



Hispanic Children's Coverage: Steady Progress, But Disparities Remain

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KEY FINDINGS:

- ▶ **The United States is making steady progress in reducing the number of uninsured Hispanic children even as the population of Hispanic children grows.** Since 2009, the number of Hispanic children who are uninsured has dropped by more than half a million while the total number of Hispanic children grew by more than a million.
- ▶ **Despite declining rates of uninsurance, Hispanic children continue to be disproportionately uninsured and are one and a half times as likely to be uninsured as all children.** In 2013, 11.5 percent of Hispanic children are uninsured compared to 7.1 percent of all children.¹
- ▶ **Rates of uninsured Hispanic children vary significantly among the 10 states with the largest uninsured Hispanic child populations.** Three states—California, New York, and New Jersey—have rates of uninsured Hispanic children that are well below the national average. The other seven states—Texas, Florida, Arizona, Georgia, Nevada, Colorado and North Carolina—have rates of uninsured Hispanic children that are above the national average.

INTRODUCTION

The United States has cut the rate of uninsured children in half since 1997, due, in large part, to Medicaid and the Children's Health Insurance Program (CHIP). A combination of children's eligibility expansions through these two programs, as well as state and federal efforts to conduct outreach and simplify enrollment in both programs, has led to significant progress in reducing the number of all uninsured children, including uninsured Hispanic children.

Despite this overall progress, Hispanic children have higher rates of uninsurance than the national average. As of 2013, 11.5 percent of Hispanic children are uninsured, leaving more than 2 million Hispanic children in the U.S. without coverage. Immigration status is not a major barrier to affordable coverage for Hispanic children. In 2012, the vast majority (nearly 93 percent) of Hispanic children living in the U.S. were American citizens; yet nearly two-thirds of uninsured Hispanic children were eligible for public coverage but remained uninsured.² Given that Hispanic children remain disproportionately uninsured, it is critical to make the most of opportunities to enroll in existing public programs; ensure that Hispanic families are able to easily enroll in new coverage options provided by the Affordable Care Act (ACA); and that states that have not yet done so expand eligibility for their Medicaid programs.³

Despite progress, Hispanic children have higher uninsurance rates than their peers.



This report provides a snapshot of Hispanic children in the U.S. without health insurance coverage in 2013, the year before most of the key coverage expansions of the ACA took effect. Unless otherwise noted, this report analyzes national and state data from the 2013 American Community Survey (ACS) to profile uninsured Hispanic children.

NATIONAL

The U.S. is making steady progress on covering Hispanic children.

Even as the total population of Hispanic children in the U.S. grows, the number of uninsured Hispanic children is falling. Since the ACS started reporting data on children's health coverage in 2009, the percent of uninsured Hispanic children has steadily declined. Between 2009 and 2013, the number of uninsured Hispanic children has dropped by more than half a million children (590,000). At the same time, the number of Hispanic children in the U.S. has grown by more than a million (1,017,000). Figure 1 charts this progress.

Although uninsurance rates are greater for Hispanic children, they are declining more quickly than the rate of all uninsured children. Between 2009 and 2013, the uninsured rate for all children declined 1.5 percentage points (from 8.6 percent to 7.1 percent) while the uninsured rate for Hispanic children declined 4.3 percentage points (15.8 percent to 11.5 percent) during the same period. Figure 2 charts this decline.

More recently, the number of uninsured Hispanic children has decreased by a rate of 8.7 percent. Between 2011 and 2013, the number of uninsured Hispanic children declined by 200,000, from just over 2.2 million uninsured Hispanic children in 2011 to just over 2.0 million in 2013.

Figure 1: The Number of Uninsured Hispanic Children Declines While the Number of Hispanic Children Grows

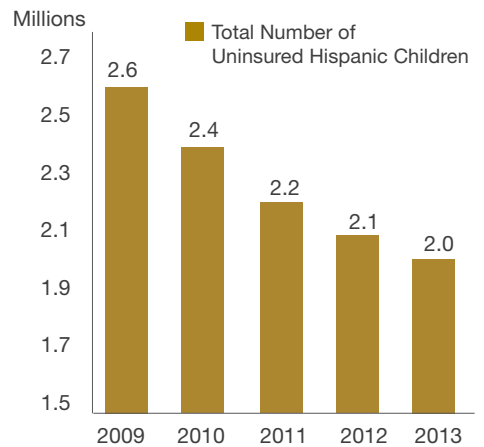
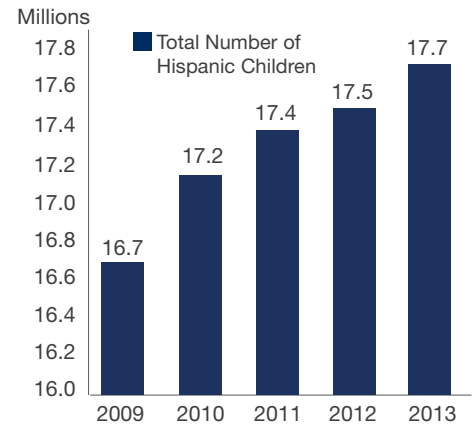
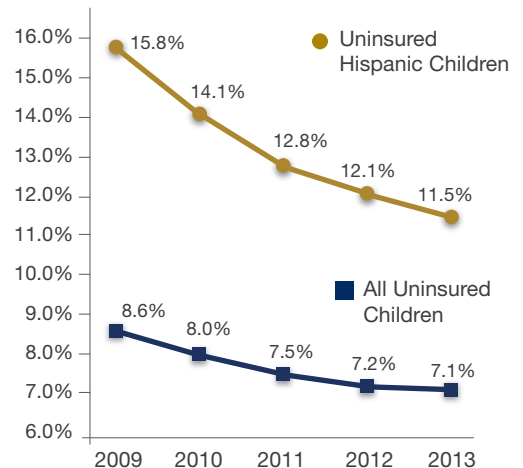


