

Demographics, Health, and Access to Care of Immigrant Children in California: Identifying Barriers to Staying Healthy

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Almost half of children ages 0-17 in California—4.4 million—are either immigrants themselves or live in families with at least one immigrant parent. Of these, one-third are U.S.-born children of documented immigrant parents, who are either naturalized, legal permanent residents, refugees, or other documented aliens. A significant percentage (7.1%) are U.S.-born children living in families with at least one undocumented parent. Another 3.7% are immigrant children without legal documentation living mainly with undocumented parents. Fewer than 4% are immigrant children of documented immigrant parents (Exhibit 1). U.S.-born children of undocumented parents (U.S./Undoc.) and undocumented children of undocumented parents (Undoc./Undoc.) face many barriers to staying healthy in comparison with U.S.-born children of U.S.-born parents (U.S./U.S.).* These barriers are most burdensome to U.S./Undoc. and Undoc./Undoc. children who are the focus of this brief.

Demographics and Health Insurance

U.S./Undoc. and Undoc./Undoc. children often live in families with incomes below or near federal poverty level (FPL) (Exhibit 2). Furthermore, one-quarter of U.S./Undoc. and over half of Undoc./Undoc. children are uninsured at some point in the year. Lack of insurance is a major barrier to access to health care, and the high rates of poverty make it unlikely that these children's families will be able to purchase needed health services. Undoc./Undoc. children are generally ineligible for publicly funded coverage other than Emergency Medi-Cal for medical emergencies or Child Health and Disability Prevention Program (CHDP) screening services. However, reasons for uninsurance are not limited to eligibility. Two-thirds of uninsured U.S./Undoc. children are eligible for Medi-Cal and over a quarter are eligible for Healthy Families, yet they are not enrolled in these programs. One in three U.S./Undoc. and two in five Undoc./Undoc. children have at least one non-

English-speaking parent and are likely to experience access difficulties due to language barriers.

Health Status and Health Care Utilization

About one in five children of undocumented parents are in fair or poor health. One in four Undoc./Undoc. and one in ten U.S./Undoc. children are without a usual source of care (Exhibit 3). No usual source of care often translates into lower use of health services. One in five Undoc./Undoc. children ages 0-11 did not have a single visit to a doctor during the past year. One in five U.S./Undoc. and Undoc./Undoc. children, ages 2-17, has never visited a dentist.

Lack of doctor visits does not correspond to more visits to emergency rooms or additional hospital stays for these children. Fewer U.S./Undoc. and half as many Undoc./Undoc. children had emergency room visits last year compared with U.S./U.S. children. About 5% of all three groups had hospital stays last year.

Policy Recommendations

Limited resources, language barriers, and limited health-care use point to some of the barriers to staying healthy among thousands of U.S.-born children of undocumented parents and undocumented children living in California. Lack of knowledge of eligibility or apprehension about their immigration status may prevent many parents from inquiring about or accessing programs and services. Public policies and programs that aim to address disparities in health and access of these populations can significantly improve the health of these children and reduce the need for

Lack of health insurance is a major barrier to access to health care...

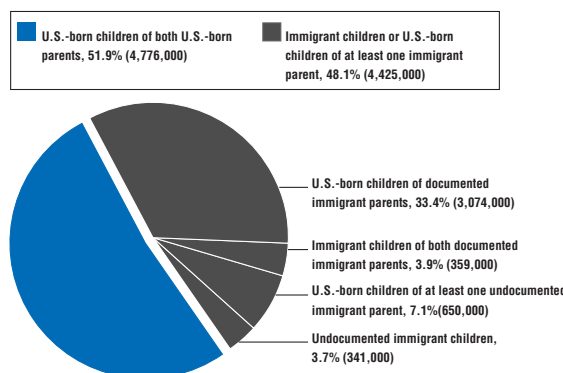


EXHIBIT 1:
Immigration Status of Children and Their Parents, Ages 0-17, California, 2001
Source: 2001 California Health Interview Survey

* Additional information on all immigrant children and U.S.-born children of immigrant parents can be found on www.healthpolicy.ucla.edu and www.nilc.org.

