The Health of Georgia's Latino Children: Causes for Concern

By Natalie D. Hernández, M.P.H; Lynn Shaul, M.A.; and Liany Elba Arroyo, M.P.H.*

Introduction

Latino children (under 18 years of age) make up a significant percentage of Georgia's child population. Hispanics represent 8% of Georgia's total population, but Latino children compose 10% of Georgia's total child population. Latino children also represent more than one-third (35%) of the total Latino population in Georgia. As these percentages continue to increase, it becomes increasingly evident that improving the health and well-being of Latino children is critical to the state's future.

This statistical brief discusses recent findings concerning Latino children's health care status, needs, and barriers in Georgia and provides recommendations for improving their circumstances. Such findings suggest that Latino children suffer disproportionately from risk factors that can lead to many chronic diseases such as diabetes and heart disease. Factors contributing to this include the education level of the child and parent, family structure, language and cultural barriers, economic stability of the household, poverty, underuse of health services, and lack of a regular source of care. The following data and recommendations highlight areas of importance in improving the well-being of Georgia's growing Latino child population.

Population Highlights

- According to 2006 U.S. Census estimates, Georgia has a child population of 2,452,225, 10% of whom are Hispanic.†
- Georgia's Hispanic child population increased 81% from 2000 to 2006.‡
- Approximately 40% of Latino children in Georgia are under five years of age.†

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† 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.
About 84% of Hispanic children are U.S. citizens, either by birth or naturalization.  

In the 2005–2006 school year, Hispanic students accounted for 8% of the total enrollment in grades Pre-K–12.  

General Health Status

Parental reporting of their children’s health is used as an indicator of overall children’s health status.  

According to the National Survey of Children’s Health, Latino parents in Georgia were the least likely to report their child’s health as excellent (58.7%) compared to 91.1% of Whites and 81.2% of Blacks.  

Almost 39% of Hispanic children in Georgia received no preventive medical visits in the past 12 months compared to 24.5% of Whites and 23.1% of Blacks.  

In 2006, 83% of Latino children ages 19 to 35 months were fully immunized compared to 88% of White children.  

Latino children were the least likely to receive all their prescription medications (92%) compared to 99.2% of Whites and 97.4% of Blacks.  

Only 18.3% of Hispanic children have a “medical home” compared to 50% of Whites and 36.2% of Blacks.  

Factors Influencing Latino Children’s Health Status in Georgia

Access to quality medical care is essential to maintaining good health. However, Hispanic families face multiple barriers, including lack of insurance and a medical home, limited English proficiency, transportation, inadequate patient–provider communication, and decreased preventive screenings, as shown in Table 1.  

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In 2006, 83% of Latino children ages 19 to 35 months were fully immunized compared to 88% of White children.  

In combination, these factors limit the ability of Georgia’s Latino children to lead healthy lives and in turn to become productive adults.  

Latino children in Georgia are more than six times (38.2%) more likely to not have health insurance than White (6.2%) and Black (6.1%) children.  

This disparity is partially attributable to Hispanic adults being employed in low-wage service sector jobs that do not provide health coverage.  

Poverty is often an indicator of lack of access to health care. In 2006, approximately 29% of Latino children lived under the federal poverty line.  

† The American Academy of Pediatrics defines a “medical home” as a place where primary care is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally competent. Places that do not have medical-home characteristics are emergency departments, walk-in clinics, and urgent-care facilities, which are more costly and less effective.
While it can be assumed that Hispanic children will acquire English language skills as they grow older, their health care is directly impacted by their parents’ ability to communicate with their health care provider. Currently, more than one-third (36.7%) of Georgia’s Latino population stated that they speak English “not well” or “not at all.”

Having a medical home has been shown to positively affect individuals’ health. However, only 53.8% of Hispanic children have a personal doctor or nurse compared to 89.5% of White children and 79% of Black children.