Figure 2: The Percentage of Uninsured Hispanic Children is Declining at a Faster Rate Than The Percentage of All Uninsured Children



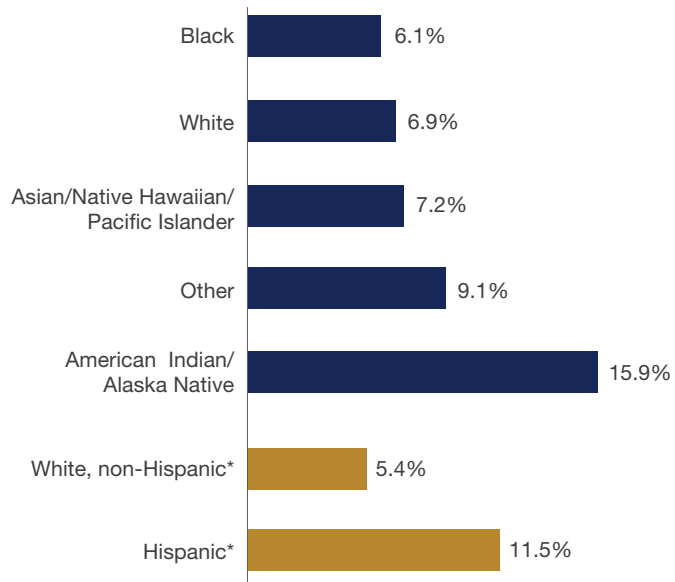
Nearly two-thirds of uninsured Hispanic children were eligible for Medicaid and CHIP in 2012, but were not enrolled.

Despite progress, Hispanic children remain disproportionately uninsured.

- ▶ Even though the number of uninsured Hispanic children is steadily declining, disparities in coverage rates remain. Hispanic children are more than twice as likely (2.1 times) to be uninsured than their white non-Hispanic counterparts. Figure 3 provides this comparison.
- ▶ While one in nine Hispanic children (11.5 percent) are uninsured in 2013, only one in nineteen non-Hispanic white children (5.4 percent) are uninsured the same year.
- ▶ Compared to all other racial and ethnic groups, Hispanic children have the second highest rate of uninsurance (11.5 percent) falling only behind American Indian/Alaska Native populations (15.9 percent).

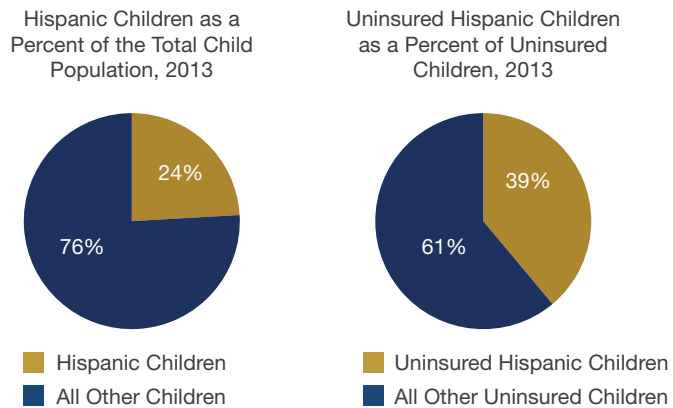
Additionally, Hispanic children are disproportionately represented among the uninsured.⁴ Hispanic children comprise slightly less than a quarter (24.1 percent) of the total child population, but nearly two-fifths (38.9 percent) of uninsured children. Figure 4 illustrates this disparity.

Figure 3: Hispanic Children Have the Second Highest Rate of Uninsurance



* For simplicity, racial and ethnic data is displayed on one figure, but data is taken from two separate groups. Hispanic refers to a person's ethnicity and these individuals may be of any race. See the methodology section for more information.

Figure 4: Hispanic Children are Disproportionately Uninsured





STATES

The vast majority of uninsured Hispanic children are concentrated in 10 states.

About 1.4 million uninsured Hispanic children (67.7 percent) live in five states: Texas, California, Florida, Arizona, and Georgia. With more than 1 million uninsured Hispanic children residing in Texas and California alone, these two states make up more than half (51.0 percent) of the total number of uninsured Hispanic children in the U.S. Appendix Table 1 provides a complete

list of the number of uninsured Hispanic children in 50 states and D.C. Figure 5 shows the top 5 states where uninsured Hispanic children live.

Five additional states have substantial populations of uninsured Hispanic children. Nevada, Colorado, New Jersey, New York, and North Carolina each have more than 30,000 uninsured Hispanic children. In total, 1.6 million uninsured Hispanic or 80% of the uninsured Hispanic child population live in these 10 states.

Figure 5: Two-thirds of Uninsured Hispanic Children Live in 5 States

State	2013 Number and Rate of Uninsured Hispanic Children		As a Share of Total Uninsured Hispanic Children
	Number	Rate	
Texas	585,498	17.0%	28.8%
California	454,740	9.6%	22.3%
Florida	167,917	14.4%	8.2%
Arizona	105,377	15.1%	5.2%
Georgia	64,489	19.2%	3.2%
Five State Total	1,378,021		67.7%
National Total	2,035,787		

