (1.16)	91.4 (0.96)	88.1 (0.50)	96.6 (0.14)
Less than \$20,000 . . . . .	78.9 (1.05)	91.2 (1.58)	87.8 (4.36)	80.7 (2.74)	90.8 (1.21)	82.3 (0.78)	90.7 (0.61)
Poverty status <sup>4</sup>							
Poor . . . . .	78.5 (1.32)	92.9 (1.69)	86.9 (5.04)	82.6 (2.88)	91.1 (1.46)	82.1 (0.96)	89.7 (0.90)
Near poor . . . . .	81.9 (1.01)	88.1 (2.40)	83.9 (3.42)	87.8 (2.12)	87.1 (1.86)	83.6 (0.79)	93.0 (0.51)
Not poor . . . . .	93.0 (0.63)	95.8 (1.21)	97.5 (0.87)	93.2 (1.40)	94.9 (1.07)	93.9 (0.45)	97.2 (0.15)
Region							
Northeast . . . . .	88.5 (3.09)	94.6 (1.01)	98.8 (1.14)	91.5 (1.83)	93.9 (0.90)	93.5 (0.79)	98.6 (0.18)
Midwest . . . . .	90.1 (1.31)	92.1 (1.92)	89.5 (10.13)	85.2 (5.40)	91.1 (3.38)	90.1 (1.04)	96.3 (0.27)
South . . . . .	81.5 (1.09)	84.2 (3.02)	92.9 (1.41)	85.0 (2.19)	88.7 (1.52)	83.6 (0.79)	94.8 (0.26)
West . . . . .	83.0 (0.81)	95.0 (2.94)	92.4 (4.07)	87.8 (1.39)	90.8 (1.22)	84.4 (0.69)	93.7 (0.37)
Place of residence <sup>5</sup>							
MSA . . . . .	83.1 (0.63)	92.1 (0.93)	93.8 (1.17)	87.9 (1.08)	91.3 (0.72)	85.9 (0.45)	96.2 (0.14)
Central city . . . . .	81.3 (0.85)	92.9 (1.03)	88.7 (2.86)	86.2 (1.47)	90.9 (1.01)	84.6 (0.60)	95.4 (0.35)
Noncentral city . . . . .	84.9 (0.84)	91.1 (1.67)	95.4 (1.20)	89.2 (1.54)	91.8 (1.05)	87.2 (0.64)	96.4 (0.17)
Not MSA . . . . .	85.2 (1.75)	97.1 (2.87)	86.4 (8.32)	80.8 (5.83)	89.3 (3.28)	86.1 (1.53)	94.8 (0.35)
Urban/rural							
Urban . . . . .	83.5 (0.66)	92.4 (0.92)	93.2 (1.22)	87.7 (1.07)	91.2 (0.70)	86.2 (0.47)	96.0 (0.17)
Rural . . . . .	82.1 (1.32)	89.1 (5.57)	100.0 (0.00)	88.4 (4.27)	90.5 (2.42)	84.0 (1.11)	95.5 (0.28)
Highest education in family <sup>6</sup>							
Less than high school diploma . . . . .	77.9 (0.95)	93.0 (1.37)	86.1 (3.79)	81.1 (2.71)	87.2 (1.64)	80.3 (0.73)	90.6 (0.84)
High school or GED <sup>7</sup> . . . . .	86.1 (1.01)	91.6 (1.77)	94.7 (2.71)	89.9 (1.73)	89.4 (1.73)	87.8 (0.76)	94.3 (0.32)
More than high school . . . . .	91.5 (0.59)	94.0 (1.30)	95.4 (1.17)	92.1 (1.46)	94.8 (0.75)	92.6 (0.43)	97.1 (0.13)
Nativity <sup>8</sup>							
U.S. born . . . . .	87.3 (0.51)	92.7 (0.88)	95.9 (0.87)	90.7 (1.04)	92.2 (0.71)	89.1 (0.38)	96.0 (0.14)
Foreign born . . . . .	57.9 (1.77)	60.6 (16.36)	77.4 (5.77)	77.9 (2.91)	78.2 (3.23)	63.5 (1.44)	87.1 (1.88)
Health Insurance <sup>9</sup>							
Private . . . . .	94.4 (0.49)	96.2 (0.99)	98.9 (0.64)	97.2 (0.88)	96.4 (0.71)	95.3 (0.36)	97.6 (0.12)
Public . . . . .	92.6 (0.59)	95.4 (0.96)	94.8 (2.13)	93.8 (1.27)	93.4 (1.13)	93.3 (0.45)	95.5 (0.38)
Uninsured . . . . .	59.9 (1.32)	65.2 (4.13)	52.3 (7.12)	61.6 (3.20)	72.9 (2.49)	61.5 (1.13)	79.0 (0.97)
Health status							
Excellent, very good or good . . . . .	83.2 (0.60)	92.5 (0.92)	93.6 (1.21)	87.8 (1.07)	91.0 (0.73)	85.9 (0.43)	95.8 (0.14)
Fair or poor . . . . .	87.2 (2.76)	86.3 (6.13)	90.7 (7.39)	84.3 (8.84)	94.4 (2.96)	88.1 (2.15)	95.4 (1.19)
Activity limitation <sup>10</sup>							
Limited . . . . .	88.0 (2.17)	89.4 (3.08)	100.0 (0.00)	89.7 (5.16)	95.2 (1.93)	90.2 (1.39)	95.5 (0.53)
Not limited or unknown . . . . .	83.2 (0.61)	92.6 (1.00)	93.0 (1.25)	87.6 (1.12)	90.8 (0.76)	85.7 (0.45)	95.9 (0.15)

