

The Health and Health Care Status of Low-Income Children Served by WIC

The 2005 Los Angeles County WIC Survey: The Fourth in a Series of Reports



With its system of referrals and links to the health care system, the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) functions as an important adjunct to health care for over 500,000 women and children in Los Angeles County.

A central goal of this brief is to illustrate the health insurance rates of low-income children served by the WIC program in Los Angeles County and to examine how coverage rates differ by ethnic group and geographic region. In addition, this brief explores where children receive their care, and whether they access dental care. Existing data from California WIC clients show that children without health insurance are more likely to lack a usual source of health care and to experience decreased use of care than those with insurance.^{1,2} The largest disparities in use of health care are in the domain of dental care, with uninsured children significantly less likely to access dental care, particularly among the 2 to 4-year-old low-income population.^{1,2} Data for this brief were collected as part of the 2005 Los Angeles County WIC Survey, conducted with a random sample of 5,015 families receiving WIC services across the Los Angeles County.

Eligibility for WIC services is based on household income. The income cut-off for a four person family is 185% of the poverty limit or \$3,183.54 per month. WIC offers a number of services to its participants including nutrition education, referral to health care, and a customized food package focusing on the developmental needs of the person receiving it. The population groups served by WIC include pregnant women with and without children, postpartum women, and children up to age 5. WIC participants are referred to its services through various means, including health care providers, governmental programs or friends' referrals.

¹ Holtby S, Zahnd E, Lordi N, McCain C, Chia YJ, Kurata JH. Health of California's Adults, Adolescents, and Children: Findings from CHIS 2003 and CHIS 2001. Los Angeles, CA: U.C.L.A. Center for Health Policy Research, 2006.

² Kogan MD, Alexander GR, Teitelbaum MA, et al. The effect of gaps in health insurance on continuity of a regular source of care among preschool aged children in the United States. *JAMA* 1995; 274(18):1472-1473.

Perceived Health Status of WIC-Served Children

Each caregiver (primarily mothers) was asked to rate the overall health of her newborn to 5-year-old child. While caregiver perception data has biases, it is the best indicator for measuring a young child’s health status. Data are presented as a whole and by racial-ethnic group, with Latinas either speaking primarily English or primarily Spanish as separate categories to illustrate the differences in reported health status. As highlighted in previous briefs in this series, Latinas make up the majority of the L.A. County WIC population. The total column shows the percentage of individuals overall who rated their children’s health as excellent/very good, good, or fair/poor. The total was calculated by dividing the number of people who rated their children in each of these individual categories over the total number who responded to the question.

Table 1: Caregiver Perceptions of Children’s Health

	Latina-Span	Latina-Eng	White	Afr-Am	Asian	Total
Excellent/Very Good	59.7%	83.7%	88.2%	83.9%	84.9%	68.3%
Good	31.7%	14.1%	10.6%	12.4%	14.2%	25.3%
Fair/Poor	8.6%	2.2%	1.2%	3.7%	0.9%	6.4%

Overall more than two-thirds (68.3%) of L.A. County WIC caregivers rated their children’s health as “excellent” or “very good.” One quarter (25.3%) rated their children’s health as “good”, with the remaining 6.4% of parents rating their children’s health as “fair” or “poor.” Spanish-speaking caregivers were significantly less likely to report their child to be in “excellent” or “very good” health.

Children’s Perceived Health Status by Service Planning Area (SPA)

L.A. County is divided into eight Service Planning Areas (SPAs) for the purposes of planning and delivery of health care services. Caregiver ratings of their children’s health varied across these geographic regions of L.A. County. WIC participants living in the Antelope Valley (SPA 1) rated their children’s health as “excellent” or “very good” more often (78.6%) than other geographic regions, while, conversely, participants living in the West region (SPA 5) rated their children’s health as “fair or poor” more often (10.1%).