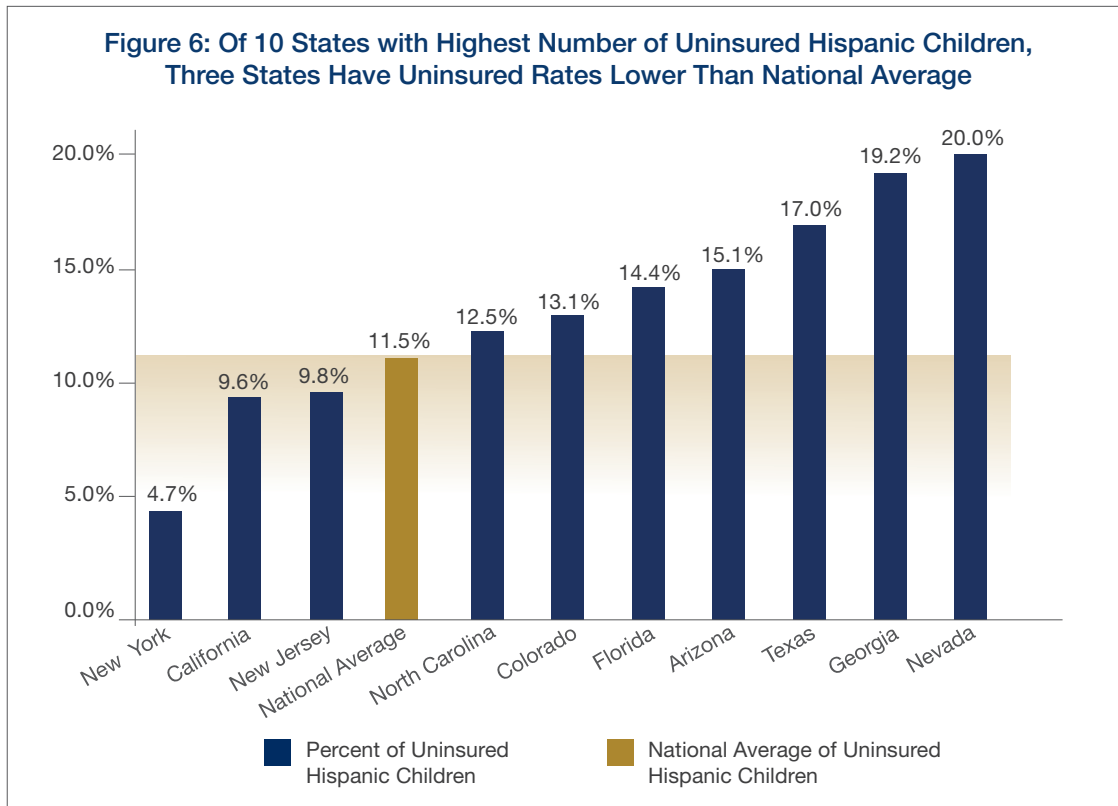
Rates of uninsured Hispanic children vary significantly among the 10 states with the largest uninsured Hispanic child populations.

There is significant variation among the rates of uninsured Hispanic children among the 10 states with the largest populations of uninsured Hispanic children. Three states—California, New York, and New Jersey—have rates of uninsured Hispanic children that are well below the national average (11.5 percent).

- ▶ California has the second largest population of uninsured Hispanic children in the U.S., yet slightly less than one in 10 Hispanic children (9.6 percent) is uninsured.

- ▶ New York has the ninth largest number of uninsured Hispanic children in the U.S., but less than one in 20 Hispanic children (4.7 percent) is uninsured.
- ▶ New Jersey has the eighth largest number of uninsured Hispanic children in the U.S., and slightly less than one in 10 are uninsured (9.8 percent).
- ▶ The other seven states—Texas, Florida, Arizona, Georgia, Nevada, Colorado and North Carolina—have rates of uninsured Hispanic children that are above the national average of 11.5 percent.

Figure 6 maps these varying rates in 10 states. Appendix Table 2 provides a complete list of the percent of uninsured Hispanic children in all 50 states and D.C.





In many states, the number or percentage of uninsured Hispanic children fell.

In the two-year period examined, the number of uninsured Hispanic children dropped in 13 states and did not change significantly in 37 states.

- ▶ California saw the greatest decline from 2011 to 2013, with 56,000 fewer uninsured Hispanic children in 2013 than 2011.⁵
- ▶ Arizona had a reduction of more than 20,000 uninsured Hispanic children and North Carolina and Nevada both had drops of more than 10,000 from 2011 to 2013.⁶
- ▶ New Jersey was the only state with a significant increase in the number of uninsured Hispanic children from 2011 to 2013. This change is likely due to the significant increase in the number of Hispanic children living in the state in the same time period.

Between 2011 and 2013, the percent of uninsured Hispanic children significantly decreased in 15 states and did not change significantly in 36 states. There were no states with a significant increase in the rate of uninsured Hispanic children (see Appendix Table 4).

- ▶ Wyoming had the greatest drop in the rate of uninsured Hispanic children with a 12.5 percentage point decrease from 2011 to 2013.⁷
- ▶ Alabama, D.C., Nebraska, and Utah also showed notable reductions in their uninsured rates.

Appendix Table 3 provides a complete list of states' change in number of uninsured Hispanic children from 2011 to 2013.

THE DATA IN CONTEXT

How is the overall population of Hispanic children changing in the U.S.?

The total population of Hispanic children is growing significantly nationwide and varies by state.

- ▶ The population of Hispanic children significantly increased between 2011 and 2013 in 39 states and D.C., decreased in five states, and remained constant in seven states.
- ▶ The proportion of Hispanic children as a percent of the total child population increased from 2011 to 2013 in 19 states, including Connecticut, New Jersey, and D.C., with percentage point changes of more than 1.3 percent.
- ▶ Hawaii, Massachusetts, Rhode Island, and Maryland also experienced significant percentage point growth of more than 1.1 percent.

See Appendix Table 5 for a complete list of the number and percent of Hispanic children in 2011 and 2013 in all 50 states and D.C.

These changes in Hispanic child populations must be factored into any analysis of health insurance coverage rates for children in these states. With fluctuating Hispanic child populations, states must be ready to respond to increasing—or decreasing—numbers of Hispanic children.