<sup>1</sup>Excludes children with unknown status for usual place to go for health care.<sup>2</sup>Family structure refers to parents living in the household. "Mother and father" can include biological, adoptive, step, in-law, or foster relationships. Legal guardians are classified as "Neither mother nor father."<sup>3</sup>The categories "Less than \$20,000" and "\$20,000 or more" include both persons reporting specific dollar amounts and persons reporting only that their incomes were within one of these two categories.<sup>4</sup>Poverty status is based on family income and family size using the Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold.

"Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

<sup>5</sup>MSA is metropolitan statistical area.

<sup>6</sup>"Highest education in family" refers to education of adult with highest education in the sample family.

<sup>7</sup>General Educational Development (GED) is high school equivalency diploma.

<sup>8</sup>"U.S. born" refers to children born in the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States. "Foreign born" refers to children born outside the 50 states of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States.

<sup>9</sup>Health insurance coverage is based on a hierarchy of mutually exclusive categories. The category "Uninsured" includes children who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service.

<sup>10</sup>Limitation of activity refers to children who are limited in any way in any activities because of physical, mental, or emotional problems.

NOTE: Age-adjusted estimates for children under age 18 are adjusted to the year 2000 standard U.S. population using three age groups: under 5 years, 5–11 years, and 12–17 years. All other estimates in this table are crude rates.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

**Table 4. Percent distributions (with standard errors) of usual place of health care for Hispanic/Latino children in five subgroups and for non-Hispanic white children under age 18 years, by type of health insurance coverage: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
Percent distribution <sup>1</sup> (standard error)							
All types of health insurance coverage							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Clinic or health center . . . . .	32.5 (1.06)	30.3 (1.79)	11.9 (2.04)	28.1 (1.79)	27.2 (1.30)	30.5 (0.80)	15.2 (0.45)
Doctor's office or HMO <sup>2</sup> . . . . .	63.9 (1.09)	64.6 (1.84)	85.8 (2.14)	67.0 (1.89)	69.2 (1.30)	65.6 (0.83)	83.3 (0.45)
Emergency department . . . . .	1.2 (0.19)	1.5 (0.40)	*0.8 (0.45)	1.0 (0.29)	0.7 (0.20)	1.1 (0.13)	0.3 (0.04)
Outpatient . . . . .	1.7 (0.18)	3.2 (0.51)	*0.9 (0.50)	3.3 (0.60)	2.7 (0.44)	2.1 (0.15)	0.7 (0.07)
Some other place . . . . .	*0.2 (0.06)	*0.2 (0.17)	*0.5 (0.39)	*0.3 (0.23)	*0.1 (0.08)	0.2 (0.05)	0.4 (0.04)
Does not go to one place most often . . . . .	0.6 (0.09)	*0.1 (0.12)	0.0 (0.00)	*0.3 (0.17)	*0.1 (0.10)	0.4 (0.06)	*0.1 (0.03)
Private coverage							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Clinic or health center . . . . .	15.2 (0.86)	13.6 (1.47)	*5.7 (2.02)	14.0 (1.97)	12.5 (1.43)	14.1 (0.65)	12.0 (0.44)
Doctor's office or HMO <sup>2</sup> . . . . .	83.1 (0.87)	84.7 (1.53)	93.9 (2.05)	84.0 (2.11)	86.0 (1.44)	84.3 (0.66)	87.2 (0.43)
Emergency department . . . . .	*0.3 (0.11)	*0.6 (0.36)	*0.2 (0.22)	*0.2 (0.19)	*0.1 (0.06)	0.3 (0.08)	0.1 (0.02)
Outpatient . . . . .	1.0 (0.24)	*1.1 (0.45)	*0.2 (0.16)	*1.9 (0.84)	*1.2 (0.42)	1.1 (0.17)	0.3 (0.05)
Some other place . . . . .	*0.2 (0.08)	0.0 (0.00)	0.0 (0.00)	0.0 (0.00)	0.0 (0.00)	*0.1 (0.05)	0.3 (0.04)
Does not go to one place most often . . . . .	*0.1 (0.06)	0.0 (0.00)	0.0 (0.00)	0.0 (0.00)	*0.2 (0.20)	*0.1 (0.05)	0.1 (0.02)
Public coverage							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Clinic or health center . . . . .	44.2 (1.55)	43.9 (2.55)	23.7 (4.63)	43.2 (3.47)	43.5 (2.50)	43.6 (1.18)	27.2 (0.98)
Doctor's office or HMO <sup>2</sup> . . . . .	52.4 (1.63)	48.7 (2.73)	72.0 (4.93)	51.0 (3.33)	50.1 (2.65)	51.8 (1.23)	68.3 (1.07)
Emergency department . . . . .	*0.9 (0.29)	*1.8 (0.71)	*2.7 (1.57)	*0.9 (0.54)	*1.1 (0.40)	1.1 (0.22)	0.6 (0.16)
Outpatient . . . . .	2.1 (0.35)	5.2 (0.95)	*1.2 (1.19)	4.9 (1.13)	5.1 (0.75)	3.2 (0.29)	3.0 (0.33)
Some other place . . . . .	*0.2 (0.10)	*0.4 (0.33)	*0.5 (0.46)	0.0 (0.00)	*0.2 (0.19)	*0.2 (0.09)	0.7 (0.15)
Does not go to one place most often . . . . .	*0.2 (0.12)	0.0 (0.00)	0.0 (0.00)	0.0 (0.00)	0.0 (0.00)	*0.1 (0.07)	*0.2 (0.07)
No health insurance coverage							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Clinic or health center . . . . .	50.4 (1.72)	38.8 (6.03)	34.5 (9.91)	45.8 (4.22)	42.4 (3.71)	48.4 (1.50)	27.6 (1.36)
Doctor's office or HMO <sup>2</sup> . . . . .	41.5 (1.82)	52.7 (5.96)	48.4 (9.59)	42.0 (3.54)	51.9 (3.80)	43.4 (1.55)	67.4 (1.44)
Emergency department . . . . .	3.2 (0.56)	*4.5 (2.31)	0.0 (0.00)	3.8 (1.12)	*2.2 (1.13)	3.2 (0.47)	2.4 (0.43)
Outpatient . . . . .	2.7 (0.50)	*2.1 (1.35)	*10.0 (6.38)	*5.2 (1.65)	*3.2 (1.14)	3.0 (0.43)	1.0 (0.22)
Some other place . . . . .	*0.3 (0.16)	*0.6 (0.55)	*7.2 (6.89)	*1.5 (1.31)	*0.3 (0.30)	*0.5 (0.17)	1.1 (0.31)
Does not go to one place most often . . . . .	1.9 (0.37)	*1.4 (1.42)	0.0 (0.00)	*1.7 (0.96)	0.0 (0.00)	1.6 (0.28)	*0.6 (0.31)

