Every Idaho child deserves access to health coverage and services that support healthy development. When children get the healthcare they need, they are more likely to graduate from high school, attend college, earn higher wages, and grow into healthy adults. Hispanic children face larger barriers compared to their white peers in accessing health insurance and the ability to go to the doctor, leading to greater disparities in health outcomes.

1. In Idaho, Hispanic children make up less than 13% of the state’s population, yet 8% of Hispanic kids go without health coverage compared to only 4% of white kids.

2. Children without access to healthcare see detrimental effects later on in life. In Idaho, 54% of white adults, compared to 43% of Hispanic adults, describe themselves as having good or excellent health.

3. Hispanic babies experience infant mortality rates almost twice as high as white babies in Idaho.

COVID-19 Pandemic Impacts:
The ongoing COVID-19 pandemic has only exacerbated inequities and resulted in magnified coverage disparities among Hispanic communities across Idaho. The disparities for Hispanic and immigrant communities include not only disproportionately high coronavirus infection rates but also disproportionately high job losses and economic hardship.

These inequities trickle down to the most vulnerable family members: children. As Hispanic communities report increased levels of job loss and economic hardship, children struggle alongside their parents when it comes to accessing affordable healthcare and other key resources.

How Gaps in Access to Coverage and Care are Created for Hispanic Children

Administrative Barriers:
As of 2019, Figure 1 shows that 92% of Idaho’s eligible children are enrolled through the Children’s Health Insurance Program (CHIP). Many children who are eligible for Medicaid/CHIP may not be enrolled due to a lack of
public outreach or language assistance. There is also a lack of clarity on eligibility criteria for children and families, including if a member is categorically entitled to Medicaid regardless of the immigration status of another family member.

These same barriers may have disproportionate, intensified negative impacts on communities of color, especially Hispanic communities that may be faced with language barriers in addition to administrative challenges. A large contributor to these impacts is our lack of knowledge on how communities are impacted, as Idaho often does not track race and ethnicity data. Working to establish comprehensive eligibility requirements and tracking systems would allow advocates to gain a better understanding of administrative barriers faced by Hispanic communities.5

Public Charge Rule:
The fear and confusion surrounding the Public Charge rule, which can determine whether or not Visas or Green Cards are denied to immigrants who benefit from programs like Medicaid, has created uncertainty around Medicaid and the Children's Health Insurance Program (CHIP). Over three-quarters of adults in immigrant families with children nationwide do not understand that children's enrollment is not a factor in their parents' public charge determination.6

Many immigrant families have reported voluntarily leaving WIC, Medicaid, SNAP and not going to the doctor unless emergent out of fear and confusion over Public Charge. With the incoming Biden administration and its commitment to roll back Public Charge, we must work to mitigate the harm already caused and educate families on eligibility to decrease the coverage discrepancy among Idaho kids.

As a leading health policy advocate in the state, Idaho Voices for Children has a successful history of expanding access to health coverage for low-income families, but more work needs to be done to decrease children's health inequities. A child's background should not be a barrier to accessing healthcare. Through data-driven policy solutions and sustained commitment to change, we can ensure 100% of Idaho kids have the health coverage they need to grow healthy and succeed in life.