What role can existing public programs, like Medicaid and CHIP, play in covering more children?

A significant portion of Hispanic children are already enrolled in Medicaid and CHIP, or are eligible for public coverage but uninsured.

CHIP has played an important part in reducing the number of all uninsured children but has been particularly important for Hispanic children, who are more likely to be covered by CHIP than private coverage.⁸ In fact, a recent evaluation of the Children's Health Insurance Program Reauthorization Act (CHIPRA) highlighted that in 10 states examined, more than half of the children enrolled in CHIP in 2012 were Hispanic.⁹ The same study found that between 1997 and 2012, uninsured rates fell for all children regardless of race, ethnicity or income, while enrollment in Medicaid and CHIP grew. Notably, the decline among low-income children (below 200 percent of the Federal Poverty Level) was

greatest for Hispanic children where the uninsured rate dropped in half—from 34 percent in 1997 to 17 percent in 2012.¹⁰

There is still significant work to be done at the state and federal level on outreach, enrollment and retention in order to provide health coverage to eligible but unenrolled children. In 2012, 66.1 percent of uninsured Hispanic children in the United States, or 1.3 million Hispanic children, were eligible for Medicaid or CHIP but not enrolled.¹¹ Children enrolled in Medicaid and CHIP have significantly better access to primary care, specialty care, and fewer cost barriers than children who are uninsured, and Medicaid has also been shown to promote higher educational attainment.¹²



How might the Affordable Care Act support coverage gains for Hispanic children?

Some Hispanic children live in families with income too high for Medicaid or CHIP, and may be helped in 2014 by premium tax credits that make private coverage more affordable.

Of all children who were ineligible for public coverage in 2012, the vast majority were not eligible for Medicaid and CHIP because of their income level (79 percent). A much smaller portion of all children (21 percent) were ineligible because of their immigration status.¹³ Most Hispanic children (nearly 93 percent) are United States citizens and are not barred from health coverage programs based on their immigration status alone.¹⁴ For the small minority of non-citizen Hispanic children, at least 26 states and D.C. cover lawfully present immigrant children, regardless of date of entry.¹⁵

Hispanic children that live in families with incomes too high for Medicaid and CHIP may be eligible for advanced premium tax credits to purchase health insurance through the health insurance marketplace. While Medicaid and CHIP participation rates for Hispanic children are comparable to participation rates for all eligible children, efforts to enroll eligible but uninsured children should continue to focus on and be tailored to Hispanic children given their higher rates of uninsurance.¹⁶

Which Hispanic children are more likely to be uninsured?

Hispanic children whose parents do not speak English well, as well as school-aged children, are more likely to be uninsured.

Limited English proficiency is a barrier to Hispanic parents' efforts to enroll and keep their children in coverage programs. About one third (32.3 percent) of the U.S. Hispanic population over the age of five has limited English proficiency. With three fourths (73.3 percent) of this population speaking Spanish, it is important to create culturally appropriate health insurance outreach materials in Spanish in order to enroll eligible but uninsured Hispanic children.

One example where limited English proficiency may pose a barrier involves parents applying for coverage for their children who may not make it through the application process in English. A recent study found that half of Hispanic children in the U.S. ages 5 to 17 live in households where English is spoken "very well" (50.9 percent), but more than one in eight (13.1 percent) live in households where English

is spoken "less than very well."¹⁷ In a different study of 10 states, slightly less than one third (32 percent) of Hispanic children enrolled in CHIP have a parent who primarily speaks Spanish.¹⁸ As a result, even Hispanic children that are U.S. citizens and speak English fluently may not be consistently enrolled in Medicaid or CHIP without Spanish language outreach, applications, and enrollment assistance for their parents.

Older children are also more likely to be uninsured than younger children. School-aged Hispanic children (ages 6 to 17) are nearly twice (1.7 times) as likely to be uninsured than younger children (under 6). Hispanic children under age 6 had a 7.8 percent rate of uninsurance compared to 13.4 percent for Hispanic children ages 6 to 17. This reflects a similar trend among all uninsured children.

The U.S. can cover the vast majority of the remaining uninsured children by keeping Medicaid and CHIP strong and removing enrollment barriers.

CONCLUSION

Many years of effort to reduce the number of uninsured children have resulted in significant gains for all children, particularly Hispanic children. Children have seen their rates of uninsured cut in half this past decade, with uninsured rates falling as enrollment in Medicaid and CHIP grew. Despite this steady progress, Hispanic children remain twice as likely to be uninsured as their non-Hispanic white peers in 2013. Given that most Hispanic children are eligible but uninsured, efforts to enroll eligible children will help close this gap in uninsurance rates between Hispanic children and non-Hispanic children.

Being uninsured affects Hispanic children's long-term health and well-being. Research shows that when children have health

coverage, they do better in school, have better access to primary and preventive health care and their families are protected from bankruptcy that can emerge from unpaid medical bills.¹⁹

The Affordable Care Act's coverage expansions—projected to significantly reduce the number of uninsured people in the U.S., particularly the Hispanic population—can provide a needed “welcome mat” effect for Hispanic children to gain coverage.²⁰ Coverage expansions for parents through the ACA in 2014, including newly available premium tax credits and Medicaid expansion, are likely to bring children into coverage along with their parents.²¹ As efforts to provide coverage to more people continue, there is a clear need for specific policy approaches to keep programs strong and remove barriers to enrollment for Hispanic children.