\*Estimate has a relative standard error of greater than 30% and should be used with caution, as it does not meet the standard of reliability or precision.

<sup>1</sup>Excludes children with unknown status for usual place of health care.<sup>2</sup>HMO is health maintenance organization.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

**Table 5. Percent distributions (with standard errors) of kind of place to which Hispanic/Latino children in five subgroups and non-Hispanic white children under age 18 years went when they needed routine/preventive care: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
Kind of place	Percent distribution <sup>1</sup> (standard error)						
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Clinic or health center . . . . .	22.4 (1.33)	35.6 (4.82)	*16.4 (6.16)	17.9 (2.83)	33.1 (4.03)	23.7 (1.15)	19.8 (1.25)
Doctor's office or HMO <sup>2</sup> . . . . .	14.4 (1.10)	32.1 (5.51)	45.7 (8.90)	22.9 (3.53)	26.6 (3.09)	17.6 (0.97)	41.5 (1.45)
Emergency department . . . . .	2.0 (0.43)	*5.5 (2.87)	*8.2 (3.94)	*5.4 (1.80)	*1.7 (0.73)	2.5 (0.39)	2.5 (0.42)
Outpatient . . . . .	*1.3 (0.40)	*1.9 (1.17)	0.0 (0.00)	*3.1 (1.43)	*4.2 (1.37)	1.8 (0.37)	1.0 (0.25)
Some other place . . . . .	1.1 (0.31)	*0.4 (0.38)	0.0 (0.00)	*0.5 (0.45)	*0.1 (0.11)	0.9 (0.24)	2.8 (0.45)
Does not go to one place most often . . . . .	3.4 (0.47)	*4.4 (2.11)	*6.0 (3.06)	*8.1 (3.26)	*0.2 (0.19)	3.5 (0.47)	3.6 (0.49)
Does not get preventive care . . . . .	55.4 (1.69)	20.0 (3.42)	23.6 (6.83)	42.2 (4.00)	34.1 (3.38)	50.0 (1.47)	28.8 (1.34)

\*Estimate has a relative standard error of greater than 30% and should be used with caution, as it does not meet the standard of reliability or precision.

<sup>1</sup>Excludes children with unknown status for kind of place to which children go for when they need routine/preventive care.