EXHIBIT 2:
Demographic Characteristics and Health Insurance of Children by Theirs and Their Parents' Immigration Status, California, 2001
 Source: 2001 California Health Interview Survey

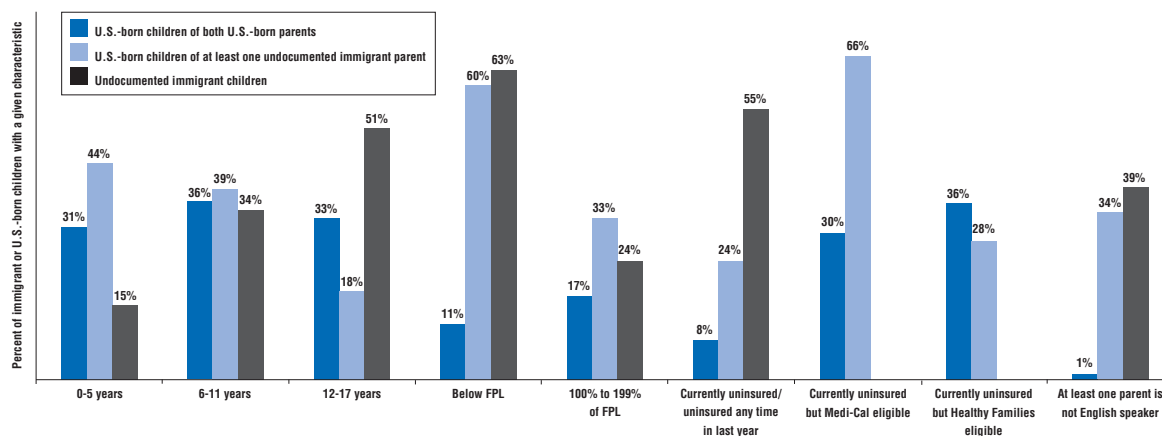
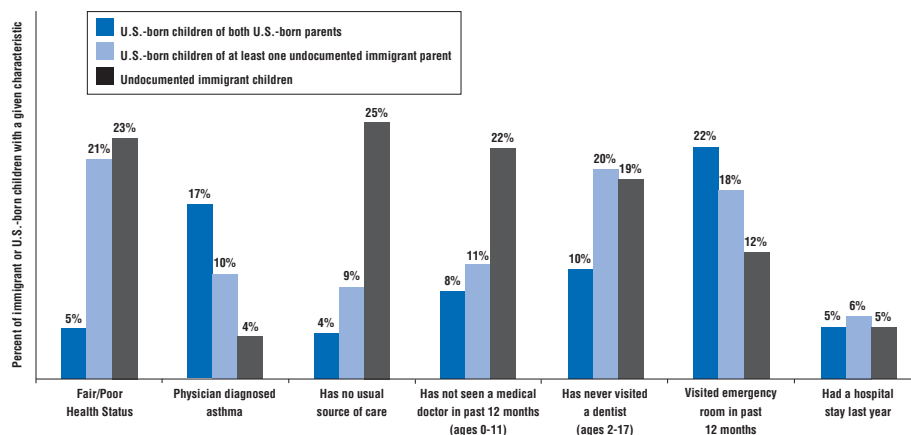


EXHIBIT 3:
Health Status and Utilization of Children by Theirs and Their Parents' Immigration Status, California, 2001
 Source: 2001 California Health Interview Survey



more costly emergency room and hospital services. Specific policies could include:

- Increase enrollment in existing insurance programs and use of existing services by improving culturally and linguistically appropriate outreach.
- Expand state-funded coverage and further encourage private efforts (e.g., CaliforniaKids) to insure all low-income children regardless of immigration status.

California's deficit-driven proposals to reduce support for safety-net providers will have a negative impact on immigrant children, many of whom are legally eligible for these services.

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Data Source

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001, the largest health survey conducted in any state and one of the largest in the nation, covers a broad range of public health concerns including health status and conditions, health-related behaviors, health insurance coverage and access to health care services. CHIS 2001 completed interviews with 55,428 adults, 5,801 adolescents ages 12-17, and 12,592 parents of young children ages 0-11. The data were weighted based on the 2000 Census. The interviews, available in six languages, were conducted between November 2000 and September 2001. Demographics, health, and health care use of children were reported by a parent or the most knowledgeable adult in the household. Adolescents ages 12-17 reported their own health status. Undocumented status was estimated based on probability models developed by Jeff Passal at the Urban Institute.



The California Health Interview Survey (CHIS) is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for CHIS 2001 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the California Children and Families Commission, the Centers for Disease Control and Prevention (CDC), and the Indian Health Service. For more information on CHIS, visit www.chis.ucla.edu.



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The views expressed in this fact sheet are those of the authors and do not necessarily represent the UCLA Center for Health Policy Research, the California Health Interview Survey collaborators, the Regents of the University of California, The California Endowment, or other CHIS 2001 funding bodies.

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