Keeping Programs Strong

Without keeping existing programs strong, particularly CHIP and Medicaid, the U.S. will lose ground on the coverage gains made for all children, including Hispanic children. Children covered by Medicaid and CHIP have improved health outcomes, educational success, and economic well-being. Efforts to keep programs strong for all eligible children and families should include doing the following:

- ▶ **Maintain the commitment to fund the Children's Health Insurance Program.**
Funding for CHIP will expire in September 2015 without Congressional action. Hispanic children are a key population covered by CHIP and if funding for CHIP is not renewed, important progress covering Hispanic children will be lost.
- ▶ **Encourage states with large populations of uninsured Hispanic children, like Texas and Florida, to accept federal funding to extend Medicaid coverage to uninsured parents and other adults.**
Medicaid expansion is vital to the health of children as recent research has shown that covering parents not only reduces the number of uninsured children but can also provide financial security that benefits the whole family.²²



Removing Barriers to Enrollment

Two-thirds of uninsured Hispanic children are already eligible for Medicaid and CHIP, yet they remain uninsured. In addition to the barriers that all families face, Hispanic families face unique barriers to enrollment in coverage programs. Key suggestions for removing barriers to coverage for Hispanic children and families include the following:

► **Make the full outreach and enrollment experience available in high-quality Spanish in addition to English.**

As mentioned earlier, many Hispanic children live in families where parents do not speak English well. For this reason, every part of the enrollment experience: outreach messages, in-person and phone assistance, and all forms of applications, eligibility notices, and other documents should be available in high-quality Spanish. More attention and resources are needed at the federal, state and local level to address families' language access needs.

► **Clarify that families can apply for health coverage without fear.**

The vast majority of Hispanic children are citizens, but some live in families where their parents are

not. Communicating to parents that it is safe to apply for health coverage for their children regardless of their own immigration status, and supporting trusted sources in encouraging them to do so, is a must.

► **Provide community-based enrollment assistance to everyone that needs it.**

The ACA provided additional resources for needed enrollment assistance to more than 10 million people across the country yet there are not nearly enough resources to reach the bulk of the uninsured.²³

Continuing to provide resources at all levels for enrollment assistance programs in trusted community environments will continue to help the families of Hispanic children successfully navigate the enrollment process.

Getting Hispanic families in the door to the health care system is important to the long-term goal of providing a generation of America's children with the same opportunities to get the health care they need to succeed in school and life.

A continued focus on keeping programs strong and renewed focus on removing barriers to enrollment will provide a needed "welcome mat" that is likely to ensure that the U.S. continues to make coverage gains for Hispanic children.

METHODOLOGY

This brief analyzes single year estimates of summary data from the 2011 and 2013 American Community Survey (ACS). The U.S. Census Bureau publishes ACS summary data on American Fact Finder. Where only number estimates are available, percent estimates and their standard errors were computed based on formulas provided in the ACS's "Instructions for Applying Statistical Testing to ACS 1-Year Data." All tests for statistical significance use 90 percent confidence intervals. Except where noted, reported differences of rate or number estimates (either between groups, coverage sources, or years) are statistically significant.

"Children" are defined as those under the age of 18.

We report regional data for the U.S. as defined by the Census Bureau. The ACS produces single year estimates for all geographic areas with a population of 65,000 or more, which includes all regions, states (including D.C.), and county and county equivalents.

Data on sources of health insurance coverage are point in time estimates that convey whether a person has coverage at the time of the survey. The estimates are not adjusted to address the Medicaid undercount often found in surveys, which may be accentuated by the absence of state-specific health insurance program names in the ACS.

HISPANIC TERMINOLOGY

In the brief we report data for all seven race categories and two ethnicity categories for which the ACS provides one-year health insurance coverage estimates. The U.S. Census Bureau recognizes and reports race and Hispanic origin (i.e., ethnicity) as separate and distinct concepts.

To report on an individual's race, we merge the data for "Asian alone" and "Native Hawaiian or other Pacific Islander alone." In addition, we report the ACS category "some other race alone" and "two or more races" as "Other." Except for "Other," all other racial categories refer to respondents who indicated belonging to only one race.

We report "Hispanic or Latino," as "Hispanic." As this refers to a person's ethnicity, these individuals may be of any race. We report data for both "white" children and "white non-Hispanic children." The former refers to all children whose race is reported as white, without regard to their ethnicity; the latter category refers to children who reported their race as white and do *not* report their ethnicity as Hispanic or Latino origin. For more detail on how the ACS defines racial and ethnic groups see "American Community Survey and Puerto Rico Community Survey 2013 Subject Definitions."