<sup>2</sup>HMO is health maintenance organization.

DATA SOURCE: 1998–2001 National Health Interview Surveys.



**Table 6. Percent (with standard errors) of Hispanic/Latino children in five subgroups and of non-Hispanic white children under age 18 years who had unmet medical needs in the past 12 months, by selected demographic characteristics: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
Total							
Percent <sup>1</sup> (standard error)							
Crude . . . . .	18.3 (0.66)	16.3 (1.85)	8.3 (1.73)	12.8 (1.25)	22.1 (1.81)	17.6 (0.56)	12.5 (0.30)
Age adjusted . . . . .	19.1 (1.05)	15.3 (2.26)	8.0 (2.08)	15.0 (2.15)	21.3 (2.49)	18.1 (0.79)	13.8 (0.39)
Sex							
Male . . . . .	17.7 (0.85)	15.8 (2.54)	*8.9 (2.84)	12.2 (1.55)	20.5 (2.51)	16.9 (0.71)	11.9 (0.36)
Female . . . . .	19.1 (0.83)	16.9 (2.30)	7.7 (2.19)	13.5 (2.28)	23.7 (2.37)	18.4 (0.70)	13.0 (0.47)
Age							
0–4 years . . . . .	16.7 (1.25)	21.0 (3.95)	*3.4 (1.86)	10.5 (2.84)	17.0 (2.90)	16.2 (0.97)	11.4 (0.64)
5–11 years . . . . .	18.4 (0.77)	15.6 (2.48)	*11.5 (3.77)	11.7 (2.07)	24.9 (2.71)	17.8 (0.68)	11.3 (0.43)
12–17 years . . . . .	19.4 (1.25)	14.7 (2.59)	*8.0 (2.47)	15.7 (2.60)	21.2 (2.92)	18.3 (0.92)	14.3 (0.46)
Family structure <sup>2</sup>							
Mother, no father . . . . .	22.3 (1.39)	18.5 (2.78)	*13.6 (5.01)	16.2 (2.35)	23.2 (2.91)	20.9 (1.10)	22.1 (0.77)
Father, no mother . . . . .	25.5 (4.01)	*2.5 (1.85)	0.0 (0.00)	*14.4 (5.84)	*25.4 (9.75)	20.4 (2.92)	13.9 (1.46)
Mother and father . . . . .	17.1 (0.77)	15.0 (2.32)	*6.5 (2.10)	11.6 (1.50)	21.6 (2.32)	16.4 (0.64)	10.4 (0.31)
Neither mother nor father . . . . .	14.0 (2.42)	*18.9 (7.06)	*9.2 (9.21)	*13.1 (8.39)	*16.0 (6.92)	14.9 (2.26)	13.7 (1.97)
Family income <sup>3</sup>							
\$20,000 or more . . . . .	16.3 (0.78)	13.0 (2.10)	5.4 (1.61)	11.1 (1.56)	19.1 (2.11)	15.3 (0.64)	10.7 (0.30)
Less than \$20,000 . . . . .	22.6 (1.34)	21.3 (2.75)	28.6 (7.43)	17.0 (2.47)	28.3 (3.21)	22.5 (1.05)	26.5 (1.15)
Poverty status <sup>4</sup>							
Poor . . . . .	23.3 (1.56)	21.4 (3.10)	*26.1 (8.38)	19.1 (3.38)	29.2 (3.61)	23.2 (1.24)	28.6 (1.56)
Near poor . . . . .	22.6 (1.25)	18.6 (4.06)	*10.2 (4.12)	13.8 (2.58)	27.7 (3.50)	21.6 (1.00)	26.1 (1.07)
Not poor . . . . .	11.3 (0.83)	11.4 (2.21)	*4.7 (1.98)	9.6 (2.32)	16.3 (2.93)	11.3 (0.77)	8.5 (0.30)
Region							
Northeast . . . . .	23.8 (6.16)	14.9 (2.28)	*8.0 (5.26)	12.1 (2.88)	13.1 (2.16)	14.3 (1.47)	10.1 (0.55)