### Table 1:
**Factors that Contribute to Children’s Lack of Access to and Quality of Care**

<table>
<thead>
<tr>
<th></th>
<th>Hispanic</th>
<th>White</th>
<th>Black</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children who are uninsured</td>
<td>38.2%</td>
<td>6.2%</td>
<td>6.1%</td>
</tr>
<tr>
<td>Children with public insurance</td>
<td>35.4%</td>
<td>23.4%</td>
<td>54.6%</td>
</tr>
<tr>
<td>Children with private insurance</td>
<td>26.4%</td>
<td>70.3%</td>
<td>39.3%</td>
</tr>
<tr>
<td>Children who did not get both preventive medical and dental care in past 12 months</td>
<td>59.7%</td>
<td>39.6%</td>
<td>41.6%</td>
</tr>
<tr>
<td>Children who received all needed medical care</td>
<td>92.5%</td>
<td>98.7%</td>
<td>99.4%</td>
</tr>
<tr>
<td>Children with a personal doctor/nurse who usually or always spends enough time and explains things well</td>
<td>31.2%</td>
<td>77.8%</td>
<td>48.6%</td>
</tr>
<tr>
<td>Children with a personal doctor/nurse who is consistently available when needed</td>
<td>74.1%</td>
<td>96.4%</td>
<td>93.1%</td>
</tr>
<tr>
<td>Children with highly concerned parents who did not get the information they needed</td>
<td>94.7%</td>
<td>42.8%</td>
<td>45.9%</td>
</tr>
</tbody>
</table>


## Specific Health Concerns for Latino Children

### Oral Health

Oral health is an important part of a child’s overall well-being. Tooth decay is the most common chronic childhood disease. If a child has untreated dental problems, this can lead to a host of problems in eating, speaking, and learning. Many Hispanic children do not get the recommended preventive dental care they need.

- Less than half (47%) of Georgia Latino parents reported their children’s teeth to be in excellent/very good condition compared to 77% of Whites and 62% of Blacks.
- Only 45% of Georgia Latino children received preventive dental care in the past 12 months, compared to 78% of Whites and 70% of Blacks; the national average for Hispanic children is 61%, as shown in Figure 1.
- When Latino children did seek dental care such as checkups, screenings, and obtaining sealants, only 77.5% received all the care that was needed compared to 94.2% of Whites and 90.7% of Blacks.
In metropolitan Atlanta, a survey found that 38% of Latino respondents felt that dental services were needed but were not available in the clinic/hospital where they sought and received care.24

**Obesity and Nutrition**

The rate of obesity of all children in the United States is concerning parents, health professionals, and researchers across the country. Risk factors for obesity include lack of physical activity and poor nutrition. These risk factors can lead to excess body weight which in turn can lead to chronic diseases such as diabetes and heart disease.25 Of further concern are the measures that Latino children may take to control their weight when they are obese.

Among Hispanic participants ages 2–<5 in the Women, Infants, and Children (WIC) program in Georgia, more than one-third (35%) were overweight or at risk of being overweight compared to 26% of Whites and 24% of Blacks.26

According to the 2007 Georgia Youth Risk Behavior Surveillance System (YRBSS), the percentage of Hispanic high school students who are obese—defined as at or above the 95th percentile for body mass index—is 14.9% compared to 15.9% for Blacks and 12.5% for Whites.27 Georgia Hispanic high school students were also more likely to be overweight (22.9%) compared to Whites (15.5%).28

Among middle school students in Georgia, 10.8% of Hispanic students were obese, roughly equivalent to the percentage of White students (12.3%) but significantly lower than the percentage of Black students (21%).29

While obesity can be halted by increased physical activity and better nutrition, Latino youth lag behind their counterparts on both of these counts. Research recommends that children should be physically active for a total of 60 minutes or more per day at least five days per week. Only 38.4% of Hispanic high school students in Georgia reported being physically active for this long compared to 47.3% of White students.30
Among Latino middle school students, 44.8% participated in vigorous physical activity on at least three of the past seven days compared to 61.4% of Whites. While reporting participating in vigorous activity, Latino middle school students were least likely to attend physical education classes every day (33%)—compared with 36% of Blacks and 43% of Whites—and play on a sports team (45%) compared to 63% Blacks and 68% Whites.