ENDNOTES

1. Unless otherwise indicated, all data is from a Georgetown CCF and NCLR analysis of U.S. Census Bureau American Community Survey (ACS) data, 2013 single year estimates. Data from outside sources is cited as authors report their findings (e.g., rounded to whole numbers).
2. P. Taylor, et al., “An Awakened Giant: The Hispanic Electorate is Likely to Double by 2030,” Pew Research: Hispanic Trends Project (November 14, 2012); and tabulations of the 2012 American Community Survey provided by Genevieve Kenny and Nathaniel Anderson, October 30, 2014. Urban Institute tabulations from the Health Policy Center’s American Community Survey Medicaid and CHIP Simulation Model based on 2012 data from the Integrated Public Use Microdata Series.
3. As enacted, the Affordable Care Act (ACA) would have expanded Medicaid to adults with incomes at or below 138% of the federal poverty level. However, the Supreme Court ruling in *NFIB v. Sebelius* effectively made the Medicaid expansion a state option.
4. To compare with state level data about all uninsured children in 2013, see, J. Alker and A. Chester, “Children’s Coverage at a Crossroads,” Georgetown University Center for Children and Families (November 2014).
5. California experienced a significant decrease in the number of Hispanic children in this same time period, which may account for some of this decrease. But, California also experienced a significant increase in the percentage of Hispanic children in this time period (See Appendix Table 5).
6. Arizona experienced a significant decrease in the number of Hispanic children in this same time period, which may account for some of this decrease (See Appendix Table 5).
7. Wyoming actually saw a significant decrease in its Hispanic child population in the same time period, which may account for part of the decrease in the percentage of uninsured Hispanic children.
8. E. Howell and G. Kenney, “The Impact of Medicaid/CHIP Expansions on Children: A Synthesis of the Evidence,” Medical Care Research and Review (August 2012); and Current Population Survey, “Health Insurance Coverage Status and Type of Coverage by Selected Characteristics for Children Under 18 (All Children): 2013,” U.S. Census Bureau (September 2014).
9. M. Harrington, et al., “CHIPRA Mandated Evaluation of the Children’s Health Insurance Program: Final Findings,” Mathematica Policy Research and Urban Institute (August 1, 2014).
10. *op. cit.* (9)
11. *op. cit.* (2) Urban Institute Tabulations.
12. For a summary of the research about how Medicaid improves access to care and early childhood outcomes see, “Medicaid and CHIP Provide Needed Access to Care for Children and Families,” available online at <http://ccf.georgetown.edu/wp-content/uploads/2013/11/access-factsheet.pdf>, Georgetown University Center for Children and Families (April 2014); and “Medicaid’s Role in Improving Early Childhood Outcomes,” available online at http://ccf.georgetown.edu/wp-content/uploads/2014/08/MCDCoverage_Children0to5.pdf, Georgetown University Center for Children and Families (July 2014).
13. *op. cit.* (9)
14. *op. cit.* (2) Pew Research.
15. National Immigration Law Center, “Health Coverage for Immigrant Children,” available online at <http://www.nilc.org/healthcoveragemaps.html> (February 2014).
16. A little more than eight out of 10 eligible Hispanic children (87.2 percent) are participating in Medicaid/CHIP already. This rate is only slightly lower than the participation rate for all eligible children (88.1 percent); *op. cit.* (2) Urban Institute Tabulations.
17. J. Krongstad, and M. Lopez, “Hispanic Nativity Shift: U.S. Births Grow as Immigration Stalls,” Pew Research Center’s Hispanic Trends Project (April 2014).
18. *op. cit.* (9)
19. *op. cit.* (12)
20. The Welcome Mat effect occurs when an expansion of eligibility for a program takes place, and individuals who are already eligible for coverage but who had previously not enrolled choose to sign up. Or more simply, that eligible but unenrolled will be more welcomed by an existing program as it opens to a wider range of applicants.
21. For a summary of the research about how covering parents helps kids, see “Medicaid Expansion: Good for Parents and Children,” available online at <http://ccf.georgetown.edu/wp-content/uploads/2013/12/Expanding-Coverage-for-Parents-Helps-Children-2013.pdf>, Georgetown University Center for Children and Families (January 2014).
22. *op. cit.* (12)
23. K. Pollitz, et al., “Survey of Health Insurance Marketplace Assister Programs,” Kaiser Family Foundation (July 2014).

Appendix Table 1. Number of Uninsured Hispanic Children Under 18, 2011 and 2013

State	2011 Number Uninsured	2011 State Ranking in Number of Uninsured	2013 Number Uninsured	2013 State Ranking in Number of Uninsured
United States	2,230,834	-	2,035,787	-
Alabama	13,354	26	7,068	19
Alaska	1,488	9	1,226	8
Arizona	126,856	48	105,377	48
Arkansas	9,275	21	7,428	20
California	510,326	50	454,740	50
Colorado	57,427	45	50,694	45
Connecticut	7,970	19	10,190	25
Delaware	2,246	11	1,385	11
District of Columbia	1,271	7	62	1
Florida	169,313	49	167,917	49
Georgia	67,174	47	64,489	47
Hawaii	1,452	8	1,310	10
Idaho	11,972	24	9,963	24
Illinois	34,982	40	37,373	41
Indiana	18,675	32	18,940	34
Iowa	5,316	17	4,749	16
Kansas	16,269	30	12,380	27
Kentucky	5,288	16	5,977	18
Louisiana	7,632	18	8,159	21
Maine	236	2	412	3
Maryland	14,455	27	13,639	29
Massachusetts	5,146	15	2,873	13
Michigan	11,887	23	9,875	23
Minnesota	16,346	31	14,407	30
Mississippi	4,994	14	4,658	15
Missouri	11,821	22	9,272	22
Montana	1,726	10	1,569	12
Nebraska	8,867	20	4,968	17
Nevada	64,145	46	53,142	46
New Hampshire	935	6	549	5
New Jersey	41,142	42	48,430	44
New Mexico	29,679	39	24,862	38
New York	52,058	43	47,083	43
North Carolina	55,919	44	41,802	42
North Dakota	544	4	709	6
Ohio	14,672	28	10,865	26
Oklahoma	24,349	36	20,459	35
Oregon	21,465	35	16,845	33
Pennsylvania	21,402	34	20,543	36
Rhode Island	3,129	12	3,860	14
South Carolina	15,806	29	13,081	28
South Dakota	864	5	1,222	7
Tennessee	19,454	33	16,584	32
Texas	607,511	51	585,498	51
Utah	40,256	41	33,551	40
Vermont	10	1	240	2
Virginia	28,483	38	23,167	37
Washington	28,281	37	24,982	39
West Virginia	530	3	531	4
Wisconsin	12,592	25	15,436	31
Wyoming	3,844	13	1,246	9