Midwest . . . . .	18.1 (2.50)	24.5 (5.78)	*8.1 (8.00)	*13.6 (6.12)	*13.7 (5.94)	17.9 (2.19)	11.5 (0.56)
South . . . . .	20.5 (1.24)	19.6 (4.22)	7.2 (1.82)	10.0 (1.32)	32.3 (4.18)	19.2 (1.06)	13.4 (0.53)
West . . . . .	17.0 (0.79)	*10.1 (4.75)	*16.9 (9.01)	16.5 (2.27)	26.7 (3.95)	17.5 (0.75)	15.1 (0.81)
Place of residence <sup>5</sup>							
MSA . . . . .	18.0 (0.68)	16.5 (1.87)	7.9 (1.74)	12.8 (1.27)	21.0 (1.70)	17.2 (0.58)	11.9 (0.35)
Central city . . . . .	17.7 (0.95)	15.1 (1.89)	*7.7 (3.06)	14.9 (2.34)	17.3 (1.98)	16.9 (0.80)	12.5 (0.74)
Noncentral city . . . . .	18.4 (0.96)	18.2 (3.24)	8.0 (1.92)	11.0 (1.46)	25.2 (3.01)	17.5 (0.83)	11.7 (0.40)
Not MSA . . . . .	20.9 (2.03)	*10.9 (10.87)	*20.4 (9.59)	*15.2 (7.71)	*31.5 (13.86)	21.4 (1.84)	14.2 (0.56)
Urban/rural							
Urban . . . . .	17.9 (0.67)	16.0 (1.87)	7.6 (1.67)	13.1 (1.30)	21.7 (1.65)	17.2 (0.57)	11.9 (0.37)
Rural . . . . .	21.5 (2.03)	*21.7 (8.49)	*28.0 (15.44)	*7.2 (4.60)	*26.2 (8.19)	21.2 (1.80)	13.4 (0.53)
Highest education in family <sup>6</sup>							
Less than high school diploma . . . . .	19.6 (1.06)	15.3 (2.96)	*15.0 (4.92)	17.6 (2.90)	27.0 (2.87)	19.5 (0.93)	23.1 (1.37)
High school or GED <sup>7</sup> . . . . .	19.0 (1.25)	22.5 (3.42)	*8.8 (3.98)	8.3 (1.87)	17.2 (3.35)	18.0 (1.01)	16.3 (0.65)
More than high school . . . . .	16.5 (1.31)	13.3 (2.21)	*5.7 (1.89)	12.1 (2.06)	21.2 (2.51)	15.6 (0.97)	10.1 (0.32)
Nativity <sup>8</sup>							
U.S. born . . . . .	17.2 (0.71)	16.2 (1.86)	7.9 (1.96)	12.9 (1.48)	22.5 (1.88)	16.9 (0.59)	12.5 (0.30)
Foreign born . . . . .	25.6 (1.79)	*26.3 (19.78)	*10.5 (4.67)	12.3 (2.34)	18.4 (4.45)	22.3 (1.44)	9.4 (1.64)
Health insurance <sup>9</sup>							
Private . . . . .	11.0 (0.82)	11.5 (1.92)	*3.6 (1.69)	6.7 (1.79)	16.9 (2.46)	10.8 (0.67)	8.5 (0.27)
Public . . . . .	14.2 (1.14)	12.9 (2.15)	*15.3 (5.18)	15.0 (2.63)	15.5 (2.33)	14.2 (0.90)	17.4 (0.79)
Uninsured . . . . .	31.4 (1.27)	44.4 (5.86)	20.6 (4.90)	22.2 (2.63)	48.9 (5.72)	32.1 (1.15)	41.9 (1.58)
Health status							
Excellent, very good or good . . . . .	18.0 (0.66)	15.9 (1.84)	8.1 (1.77)	12.3 (1.25)	21.7 (1.79)	17.2 (0.56)	12.2 (0.29)
Fair or poor . . . . .	35.9 (4.38)	*22.8 (7.65)	*25.9 (14.70)	48.0 (13.40)	*33.6 (10.61)	33.4 (3.58)	28.7 (2.93)
Activity limitation <sup>10</sup>							
Limited . . . . .	25.8 (3.34)	33.9 (5.53)	0.0 (0.00)	16.1 (4.67)	21.0 (4.23)	25.0 (2.07)	22.8 (1.21)
Not limited or unknown . . . . .	18.0 (0.65)	13.8 (1.72)	8.9 (1.85)	12.6 (1.32)	22.2 (1.95)	17.2 (0.56)	11.5 (0.31)

