

# Migration & Health

*The Children of Mexican Immigrants in the U.S.*



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*The Children of Mexican Immigrants in the U.S.*

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## Foreword

Even more dramatic than the story of many immigrants in the United States, is the story of their children. In this year we face traditional challenges, and new opportunities. It is in this spirit that we present the following report: Health Issues: the Children of Mexican Immigrants in the United States.

The United States is a nation of immigrants; most of them have not regular access to health care attention. One in four children in the United States has at least one immigrant parent, and more than eight out of every ten are American citizens. Even among undocumented parents, two-thirds of their children are American citizens. Children of immigrants are more likely to live in low-income families and thus more likely to live in sub-standard housing conditions, fall behind in school, and lack health insurance. These circumstances have negative consequences for their health, as evidenced by the outcomes among children of Mexican immigrants in this report. In effect, as citizens these children are entitled to those health services and programs that exist for people of low income (as well as work support, tax credits, food assistance and childcare for parents), however they are much less likely to get access to these services because of their parents' immigrant status.

To speak of health care for immigrants in today's political and social climate is largely to speak of Latinos, and particularly Mexicans. For the past two decades, Mexico has been the principal source of growth in immigration in the United States. There are 31 million people of Mexican origin in the United States, 19 million of who are the children (mostly American-born) of immigrants.

This report is a joint collaboration of the National Population Council of Mexico (CONAPO for its Spanish acronym), the Health Initiative of the Americas, School of Public Health, University of

California Berkeley; the Center for Health Policy Research, School of Public Health, University of California Los Angeles; and the Migration and Health Research Center (MAHRC) a joint program of the University of California Davis and Berkeley campuses. The National Secretary of Health of Mexico and the Institute for Mexicans Abroad (IME for its Spanish acronym) also supported this publication.

This study constitutes a systematic comparison of children of Mexican immigrant families with native-born white children, Afro-American children, and the children of immigrants from other countries. Chapter one provides an overview of the general tendencies of children of Mexican immigrants in the United States, particularly their demographic impact on the U.S. population and their contribution to the increase in the population under age 18. The socio-demographic characteristics of the parents of these children, are examined, particularly their length of residence in the United States, their education levels, family structure, familiarity with the English language and citizenship status. Chapter one also treats the socio-economic issues among families that inevitably contribute to the poor health status of children of Mexican immigrants, including rates of workforce participation and poverty levels. Immigrant families are much more likely to have low incomes and thus it is especially disastrous that their children are deprived of services meant to help the poor.

In Chapter two, the impact of socio-demographic characteristics of Mexican immigrant families on the health of their children is analyzed, principally in terms of access to health insurance. Being under- or un-insured is a prime determinant of poor health, especially for children, who as a group tend to be healthy but do require regular preventive care to lead healthy lives as adults. This chapter also discusses the ways that family conditions like being

of low-income, or belonging to a family of mixed documentation or citizenship status, affects the health insurance of children.

Chapter three discusses rates of use of medical and health services and documents that children of Mexican immigrants are more likely to lack a regular source of medical care. It also analyzes rates of hospital emergency admission for children, comparing children of Mexican immigrants with children from other population groups, and analyzes the impact of access to health coverage on subsequent use of services.

Chapter four is dedicated to the state of health of children of Mexican immigrants in the United States. Results show that in general, these children demonstrate distinctive outcomes when compared to

their peers from other population groups. For instance, they are more likely to suffer from illnesses related to malnutrition, including anaemia, diarrhea, colitis and overweight. On the other hand, they show a lower incidence of different types of allergy and asthma, which could partly be explained by lack of diagnosis, given their lower access to health care services.

Finally, the report offers a series of conclusions drawn from the data presented and recommendations for policy change. While the evidence speaks dramatically for itself, it goes without saying that the need for healthcare access is more urgent than ever. It is crucial that immigrant families be included in the health care system, as millions of their citizen children's futures depend upon this.

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# Chapter I. Characteristics of Mexican Migrants' Children under the Age of 18

This chapter provides evidence of the growing importance of migrants' children in the United States in the population group under 18 in both absolute and relative terms and deals with certain aspects of their family context. It also deals with certain aspects of their family and socio-economic structure in order to determine the contact in which their health practices are carried out. Bearing the mind the fact that the profound social inequities in the United States have an ethnic and racial basis, the study of Mexicans' children is carried out from a comparative perspective with the children of other migrants and U.S.-born whites and Afro-Americans.