Appendix Table 2. Percent of Uninsured Hispanic Children Under 18, 2011 and 2013

State	2011 Percent Uninsured	2011 State Ranking in Percent of Uninsured	2013 Percent Uninsured	2013 State Ranking in Percent of Uninsured
United States	12.8		11.5	
Alabama	19.8	48	10.0	28
Alaska	10.0	22	7.5	16
Arizona	18.0	44	15.1	46
Arkansas	12.2	29	9.0	23
California	10.7	25	9.6	25
Colorado	15.1	36	13.1	38
Connecticut	4.9	6	6.0	9
Delaware	8.0	12	4.8	6
District of Columbia	9.4	19	0.4	1
Florida	15.1	36	14.4	44
Georgia	20.8	49	19.2	49
Hawaii	3.1	3	2.6	3
Idaho	16.2	39	13.0	37
Illinois	4.8	5	5.1	7
Indiana	11.9	28	11.6	33
Iowa	8.4	14	7.2	14
Kansas	13.2	31	9.7	26
Kentucky	10.3	23	10.6	30
Louisiana	13.7	33	13.1	38
Maine	3.5	4	6.2	11
Maryland	9.3	18	8.0	19
Massachusetts	2.4	2	1.3	2
Michigan	6.9	9	5.6	8
Minnesota	15.7	38	13.4	41
Mississippi	18.1	45	17.1	48
Missouri	14.0	34	10.8	31
Montana	14.5	35	13.1	38
Nebraska	12.5	30	6.8	12
Nevada	24.2	50	20.0	50
New Hampshire	6.9	9	3.9	4
New Jersey	8.8	15	9.8	27
New Mexico	9.8	21	8.3	21
New York	5.3	7	4.7	5
North Carolina	17.4	40	12.5	36
North Dakota	9.6	20	12.3	35
Ohio	10.7	25	7.7	17
Oklahoma	17.7	42	14.0	43
Oregon	11.7	27	9.1	24
Pennsylvania	8.0	12	7.3	15
Rhode Island	6.8	8	8.2	20
South Carolina	18.6	46	14.7	45
South Dakota	10.4	24	11.8	34
Tennessee	17.5	41	13.9	42
Texas	17.9	43	17.0	47
Utah	27.2	51	22.2	51
Vermont	0.4	1	8.3	21
Virginia	13.6	32	10.3	29
Washington	9.2	16	7.8	18
West Virginia	7.9	11	6.1	10
Wisconsin	9.2	16	10.8	31
Wyoming	19.5	47	7.0	13

Appendix Table 3. Change in the Number of Uninsured Hispanic Children Under 18, 2011 and 2013

State	2011 Number Uninsured	2013 Number Uninsured	2011-2013 Change in Number of Uninsured	Ranking 2011-2013 Change in Number of Uninsured
United States	2,230,834	2,035,787	-195,047*	
California	510,326	454,740	-55,586*	1
Texas	607,511	585,498	-22,013	2
Arizona	126,856	105,377	-21,479*	3
North Carolina	55,919	41,802	-14,117*	4
Nevada	64,145	53,142	-11,003*	5
Colorado	57,427	50,694	-6,733	6
Utah	40,256	33,551	-6,705*	7
Alabama	13,354	7,068	-6,286*	8
Virginia	28,483	23,167	-5,316	9
New York	52,058	47,083	-4,975	10
New Mexico	29,679	24,862	-4,817	11
Oregon	21,465	16,845	-4,620	12
Nebraska	8,867	4,968	-3,899*	13
Oklahoma	24,349	20,459	-3,890*	14
Kansas	16,269	12,380	-3,889*	15
Ohio	14,672	10,865	-3,807*	16
Washington	28,281	24,982	-3,299	17
Tennessee	19,454	16,584	-2,870	18
South Carolina	15,806	13,081	-2,725	19
Georgia	67,174	64,489	-2,685	20
Wyoming	3,844	1,246	-2,598*	21
Missouri	11,821	9,272	-2,549	22
Massachusetts	5,146	2,873	-2,273*	23
Michigan	11,887	9,875	-2,012	24
Idaho	11,972	9,963	-2,009	25
Minnesota	16,346	14,407	-1,939	26
Arkansas	9,275	7,428	-1,847	27
Florida	169,313	167,917	-1,396	28
District of Columbia	1,271	62	-1,209*	29
Delaware	2,246	1,385	-861	30
Pennsylvania	21,402	20,543	-859	31
Maryland	14,455	13,639	-816	32
Iowa	5,316	4,749	-567	33
New Hampshire	935	549	-386	34
Mississippi	4,994	4,658	-336	35
Alaska	1,488	1,226	-262	36
Montana	1,726	1,569	-157	37
Hawaii	1,452	1,310	-142	38
West Virginia	530	531	1	39
North Dakota	544	709	165	40
Maine	236	412	176	41
Vermont	10	240	230	42
Indiana	18,675	18,940	265	43
South Dakota	864	1,222	358	44
Louisiana	7,632	8,159	527	45
Kentucky	5,288	5,977	689	46
Rhode Island	3,129	3,860	731	47
Connecticut	7,970	10,190	2,220	48
Illinois	34,982	37,373	2,391	49
Wisconsin	12,592	15,436	2,844	50
New Jersey	41,142	48,430	7,288*	51

* Indicates that the number change is significant at the 90% confidence level



Appendix Table 4. Change in the Percent of Uninsured Hispanic Children Under 18, 2011 and 2013

