Inadequate access to health care can affect a Latino child’s health, even before birth.

- Latinas are underserved when it comes to health and nutrition care, and they are more likely to receive late prenatal care or none at all. In 2012, 7.5% of all Hispanic infants were born to women with late or no prenatal care, a rate nearly twice as high as the rate for White infants (4.3%).

- Regular prenatal care, including counseling and monitoring, can help pregnant Latinas meet nutritional goals. In a study of pregnant women in California (29% were Latina), provider advice regarding weight gain significantly affected the amount of weight gained during pregnancy.

- Both high birth weight and low birth weight—outcomes affected by maternal nutrition—are both associated with a greater likelihood of childhood obesity.

**Latino families, are slightly less likely to receive services and advice for maintaining healthy weight among children.**

- The American Academy of Pediatrics suggests that children’s height, weight, and body mass index (BMI) be tracked annually beginning at age two. However, just 86.2% of Hispanic children have had their height and weight recorded by a health care provider within the past two years, compared to 91.5% of White children and 89% of Black children.

- From 2002 to 2010, the percentage of Hispanic children who received advice about healthy eating increased. However, the likelihood of receiving nutrition advice varies by insurance status. For example, about half (48%) of Latino children with private insurance and just over half (53.4%) of Latino children with public insurance had a doctor or nurse provide nutrition information to their families within the last two years, compared to just 37.8% of uninsured Latino children.

**Even with access to health care, barriers Latino families may find providers’ advice to be insufficient.**

- English language proficiency may be a barrier to counseling. In a study of Hispanics receiving medical advice about diet and physical activity, English-proficient Hispanics were 50% more likely to report receiving such advice than limited-English-proficient Hispanics. This disparity persists even when insurance status is taken into account.

- One study of children in the Greater Boston area found that Latino, Black, and Asian parents of overweight children give lower ratings than White parents to the quality of nutrition and physical activity counseling received during pediatric primary care visits. This gap may be related to the content and duration of the counseling, as well as communication gaps between parents and health care providers.

- The American Dietetic Association has called for more culturally sensitive and linguistically appropriate counseling for the Latino community that takes into account differences in cultural perceptions and values. For instance, qualitative research has found that among Latinas it is more effective to focus discussions on healthy eating rather than children’s weight.

Latino families often face multiple barriers to health care that prevent them from accessing important clinical resources to monitor their children’s nutritional intake. In the long term, improving health care access and quality for these families is an important strategy for improving Hispanic children’s nutrition and weight.

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*This profile was authored by Minerva Delgado, Consultant to the Health Policy Project in NCLR’s Office of Research, Advocacy, and Legislation (ORAL), with substantive input, direction, and oversight from Samantha Vargas Poppe, Associate Director, Policy Analysis Center, and Steven Lopez, Manager, Health Policy Project. It is an update of a document originally released in 2010 and authored by Kara D.Ryan. NCLR is the largest national Hispanic civil rights and advocacy organization in the United States. This brief was funded by the Robert Wood Johnson Foundation. The findings and conclusions presented are those of the author and NCLR alone and do not necessarily reflect the opinions of our funders. Permission to copy, disseminate, or otherwise use information from this paper is granted, provided that appropriate credit is given to NCLR.†The terms “Hispanic” and “Latino” are used interchangeably by the U.S. Census Bureau and throughout this document to refer to persons of Mexican, Puerto Rican, Cuban, Central and South American, Dominican, Spanish, and other Hispanic descent; they may be of any race. Furthermore, unless otherwise noted, estimates in this document do not include the 3.7 million residents of Puerto Rico. Comparison data for non-Hispanic Whites and non-Hispanic Blacks will be identified respectively as “Whites” and “Blacks.”*
ISSUE 8: LINKS BETWEEN LATINO CHILD NUTRITION AND ACCESS TO HEALTH CARE

DEFINING CULTURAL COMPETENCE

Cultural competence in health care describes the ability of systems to provide care to patients with diverse values, beliefs, and behaviors, including tailoring delivery to meet patients’ social, cultural, and linguistic needs. Barriers that might affect quality and contribute to racial/ethnic disparities in care include:

- Lack of diversity in the health care leadership and workforce
- Poorly designed systems of care that fail to meet the needs of diverse patient populations
- Poor communication between providers and patients of different racial, ethnic, or cultural backgrounds


Endnotes


2 An important factor in health care access is insurance. The Affordable Care Act has reduced the number of Latinos who are uninsured; however, Latinos remain more likely than any other racial or ethnic group in the U.S. to be uninsured. In 2013, about one in four (24.3%) Latinos had no form of health coverage. U.S. Bureau of the Census, “Current Population Survey,” Annual Social and Economic Supplement, 2014, www.census.gov/cps/data/cpstablecreator.html (accessed May 2015).

3 In 2012, the percentage of Hispanic women receiving late or no prenatal care ranged from 3% for mothers of Cuban origin to 6% for mothers of Puerto Rican origin to 8% for mothers of Mexican or Central or South American origin. Child Trends Data Bank, “Late or No Prenatal Care,” www.childtrends.org/?indicators=late-or-no-prenatal-care (accessed May 2015).

4 Women whose health care providers advised them to gain weight according to the Institute of Medicine (IOM) guidelines were more likely to meet their target weight. Women whose providers advised gaining less than the IOM guidelines were more likely to gain less weight, and women whose providers advised gaining more than the IOM guidelines were more likely to gain more weight. However, Black women and Latinas were more likely than White women to gain weight below the IOM target guidelines. See Naomi E. Stotland et al., “Body Mass Index, Provider Advice, and Target Gestational Weight Gain,” American College of Obstetricians and Gynecologists 105, no. 3 (2005): 633–638.

5 Despite poor access to prenatal care, Latinas are likely to have good birth outcomes. Nationally, low birth weight among Latinas (7.1%) is similar to that of White women (7.0%). However, disaggregated data for Hispanic subgroups show that risk of low infant birth weight is greater for mothers of Puerto Rican descent (9.1%). See Child Trends Data Bank, “Low and Very Low Birthweight Infants,” Appendix 1, www.childtrends.org/?indicators=low-and-very-low-birthweight-infants (accessed September 2014).