\*Data have a relative standard error of greater than 30% and should be used with caution, as they do not meet the standard of reliability or precision.

<sup>1</sup>Excludes children with unknown status for unmet medical needs in the past 12 months.

<sup>2</sup>Family structure refers to parents living in the household. "Mother and father" can include biological, adoptive, step, in-law, or foster relationships. Legal guardians are classified as "Neither mother nor father."

<sup>3</sup>The categories "Less than \$20,000" and "\$20,000 or more" include both persons reporting specific dollar amounts and persons reporting only that their incomes were within one of these two categories.

<sup>4</sup>Poverty status is based on family income and family size using the Census Bureau's poverty thresholds for the previous calendar year. "Poor" persons are defined as below the poverty threshold. "Near poor" persons have incomes of 100% to less than 200% of the poverty threshold. "Not poor" persons have incomes that are 200% of the poverty threshold or greater.

<sup>5</sup>MSA is metropolitan statistical area.

<sup>6</sup>"Highest education in family" refers to education of adult with highest education in the sample family.

<sup>7</sup>GED is General Educational Development high school equivalency diploma.

<sup>8</sup>"U.S. born" refers to children born in the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States. "Foreign born" refers to children born outside the 50 States of the United States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States.

<sup>9</sup>Health insurance coverage is based on a hierarchy of mutually exclusive categories. The category "Uninsured" includes children who had no coverage as well as those who had only Indian Health Service coverage or had only a private plan that paid for one type of service.

<sup>10</sup>Limitation of activity refers to children who are limited in any way in any activities because of physical, mental, or emotional problems.

NOTE: Age-adjusted estimates for children under age 18 are adjusted to the year 2000 standard U.S. population using three age groups: under 5 years, 5–11 years, and 12–17 years. All other estimates in this table are crude rates.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

**Table 7. Percent (with standard errors) of Hispanic/Latino children in five subgroups and of non-Hispanic white children under age 18 years who delayed medical care due to different reasons in the past 12 months, United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
Reasons <sup>2</sup>	Percent <sup>1</sup> (standard error)						
Could not get through on the telephone . . . . .	2.5 (0.22)	2.6 (0.49)	0.9 (0.27)	2.6 (0.62)	1.7 (0.32)	2.4 (0.17)	2.2 (0.11)
Could not get an appointment soon enough . . . . .	4.2 (0.29)	4.4 (0.79)	0.7 (0.42)	3.8 (0.75)	4.0 (0.56)	4.1 (0.24)	3.9 (0.15)
Wait too long to see the doctor . . . . .	4.9 (0.28)	5.0 (0.73)	1.7 (0.76)	5.4 (0.91)	5.1 (0.54)	4.9 (0.23)	2.9 (0.13)
The clinic/doctor's office wasn't open . . . . .	2.8 (0.24)	2.8 (0.67)	1.2 (0.60)	2.6 (0.49)	2.7 (0.40)	2.8 (0.18)	2.4 (0.12)
Did not have transportation . . . . .	2.7 (0.24)	3.4 (0.68)	1.8 (1.15)	1.0 (0.35)	2.3 (0.45)	2.6 (0.17)	0.9 (0.07)

<sup>1</sup>Excludes children with unknown status for reasons for delaying care in the past 12 months.

<sup>2</sup>Respondents could choose more than one reason.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

**Table 8. Percent distributions (with standard errors) of length of time since last contact with a health care professional for Hispanic/Latino children in five subgroups and for non-Hispanic white children under age 18 years, by age groups: United States, 1998–2001**

Selected characteristic	Mexican	Puerto Rican	Cuban	Central or South American	Other Hispanic	All Hispanic	Non-Hispanic white
	Percent distribution <sup>1</sup> (standard error)						
Length of time for all ages							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Never . . . . .	3.8 (0.26)	*1.6 (0.55)	*3.5 (1.28)	4.7 (0.81)	1.3 (0.22)	3.3 (0.21)	0.8 (0.07)
Under 6 months . . . . .	63.4 (0.70)	76.9 (1.58)	68.0 (2.45)	68.7 (1.68)	73.2 (1.25)	66.7 (0.57)	75.5 (0.32)
Over 6 months, but less than 1 year . . . . .	15.5 (0.53)	14.8 (1.38)	20.6 (2.27)	16.2 (1.26)	16.1 (0.89)	15.7 (0.42)	15.7 (0.25)
1 year or more . . . . .	17.2 (0.53)	6.7 (0.85)	7.9 (1.91)	10.4 (1.07)	9.4 (0.88)	14.3 (0.43)	8.0 (0.19)
Length of time by age group							
1 year and under:							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Never . . . . .	2.7 (0.44)	3.2 (2.03)	4.7 (2.56)	1.1 (0.65)	1.6 (0.92)	2.5 (0.39)	1.5 (0.31)
Under 6 months . . . . .	93.3 (0.83)	95.2 (2.18)	91.4 (4.09)	93.7 (2.68)	95.6 (1.44)	93.8 (0.67)	96.1 (0.49)
Over 6 months, but less than 1 year . . . . .	3.1 (0.64)	1.5 (0.86)	3.9 (2.39)	4.2 (2.49)	2.5 (1.03)	3.0 (0.51)	2.1 (0.38)
1 year or more . . . . .	0.9 (0.25)	0.0 (0.00)	0.0 (0.00)	1.0 (0.95)	0.3 (0.32)	0.7 (0.19)	0.3 (0.10)
2–3 years:							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Never . . . . .	3.8 (0.61)	0.0 (0.00)	0.9 (0.95)	3.8 (2.17)	1.9 (0.90)	3.1 (0.46)	0.5 (0.13)
Under 6 months . . . . .	76.9 (1.47)	89.0 (2.72)	78.9 (4.66)	84.9 (3.84)	80.2 (2.69)	79.1 (1.17)	83.6 (0.82)
Over 6 months, but less than 1 year . . . . .	11.7 (1.07)	9.0 (2.53)	18.0 (5.65)	8.7 (2.83)	14.1 (2.54)	11.7 (0.88)	12.7 (0.70)
1 year or more . . . . .	7.6 (0.91)	2.0 (1.07)	2.2 (2.17)	2.5 (1.52)	3.9 (1.15)	6.1 (0.71)	3.2 (0.43)
4–17 years:							
Total . . . . .	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)	100.0 (0.00)
Never . . . . .	4.0 (0.35)	1.6 (0.55)	3.7 (1.51)	5.4 (0.95)	1.2 (0.30)	3.5 (0.26)	0.7 (0.07)
Under 1 year . . . . .	74.1 (0.70)	90.0 (1.15)	86.8 (2.07)	81.5 (1.71)	86.9 (1.21)	78.5 (0.56)	89.7 (0.24)
1 year or over . . . . .	21.9 (0.66)	8.4 (1.05)	9.5 (2.27)	13.1 (1.36)	12.0 (1.16)	18.0 (0.54)	9.6 (0.23)