## Trends and Scope

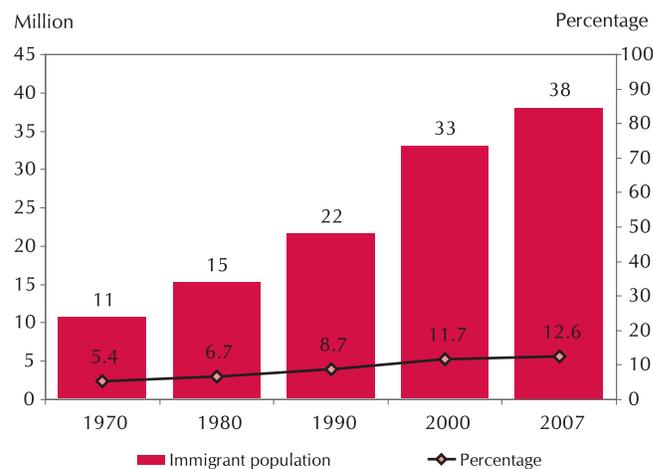
### Mexicans: the largest immigrant group in the United States

Immigration has been a constant in the history of the United States. Since its founding, it has been the destination of migratory flows from all over the world. As early as 1781, John Crevecoeur wondered what it meant to be an American, to which he answered that it might mean any family in which the grandfather was English and his wife was Dutch, whose son was married to a Frenchwoman and who in turn had four children married to women from another four different countries.

Despite this long tradition of immigration, the flow of newcomers to the United States has not occurred continuously over time. Immigration has been concentrated in several historical periods, creating several waves of immigration. The most recent increase in permanent migrants from Mexico has taken place during the last migratory wave that began in the 1970s and has continued to the present. According to U.S. sources, recent decades have seen an extraordinary

increase in the scope and intensity of immigration from all countries. Suffice it to say that the volume of immigrants in the United States nearly quadrupled between 1970 and 2007 from a total of nearly 10.6 million to 38.1 million persons. In fact, in 1970, immigrants constituted 5.3% of the country's total population, rising to 12.6% in 2007, a considerable increase that has heightened the relative importance of the immigrant population (Figure 1). Nevertheless, these figures are lower than those recorded in the late 19th and early 20th century, when immigrant populations accounted for between 13% and 15% of the population, largely as a result of a large wave of European immigration.

Figure 1. Immigrant Population in United States and Percentage of Total Population in that Country, 1970-2007

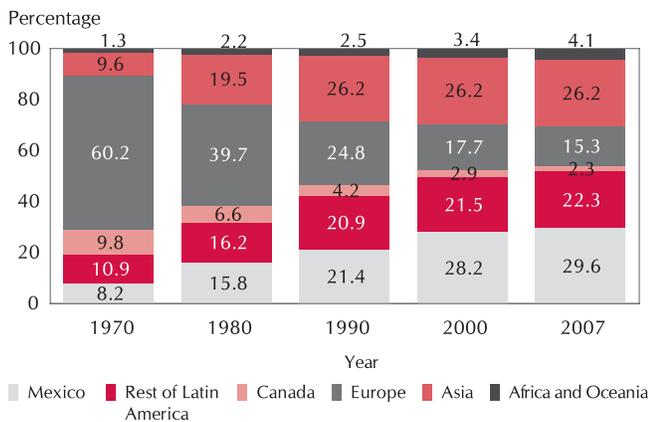


Source: CONAPO Estimates based on U.S. Census Bureau, Census 1970, 1980, 1990, 2000; and American Community Survey (ACS), 2007.

Just as in the early 20th century, voices of opposition to immigration are being raised in some sectors of American society, as well as expressions of fear about the possible infusion of immigrant cultures into America's cultural identity. In the contemporary

period, immigrants from the geographically closest Latin American and Caribbean countries are those that contribute to the largest migratory trends, which has had a profound impact on the ethnic composition of American society. Whereas in 1970, two thirds of the total number of immigrants were of European origin, nearly three decades later, virtually half of all the foreign born in the U.S. (52%) are from Latin America and the Caribbean (Figure 2).