Lack of physical activity among youth is attributed to watching television and playing video and computer games. This appears to hold true for Latino youth as well. Among middle school students, 45% of Hispanics watched three or more hours of television per day on an average school day compared to 28% of Whites. Similarly, 37% of Hispanic high school students watched three or more hours of television per day on an average school day compared to only 29% of White students.

Eighty-eight percent of Hispanic students in Georgia reported consuming fruit one or more times during the past seven days, compared to 81% of Blacks and 84% of Whites. However, only 9.2% of Hispanic high school students reported drinking the recommended three or more glasses of milk per day during the past seven days compared to 10.4% of White high school students.

Only 65.6% of Hispanic high school students reported eating a green salad, 71.2% reported eating a potato, and 46.7% reported eating carrots one or more times during the past seven days. These percentages are similar to White students (65.5%, 67.8%, and 42.5%, respectively) and higher than those of Black students (51.1%, 47.1 %, and 27.6%, respectively).

While obesity is a serious problem, certain extreme measures that individuals take to control their weight are an equal problem. Although Hispanics' perception of what constitutes a healthy body weight and image varies from other groups, Hispanic children are not immune to the pressure society places on them. Attempts at weight control are prevalent even among middle school students. Latino middle school students were more likely to exercise, go on a diet, take diet pills, or vomit or take laxatives than any other racial/ethnic group, as shown in Table 2.

| Table 2: Middle School Weight Loss Practice and Dietary Behaviors in Georgia, 2007 |
|-------------------------------------------------|--------|--------|--------|
| Exercise to lose weight or to keep from gaining weight | Black | White | Hispanic |
| Dieted to lose weight | 68%   | 71%   | 74%   |
| Went without eating for 24 hours or more to lose weight | 43%   | 46%   | 48%   |
| Took diet pills, powders, or liquids without doctor’s advice to lose weight | 16%   | 15%   | 16%   |
| Vomited or took laxatives to lose weight | 4%    | 5%    | 8%    |

Mental Health
Many national studies suggest that Latino adolescents have the highest prevalence of depressive symptoms of any ethnic group. This is also true of Georgia’s Latino children. We must increase awareness of the causes and factors related to mental health problems to ensure that children in Georgia receive the treatment they need before experiencing serious consequences associated with untreated mental illness.

In 2007, 34.1% of Latino high school students “felt so sad or hopeless almost every day for two weeks or more in a row that they stopped doing some usual activities during the past 12 months.”[4] This represents an 8% decrease from 2005—the last year data were available—but was still higher than the rates for Blacks (33.9% in 2007 and 31.2% in 2005) and Whites (26.1% in 2007 and 25.7% in 2005), as shown in Figure 2.[42] The statistics for Hispanic students mirror the national average.

Table 3: High School Weight Loss Practice and Dietary Behaviors in Georgia, 2007

<table>
<thead>
<tr>
<th>Activity</th>
<th>Black</th>
<th>White</th>
<th>Hispanic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exercised to lose weight or to keep from gaining weight</td>
<td>56%</td>
<td>67%</td>
<td>65%</td>
</tr>
<tr>
<td>Dieted to lose weight</td>
<td>33%</td>
<td>43%</td>
<td>46%</td>
</tr>
<tr>
<td>Went without eating for 24 hours or more to lose weight</td>
<td>12%</td>
<td>12%</td>
<td>16%</td>
</tr>
<tr>
<td>Took diet pills, powders, or liquids without doctor’s advice to lose weight</td>
<td>5%</td>
<td>8%</td>
<td>11%</td>
</tr>
<tr>
<td>Vomited or took laxatives to lose weight</td>
<td>5%</td>
<td>6%</td>
<td>8%</td>
</tr>
</tbody>
</table>


Figure 2: Depression Among Georgia High School Students by Race/Ethnicity

Source: Centers for Disease Control and Prevention, 2007 Youth Risk Behavior Surveillance System (Atlanta, Georgia: National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 2008).
where 36.3% of Hispanics responded affirmatively to this statement in 2007 compared to 29.2% of Blacks and 26.2% of Whites.43