\*Estimate has a relative standard error of greater than 30% and should be used with caution, as it does not meet the standard of reliability or precision.

<sup>1</sup>Excludes children with unknown status for length of time since last contact with a health care professional.

DATA SOURCE: 1998–2001 National Health Interview Surveys.

## Technical Notes

### Definitions of selected terms

#### Sociodemographic terms

*Family structure*—Family structure describes the parent(s) living in the household with the sample child. Mother and father can include biological, adoptive, step, in-law, or foster parents. However, legal guardians are not classified as parents.

*Family income*—Each member of a family is classified according to the total income of the family of which he or she is a member. Within the household, all persons related to each other by blood, marriage, cohabitation, or adoption constitute a family. Unrelated individuals living in the same household (e.g., roommates) are considered to be separate families and are classified according to their own incomes. The family income recorded is the total of all income received by members of the family in the previous calendar year.

*Income from all sources*—wages, salaries, pensions, government payments, child support/alimony, dividends, and help from relatives—is included.

*Poverty status*—Poverty status is based on family income and family size using the U.S. Census Bureau's poverty thresholds. The "poor" category includes families who are defined as below the poverty threshold. The "near poor" category includes families with incomes of 100% to less than 200% of the poverty threshold. The "not poor" category includes families with incomes that are 200% or more of the poverty threshold. "Unknown" was analyzed as a separate poverty status category because of the relatively large percentage of families for whom family income is unknown in the NHIS and other similar surveys.

*Geographic region*—In the geographic classification of the U.S. population, States are grouped into the following four regions used by the U.S. Census Bureau.

<i>Region</i>	<i>States included</i>
Northeast	Maine, Vermont, New Hampshire, Massachusetts, Connecticut, Rhode Island, New York, New Jersey, and Pennsylvania;
Midwest	Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin;
South	Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia;
West	Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, New Mexico, Nevada, Oregon, Utah, Washington, and Wyoming.

*Place of residence*—Place of residence is classified as either inside a metropolitan statistical area (MSA) or outside an MSA. Place of residence inside an MSA is further subdivided as either central city or noncentral city. Generally, an MSA consists of a county or group of counties containing at least one city (or twin cities) having a population of 50,000 or more plus adjacent counties that are metropolitan in character and that are economically and socially integrated with the central city. In New England, towns and cities rather than counties are the units used in defining MSAs. There is no limit to the number of adjacent counties included in the MSA if they are integrated with the central city, nor is an MSA limited to a single State; MSA boundaries may cross State lines. Central city includes the largest city in a metropolitan statistical area. One or two additional cities may be secondary central cities on the basis of either of the following criteria: (a) The additional city or cities must have a population one-third or more of that of the largest city and a minimum population of 25,000. (b) The additional city or cities must have at least 250,000 inhabitants. Noncentral city includes all

of the MSA that is not part of the central city itself. Not MSA generally refers to persons not living in an MSA area.

*Education*—Education level is the highest grade in school completed or highest degree obtained. Only years completed in a school that advances a person toward an elementary or high school diploma or a college, university, or professional degree are included. Education in other schools such as vocational, trade, or business school is not included. Participation in adult education classes not taken for credit in a regular school system is not included. The highest educational attainment among all adults in a family is used to measure educational background of the parents (in most cases) or guardians. Educational attainment is not ascertained for the parent who is not present in the family if a child is living with only one parent.

*Nativity*—Nativity is categorized as U.S. born or foreign born. The foreign born category includes children born outside the 50 States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States. The U.S.-born category refers to children who were born in the 50 States, the District of Columbia, Puerto Rico, Guam, and other outlying territories of the United States.

*Citizenship*—Citizenship is categorized by whether a person is a citizen of the United States. U.S. citizens include all children born in the 50 States, the District of Columbia, and U.S.-held territories, and those born abroad to U.S. parents and naturalized citizens.

*Health status*—Respondent-assessed health status is obtained by the following question, "Would you say (sample child's name) health in general is excellent, very good, good, fair, or poor?" Information was obtained from all respondents for all children under 18 years of age.

*Limitation of activity*—This refers to children who are limited in any way in any activities because of physical, mental, or emotional problems.

