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Relationship Between Health Insurance Status of Latino Children and Their Overall and Dental Health

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Abstract

Data from 136 Latina mothers living in rural communities was used to examine relationships among health insurance status of mothers and children, participation in routine health care, ability to understand printed information shared by health professionals, receipt of health information in a preferred language, and their children's health. Findings suggest that rural Latino children who are covered through private health insurance experience better overall health compared to rural Latino children who are insured through Medicaid. When Latina mothers understand printed information they receive from health professionals, their children are more likely to experience routine health care positive overall health and dental health.

Keywords: health education, knowledge and skills, Latino immigrant, social networks,

Background

Uninsured Latino children are less likely to have visited a doctor in the past year and to have a regular source of healthcare than insured Latino children. Latino parents whose children are uninsured commonly have low incomes and have more difficulty understanding required forms (Manos et al., 2001). Additionally, parents who have a regular source of dental care are more likely to rate their children's dental health higher than parents who do not have a regular source of dental care (Grembowski, Spiekerman, & Milgrom, 2009).

This study examines relationships among health insurance status of rural Latino families, their participation in routine health care, Latina mothers' ability to understand printed information shared by health professionals and receiving health information in a language they prefer, and Latino children's health.

Methods

This sample of Latina mothers (N = 136) is based on one wave of data (collected 2011-2012) from the larger study Rural Families Speak about Health (RFSH) (N = 444) (Mammen & Sano, 2013). Mothers were 18 years of age or older, had at least one child under the age of 13, lived in rural communities, and had incomes at or below 185% of the Federal Poverty Level. Mothers responded to questions pertaining to the health of a randomly selected focal child (FC) in each household. SPSS V22 was used to conduct descriptive statistics, and correlation analysis identified significant relationships between variables of interest (see Table 1). Mothers used a five-point Likert scale to rate FC's overall health, FC's dental health, as well as their own health (5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, and 1 = Poor). Mothers used a three-point Likert scale to rate how often they needed help understanding printed health information (5 = Often, 3 = Sometimes, and 1 = Never). Mothers answered 1 = Yes or 0 = No when asked if FC or other children in the family were covered through private health insur-

ance. For other variables mothers answered 1 = Yes or 5 = No.

Results

The average age of mothers was 33. About half (48%) of the mothers had less than a high school degree. About one-third (33%) completed high school or had a GED, less than one-fifth (17%) participated in vocational training, and few (3%) had earned a bachelor's degree. Preliminary findings reveal that there are significant relationships between children who are covered by private health insurance and children's overall health and between children who are covered by private health insurance and mothers' ability to understand printed health information. Additionally, mothers' ability to understand printed health information was significantly related to children's overall health, children's dental health, and mothers' participation in routine health care. Having printed information about medical care in a language mothers preferred was significantly associated with children's dental health.

Conclusions

Based on findings from this study, being insured through mothers' private health insurance is associated with better overall health among children, and not true for children who are insured through Medicaid. When mothers understand printed information shared by health professionals, children are more likely to participate in routine health care, and to have more positive overall health and dental health. Further analysis will examine if mothers' ability to understand printed information shared by health professionals (as well as receiving information in preferred language) mediates the relationship between health insurance status and children's overall health and between health insurance status and children's dental health.

Table 1. Correlations Among Study Variables

	FC's overall health	FC's teeth	Mother's overall health	Mother has regular health-care provider	Mother receives printed health information in preferred language	Mother has difficulty understanding health professional	Mother needs help understanding printed health information	Mother or other family member has Medicaid	Mother has private insurance	FC/ other children have Medicaid	FC/ other children have private insurance through mother
FC's overall health	1	.244**	.174*	.035	.041	.024	.201*	.117	-.113	.037	-.638*
FC's teeth		1	-.014	.112	-.188*	-.046	.173*	-.087	-.055	.055	.096
Mother's overall health			1	.114	.018	.004	.101	-.051	.101	.148	-.239
Mother has regular healthcare provider				1	-.074	-.007	.175*	.141	.202*	.163	.430
Mother receives printed health information in preferred language					1	-.215*	.265**	-.120	-.016	.142	-.261
Mother has difficulty understanding health professional						1	-.293**	.078	-.013	.063	.516
Mother needs help understanding printed health information							1	.075	.024	.097	-.633*
Mother or other family member has Medicaid								1	-.377**	-.083	.816**
Mother has private insurance									1	.009	c.
FC/other children in family have Medicaid										1	.449
FC/other children in family have private insurance											1

*P<0.05, **P<0.01

c. Could not be computed because at least one of the variables is constant.

FC=Focal Child

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