State	2011 Percent Uninsured	2013 Percent Uninsured	2011-2013 Percentage Point Change	Ranking 2011-2013 Percentage Point Change
United States	12.8	11.5	-1.3*	-
Wyoming	19.5	7.0	-12.5*	1
Alabama	19.8	10.0	-9.8*	2
District of Columbia	9.4	0.4	-9.0*	3
Nebraska	12.5	6.8	-5.7*	4
Utah	27.2	22.2	-5.0*	5
North Carolina	17.4	12.5	-4.9*	6
Nevada	24.2	20.0	-4.2*	7
South Carolina	18.6	14.7	-3.9	8
Oklahoma	17.7	14.0	-3.7*	9
Tennessee	17.5	13.9	-3.6	10
Kansas	13.2	9.7	-3.5*	11
Virginia	13.6	10.3	-3.3*	12
Missouri	14.0	10.8	-3.3	12
Delaware	8.0	4.8	-3.3	12
Arkansas	12.2	9.0	-3.2	15
Idaho	16.2	13.0	-3.1	16
Ohio	10.7	7.7	-3.1*	16
New Hampshire	6.9	3.9	-3.0	18
Arizona	18.0	15.1	-2.9*	19
Alaska	10.0	7.5	-2.6	20
Oregon	11.7	9.1	-2.6	20
Minnesota	15.7	13.4	-2.3	22
Colorado	15.1	13.1	-2.0	23
West Virginia	7.9	6.1	-1.8	24
Georgia	20.8	19.2	-1.6	25
New Mexico	9.8	8.3	-1.5	26
Washington	9.2	7.8	-1.4	27
Montana	14.5	13.1	-1.4	27
Michigan	6.9	5.6	-1.3	29
Maryland	9.3	8.0	-1.3	29
Iowa	8.4	7.2	-1.2	31
Massachusetts	2.4	1.3	-1.2*	31
California	10.7	9.6	-1.1*	33
Mississippi	18.1	17.1	-1.0	34
Texas	17.9	17.0	-0.9*	35
Pennsylvania	8.0	7.3	-0.8	36
Florida	15.1	14.4	-0.7	37
New York	5.3	4.7	-0.6	38
Louisiana	13.7	13.1	-0.6	38
Hawaii	3.1	2.6	-0.6	38
Indiana	11.9	11.6	-0.2	41
Illinois	4.8	5.1	0.4	42
Kentucky	10.3	10.6	0.4	42
New Jersey	8.8	9.8	1.1	44
Connecticut	4.9	6.0	1.1	44
Rhode Island	6.8	8.2	1.4	46
South Dakota	10.4	11.8	1.4	46
Wisconsin	9.2	10.8	1.6	48
Maine	3.5	6.2	2.6	49
North Dakota	9.6	12.3	2.7	50
Vermont	0.4	8.3	7.9	51

* Indicates that the percentage point change is significant at the 90% confidence level

Appendix Table 5. Number and Percent of Uninsured Hispanic Children Under 18, 2011 and 2013

State	2011 Number of Hispanic Children	2011 Percent of Hispanic Children (compared to total number of children)	2013 Number of Hispanic Children	2013 Percent of Hispanic Children (compared to total number of children)
United States	17,380,709	23.6	17,693,070	24.1
Alabama	67,294	6.0	70,509	6.4
Alaska	14,854	7.9	16,453	8.8
Arizona	705,883	43.5	698,981	43.3
Arkansas	76,044	10.7	82,773	11.7
California	4,779,366	51.7	4,753,124	51.9
Colorado	380,294	31.0	386,423	31.2
Connecticut	161,964	20.2	170,131	21.7
Delaware	28,001	13.7	29,090	14.3
District of Columbia	13,461	12.8	15,717	14.1
Florida	1,119,572	28.1	1,166,603	29.0
Georgia	323,421	13.0	335,782	13.5
Hawaii	46,187	15.2	50,698	16.5
Idaho	74,002	17.3	76,359	17.9
Illinois	730,916	23.6	727,139	24.1
Indiana	157,475	9.9	162,743	10.3
Iowa	63,061	8.7	65,803	9.1
Kansas	123,383	17.1	127,573	17.7
Kentucky	51,516	5.0	56,179	5.6
Louisiana	55,726	5.0	62,235	5.6
Maine	6,649	2.5	6,658	2.6
Maryland	155,795	11.6	170,561	12.7
Massachusetts	212,781	15.2	227,392	16.4
Michigan	172,603	7.5	176,244	7.9
Minnesota	103,978	8.1	107,254	8.4
Mississippi	27,561	3.7	27,172	3.7
Missouri	84,331	6.0	86,196	6.2
Montana	11,924	5.4	11,975	5.4
Nebraska	71,016	15.5	73,399	15.9
Nevada	265,338	40.1	265,850	40.2
New Hampshire	13,566	4.9	14,259	5.3
New Jersey	470,076	23.1	493,370	24.5
New Mexico	303,885	58.8	299,266	59.0
New York	979,475	22.9	999,710	23.6
North Carolina	321,384	14.1	335,265	14.7
North Dakota	5,649	3.7	5,751	3.6
Ohio	136,800	5.1	141,923	5.4
Oklahoma	137,645	14.7	146,331	15.5
Oregon	183,743	21.3	184,511	21.5
Pennsylvania	266,247	9.7	282,961	10.4
Rhode Island	46,120	21.1	47,316	22.3
South Carolina	84,845	7.9	88,969	8.3
South Dakota	8,279	4.1	10,334	5.0
Tennessee	111,192	7.5	119,254	8.0
Texas	3,395,630	48.9	3,446,316	49.0
Utah	147,824	16.8	151,050	16.9
Vermont	2,811	2.2	2,907	2.3
Virginia	210,050	11.4	225,658	12.1
Washington	307,389	19.5	321,703	20.2
West Virginia	6,700	1.7	8,760	2.3
Wisconsin	137,330	10.4	142,736	10.9
Wyoming	19,673	14.6	17,704	12.7



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The Center for Children and Families (CCF) is an independent, nonpartisan policy and research center whose mission is to expand and improve health coverage for America's children and families. CCF is based at Georgetown University's Health Policy Institute. For more information, contact (202) 687-0880 or childhealth@georgetown.edu.

The National Council of La Raza (NCLR)—the largest national Hispanic civil rights and advocacy organization in the United States—works to improve opportunities for Hispanic Americans. For more information, please visit www.nclr.org.

Thanks to Sean Miskell, Sarah Koslov, and Jinha Yoon for research assistance and Nancy Magill for design and layout.

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