## Access to health care terms

*Health insurance coverage*—NHIS respondents are asked if they are covered by any kind of health insurance or health care plan at the time of the interview. Respondents reported whether they were covered by private health insurance (obtained through an employer or workplace, purchased directly, or through a local or community program), Medicare, Medigap (supplemental Medicare coverage), Medicaid, military coverage (including VA, CHAMPUS, TRICARE, or CHAMP-VA), a State-sponsored health plan, or another government program. Private coverage includes any comprehensive private health insurance plan (including health maintenance organizations and preferred provider organizations). Public coverage includes those with Medicaid and/or other State-sponsored health plans, including the SCHIP. Children are classified as uninsured if they do not have coverage under private health insurance, Medicare, Medicaid, public assistance, a State-sponsored health plan, other government-sponsored programs, or a military health plan. Children who had only Indian Health Service coverage are also considered uninsured.

*Usual place of health care*—Usual place of health care was based on a question that asked whether respondents had a place that they usually went to when their children were sick or needed advice about their children's health. These places include a clinic or health center, doctor's office, HMO, hospital emergency room or outpatient clinic.

*Usual place of routine or preventive care*—Usual place to go for routine or preventive care was obtained from a question in the survey that asked respondents, "What kind of place does (Sample Child) usually go to when he/she needs routine preventive care, such as a physical examination or well-baby/child check-up?"

*Reason for delaying care*—The reason for delaying care is based on the answer received from the question as to whether the sample child delayed getting care for any reasons during the past 12 months. The multipart question

about the reason for delaying care focused on transportation difficulties, getting an appointment, and waiting time prior to actually seeing the doctor.

*Contact with a health care professional*—A contact with a health care professional is defined as a visit to or conversation with a doctor or other health care professional by anyone in the family about the health of the sample child during the 2 weeks prior to interview. These contacts include home visits, office visits, telephone calls for medical advice, prescriptions, or test results. A telephone call to schedule an appointment with a health care professional is not included as a contact. An emergency room visit is included as a contact, but overnight hospital stays are excluded as contacts.

*Unmet medical needs*—Respondents to the NHIS are asked: "During the past 12 months, was there any time when (sample child) needed any of the following but did not get it because you could not afford it?" The possible answers were: "Prescription medicine," "mental health care or counseling," and "dental care (including check-ups)." Beginning in 1999, an "eyeglasses" category was also included as a response category. In addition, the following two questions were included: "During the past 12 months, has medical care been delayed for (person) because of the worry about the cost?" and "During the past 12 months, was there any time when (person) needed medical care but did not get it because (person) couldn't afford it?" Sample children who delayed or were not able to afford medical care, prescription medicine, mental health care or counseling, dental care, or eyeglasses were defined as having unmet needs for medical care due to cost.

## Questions on access to health care

The NHIS Core Module is divided into various sections that group questions into broad and specific categories. Each section is designated by a section title and corresponding section code; questions are numbered

sequentially within their respective sections. CAU is the acronym for the Child Health Care Access and Utilization section of the Sample Child Core, and FAU is the acronym for the Health Care Access and Utilization section of the Family Core.

Section/ number	Question
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- |         |                                                                                                                                                                                                                             |
|---------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| CAU.020 | Is there a place that (Sample Child name) USUALLY goes when (he/she) is sick or you need advice about (his/her) health?                                                                                                     |
| CAU.030 | What kind of place is it — a clinic, doctor's office, emergency room, or some other place?                                                                                                                                  |
| CAU.030 | What kind of place does (Sample Child name) go to most often — a clinic, doctor's office, emergency room, or some other place?                                                                                              |
| CAU.037 | What kind of place does (Sample Child name) usually go to when (he/she) needs routine preventive care, such as a physical examination or well baby/child check-up?                                                          |
| CAU.080 | There are many reasons people delay getting medical care. Have you delayed getting care for (Sample Child name) for any of the following reasons in the past 12 months?                                                     |
| CAU.130 | DURING THE PAST 12 MONTHS, was there any time when (Sample Child name) NEEDED any of the following, but didn't get it because you couldn't afford?                                                                          |
| CAU.345 | About how long has it been since anyone in the family last saw or talked to a doctor or other health care professional about (Sample Child name)'s health? Include doctors seen while (he/she) was a patient in a hospital. |

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FAU.020 DURING THE PAST 12 MONTHS, has medical care been delayed for (person) because of worry about the cost?

FAU.040 DURING THE PAST 12 MONTHS, was there any time when (person) needed medical care, but did not get it because (person) couldn't afford it?

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**National Center for Health Statistics**

Director  
Edward J. Sondik, Ph.D.

Deputy Director  
Jack R. Anderson

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U.S. DEPARTMENT OF  
HEALTH & HUMAN SERVICES

Centers for Disease Control and Prevention  
National Center for Health Statistics  
3311 Toledo Road  
Hyattsville, Maryland 20782

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