

Children's health



Children's Health While the United States of America is an affluent country, much of its citizens cannot afford basic healthcare, including children. This paper will attempt to take a look at the groups of children who are most prone to face disparities in access to healthcare. A brief mention will be made of laws in place that attempt to address the problem. Children of ethnic minorities in the USA experience several inequalities with regards to the access of healthcare services (Flores and Tomany-Korman, 2008a). Having data available on this issue is useful for clinicians, healthcare personnel and policy makers so as to enable changes to be made to better the healthcare system for children (Flores and Tomany-Korman, 2008a). Generally, children who are uninsured face barriers to obtaining healthcare services. Un-insurance rates were the highest amongst children of ethnic minorities. The percentages of children uninsured were 6% for whites, 21% for Latinos, 15% for Native Americans, 7% for African Americans, and 4% for Asians or Pacific Islanders (Flores and Tomany-Korman, 2008a). There was a greater incidence of health problems with ethnic minorities compared to the rest of the population including obesity, asthma, emotional difficulties, speech and behavioural problems, poor dental care, no dental or medical visit in the preceding 12 months and no access to prescription medications to name a few (Flores and Tomany-Korman, 2008a). In particular, children from certain ethnic groups had issues specific only to that group both in medical conditions and in gaining access to healthcare (Flores and Tomany-Korman, 2008a). In Latinos, there were problems with overall health and getting speciality treatment. In African Americans, hearing and vision problems, skin allergies along with dental issues and speech problems seemed prevalent and in Native Americans, hearing and vision problems were widespread. For Pacific

Islanders, there were problems with not having access to speciality care and issues with seeing a doctor in the past year (Flores and Tomany-Korman, 2008a). Also, it children of multiracial backgrounds also experienced problems with access to healthcare (Flores and Tomany-Korman, 2008a). Also, children who came from homes where English was not spoken as the primary language faced more barriers to healthcare than the general population (Flores and Tomany-Korman, 2008b). Congress in the USA passed a number of laws starting mid 1980s to increase availability of healthcare. This was by making insurance in the form of Medicaid more accessible (Newacheck et al, 1998). As a result of this, use of Medicaid nearly doubled in a period of ten years (Newacheck et al, 1998). In 1997, the Children's Health Insurance Program (CHIP) was created to provide coverage to children of low income families and to families where parents earn too much to qualify for Medicaid but not enough to afford private healthcare. (Families USA). Despite several barriers to CHIP being re-authorized, it is now firmly in place. CHIP is regulated at the state-federal level and some states offer more service than others (Families USA). In 2009, CHIP provided healthcare for approximately 7.4 million children. Unfortunately, there still a further 8 million children who have no insurance (Families USA). In conclusion, research has shown children of ethnic minority backgrounds are more likely to have no health insurance and face barriers to receiving adequate healthcare. Also, children who do not speak English as the primary language face barriers too. A number of laws have been passed which enable a large percentage of children who couldn't otherwise afford healthcare to have access to it but there is still an almost equal percentage of children who are still uninsured. References Families USA. Children's Health: About CHIP.

Retrieved from <http://www.familiesusa.org/issues/childrens-health/about-chip/>. Flores, G. & Tomany-Korman., S. C. (2008a). Racial and Ethnic Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children. *Pediatrics*, 121, e286-e298. Flores, G. & Tomany-Korman., S. C. (2008b). The Language Spoken at Home and Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children. *Pediatrics*, 121, e1703-e1714. Newacheck, P. W.; Pearl, M.; Hughes, D. C.; Halfon, N. (1998). The Role of Medicaid in Ensuring Children's Access to Care. *Journal of the American Medical Association*, 280 (20), 1789-1793.