Among Latino middle school students, 22% reported that they seriously thought about suicide compared to 19% of Blacks and 17% of Whites. Hispanic middle school students were most likely to make a suicide plan (14%) compared to 8% of Blacks and 11% of Whites. Thus, it is not surprising that 10% of Latino middle school students attempted suicide compared to 7% of Blacks and 6% of Whites in 2007.44

Among high school students, 15% of Latinos reported that they seriously considered suicide compared to 14% of Blacks and 16% of Whites. However, almost a quarter (23%) of Latino high school students made a suicide plan compared to 11% of Blacks and 11% of Whites. Latino high school students were also most likely to attempt suicide (12%)—compared to 8% of Blacks and 7% of Whites—and receive medical attention after attempting suicide (7%) compared to 3% of Blacks and 1% of Whites.45

Possible reasons for high rates of depression and suicide attempts among Hispanic children include low rates of mental health service use due to lack of insurance, lack of bilingual/bicultural mental health professionals, and socioeconomic status.46

The stresses associated with immigration and being bicultural such as learning a new language, feeling pressure to assimilate into a new culture, homesickness, and lack of legal status may also explain the findings for Latino children and the disparity between Latinos and other racial/ethnic groups.

Unintentional Injuries
As children grow up they are at increased risk for unintentional injuries. While adolescence is a time of risk taking, excessive risky behavior can be very dangerous. For Latino children, the risks are magnified by social, cultural, and structural factors that put them at increased risk for unintentional injuries. For example, a recent study indicated that Latino parents lack the knowledge and the monetary resources to protect their families.47 Many of these families come from other countries where safety measures such as safety seats and seat belts are not traditionally used.48

Unintentional injury was the leading cause of death for Latino children ages 1–4 and 10–14. Motor vehicle accidents, pedestrian injury, and drowning were the leading causes of mortality and morbidity.49

In 2007, Latino middle school students were less likely to wear a seat belt while riding in a car (9.2%) compared to Whites (5.4%) and Blacks (6.7%).50

Latino high school students were more likely to ride in a car with someone who had been drinking alcohol (28.5%) compared to Whites (24.5%) and Blacks (21.8%).51
Conclusion

As the number of Hispanic children in Georgia continues to grow, so do their health needs. Steps must be taken to ensure their safe passage into adulthood. While there are challenges, we must focus on Latino children’s well-being and meet their health-related needs to avoid greater problems in Georgia’s future. Latino children will play an important role in the state’s continued economic growth, particularly as they come of age. To secure Georgia’s future, it is imperative that state and local agencies, community-based organizations, and local private funders come together to develop a plan of action to address the disparities Georgia’s Latino children face. Specifically, research should be expanded to address the health status of Hispanic children, their needs, and the barriers they face in accessing health care. Information should also be gathered regarding the development and testing of effective messages and programs that will help decrease disparities. As Latino children now represent almost 40% of the population under the age of five, the future of Georgia depends on it.
Endnotes


4. Ibid.

5. Ibid.

6. Ibid, Table B050031.


9. Ibid.


12. Ibid.


23. Ibid.


25. Aguierre-Molina, Molina, and Zambana, Health Issues, 87


27. Centers for Disease Control and Prevention (CDC), 2007 Youth Risk Behavior Surveillance System (Atlanta, Georgia: National Center for Chronic Disease Prevention and Health Promotion, Division of Adolescent and School Health, 2008).

28. Ibid.


30. CDC, 2007 Youth Risk.


32. Ibid.

33. Ibid.

34. Ibid.

35. Ibid.

36. Ibid.

37. CDC, 2007 Youth Risk.

38. Ibid.

39. Georgia Department of Human Resources, Georgia Student Health.

40. Ibid.

41. Ibid.

42. Ibid.

43. CDC, 2007 Youth Risk.

44. Georgia Department of Human Resources, Georgia Student Health.

45. Ibid.


48. Ibid.


50. Georgia Department of Human Resources, Georgia Student Health.

51. Ibid.