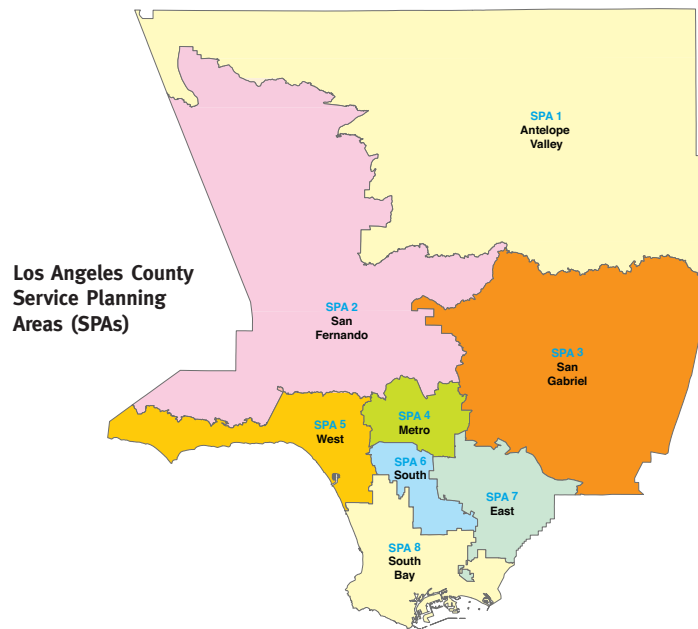


Table 2: Caregiver Perceptions of Children’s Health by SPA

	SPA 1 Antelope Valley	SPA 2 San Fern.	SPA 3 San Gabriel	SPA 4 Metro	SPA 5 West	SPA 6 South	SPA 7 East	SPA 8 So. Bay	Total N=4726
Excellent/ Very Good	(n) 364 (%) 78.6	359 64.3	454 68.7	450 69.8	55 61.8	638 65.2	508 70.6	425 69.4	3253 68.8
Good	84 18.1	165 29.6	168 25.4	148 22.9	25 28.1	271 27.7	167 23.2	150 24.5	1178 24.9
Fair/Poor	15 3.2	34 6.1	39 5.9	47 7.3	9 10.1	69 7.1	45 6.3	37 6	295 6.2

Who Has Coverage?

Data indicate that, regardless of ethnicity, language preference, or age of children, L.A. County children served by WIC have excellent insurance coverage. However, the children least likely to have insurance coverage were 3-year-olds and children of primarily Spanish-speaking mothers, as shown below.

Table 3: Children’s Health Insurance Coverage by Parent’s Ethnicity *

	Latina-Span	Latina-Eng	White	Afr-Am	Asian	Total*
Yes (n, %)	2740 89.4	1018 94.3	164 95.9	290 97.0	100 95.2	4312 91.4
No	324 10.6	62 5.7	7 4.1	9 3.0	5 4.8	407 8.6
Total	3064 100	1080 100	171 100	299 100	105 100	4719 100

* The total sample surveyed equals 5,015. Data were excluded for ethnic groups with fewer than 50 respondents and for pregnant women with no children.

Table 4: Children’s Health Insurance Coverage by Children’s Age

	< 1 year	1-yr-olds	2-yr-olds	3-yr-olds	4-yr-olds	Total*
Yes (n, %)	1128 91.6	933 92.4	825 92.9	719 88.5	715 91.5	4320 91.5
No	103 8.4	77 7.6	63 7.1	93 11.5	66 8.5	402 8.5
Total	1231 100	1010 100	888 100	812 100	781 100	4722 100

* The total sample surveyed equals 5,015. The number represented in this table excludes pregnant women with no children and cases with missing data.

Caregiver report of children’s health status differed when children had health insurance coverage. Caregivers of children with insurance reported their children to be in “excellent” or “very good” health 69.2% of the time, while only 62.8% of those without insurance reported “excellent” or “very good” health of their children—representing a 6.4% difference. Caregivers of children without insurance reported their children to be in “fair” or “poor” health 8.5% of the time compared to those with insurance—who reported only 6.1%. This difference equates to 2.4 % difference in this negative condition. There were no geographic differences in children’s insurance coverage.

Where Do Children Receive Medical Care?

The caregivers of almost 88% of children in L.A. County WIC reported receiving care in either a private doctor’s office (48.3%) or a county or community clinic (39.5%). A small percentage (8.7%) of this population received care in a hospital clinic, and only 1% of WIC participants received care in a hospital emergency setting. In comparison, 25% of uninsured children used emergency rooms as a regular source of care.³ These data indicate that WIC participation is an important source of linkage to medical care and is critical for well baby and well child care, including receiving early childhood immunizations.

There were significant geographic differences related to where children received medical care. WIC participants from the San Gabriel region (SPA 3) were most likely to receive care in a private doctor’s office (63.1%), while those in the Metro region (SPA 4) were least likely (35.9%). WIC participants in the Metro region were more likely than other SPAs to receive care in a hospital clinic setting. Participants in the San Fernando (SPA 2), Metro, and South (SPA 6) regions were more likely than other SPAs to receive care in county or community clinics (approximately 48%). Hospital emergency room care was most often used by participants in the West (SPA 5, 2.4%) and Antelope Valley (SPA 1, 2.0%) regions.

³ Inkelas M, Halfon N, Uyeda K, Stevens G, Holt J, Brown ER. The Health of Young Children in California: Findings from the 2001 California Health Interview Survey. July 2003. Accessed March 24, 2007 at: <http://www.healthpolicy.ucla.edu/pubs/publications.asp?pubID=71>.

Age of First Dental Visits

Table 5: Initial Dental Visits By Age

	2 year olds	3 year olds	4 year olds	Total
Yes (%)	23.8	53.6	72.7	48.9

About half (48.9%) of WIC participant children older than 2 have visited a dentist, and the percentage of children receiving dental services increases with their ages. Health insurance status was significantly associated with ever having visited a dentist, with uninsured children less likely to have visited a dentist. Children's gender, mothers' education, ethnicity, language preference, and federal poverty level were *not* associated with receipt of dental care. Children in the Antelope Valley were significantly less likely than other areas to have ever visited the dentist (40.7% versus almost 50% for the other seven SPAs).

Summary and Implications:

- Over 93% of caregivers of children served by WIC report their children to be in good to excellent health. The remaining 6.3% of caregivers report their children to be in fair or poor health, and the majority of these responses come from Spanish-speaking caregivers. Attention to Spanish-speaking participants is critical to better understand the health needs of their families and children.
- A relatively small percentage (8.6%) of WIC participants are *not* covered by health insurance, suggesting WIC remains successful at linking families with health care and achieving their program goal to serve as an adjunct to the health care system.⁴ Spanish-speaking participants reported the lowest rates of insurance coverage, providing further evidence that outreach efforts to the Spanish-speaking community are critical in order to increase participation into low- and no-cost health insurance programs. Three-year-olds also show a decrease in health care coverage. While the reasons behind this dip are not entirely clear, the reduction in the frequency of well-child visits that occurs following the first 24 months of age may contribute to a lapse in health care coverage at age 3.
- Insurance coverage was equal across the eight Service Planning Areas. However, parents' perceptions of child health differed somewhat across regions with parents in the West Region (SPA 5) reporting the highest rates of perceptions of children in fair or poor health. Compared to other SPAs, the West Region houses the fewest low-income families per capita. A growing literature suggests that economic disparities within communities contribute to poorer actual and perceived health within those communities. An examination of the perceived health of children from all communities in SPA 5 would be important to determine whether or not perceived health status is lower across all economic sectors within these communities.
- Fewer than 24% of the 2-year-olds served by WIC have visited a dentist. This percentage increases dramatically at age 3, and again at age 4, such that nearly 73% of 4-year-olds have visited a dentist. Despite these increases, too many children are *not* linked to a dental provider. Not surprisingly, children *without* health insurance were less likely to receive dental care than children *with* insurance. Children with severe tooth decay are more prone to repeated infections in their ears, sinuses, and other areas of their bodies because of oral infections,⁵ and oral health diseases are among the largest unmet healthcare needs in Los Angeles County.⁵ Broad funding initiatives that provide direct access to dental services for low-income families are critical to address this significant need.

⁴ Buescher PA, Horton SJ, Devaney BL, Roholt SJ, Lenihan AJ, Whitmore T, Kotch JB. Child participation in WIC: Medicaid costs and use of health care services. *Am J Public Health* 2003; 93:145-150.

⁵ Dental Health Foundation. "Mommy, It Hurts to Chew." *The California Smile Survey. An Oral Health Assessment of California's Kindergarten and 3rd Grade Children.* February 2006.

The Data Mining Project

The Data Mining Project is a Research Partnership between PHFE-WIC and First 5 LA. The primary goal of the Project is to provide comprehensive data about the low-income 0-5 population in Los Angeles County served by the WIC Program.

WIC is the Special Supplemental Nutrition Program for Women, Infants and Children. The 2005 L.A. County WIC Survey was conducted with a random sample of 5,015 WIC families. For more information about the survey, please visit www.lawicdata.org and click on the link "Report #1 Overview of the Survey."

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First 5 LA

First 5 LA is a unique child advocacy organization created by California voters to invest tobacco tax revenues in programs for improving the lives of children in Los Angeles County, from prenatal through age 5. First 5 LA champions health, education and safety causes concerning young children and families. For additional information about First 5 LA, our partners and projects, visit www.first5la.org.

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