**Figure 2. Immigrant Population in United States by Country or Region of Birth, 1970-2007**



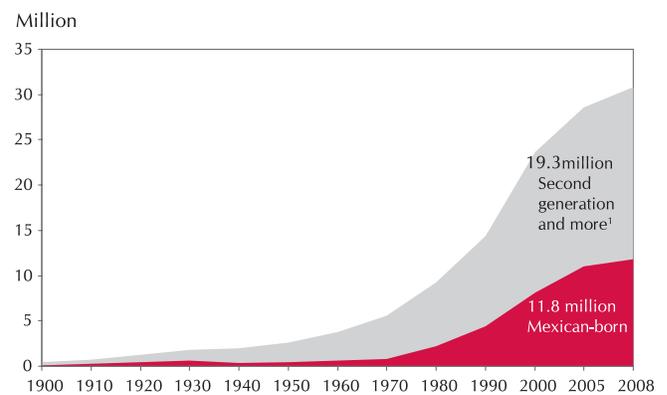
Source: CONAPO estimates based on U.S. Census Bureau, Census 1970, 1980, 1990, 2000 and American Community Survey (ACS), 2007.

The 1970s marked the start of a new cycle of Mexican migration to the United States, characterized by a significant increase in its intensity and scope (particularly of the undocumented), an expansion in the number and geographic distribution of both sending and receiving communities in the two countries, a tendency towards a “more permanent” form of migration and a diversification of the socio-demographic profile of other migrants, among other aspects.

By 1980, the number of Mexicans living in the United States exceeded two million (2.2 million) and since 1980, Mexico has been the largest sender of migrants to the United States. Over the next 30 years, the figures doubled every ten years. By 1990, the Mexican immigrant population in the United States had risen to 4.4 million and then to 8.8 million in 2000. It is

estimated that in 2008, the number of Mexicans living in the United States was 11.8 million. If one also considers immigrants’ descendants, it is estimated that the population of Mexican origin in the United States rose from 5.4 to 31.1 million during the same period. By 2008, 19.3 million persons of Mexican origin were born in the United States (10.1 million second generation and 9.2 million third generation or later) (Figure 3).

**Figure 3. Population of Mexican Origin Resident in United States, 1900-2008**



Note: 1/ Second generation and more: corresponds to descendants (children, grandchildren and more) born in the United States of Mexican Immigrants.  
 Source: From 1900 to 1990: produced on the basis of Corona Vázquez Rodolfo, *Estimación de la población de origen mexicano que reside en Estados Unidos*, El Colegio de la Frontera Norte, 1992. Figures 2000, 2005 and 2008: CONAPO estimates on the basis of U.S. Census Bureau, and Current Population Survey (CPS), March 2005 and 2008.

**Immigrants’ Children: the most dynamic younger population group in the United States.**

As a result of the intensification of immigration from all countries, the younger children of immigrants constitute a key population segment of the young population in the United States. This group represents approximately 24% of the total number of children in the United States. In other words, nearly one out of every four children under 18 has at least one immigrant parent. This reflects a significant proportion, particularly if one considers that their foreign parents account for just over 12% of the total population.

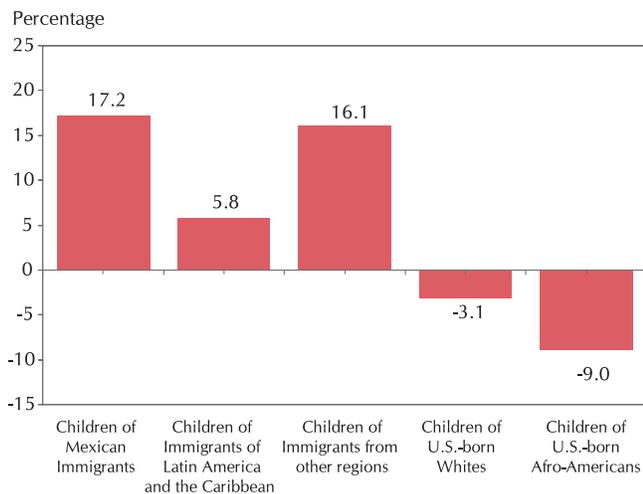
The importance of immigrants’ children within the U.S. population is evident when one considers the growth

of this number over time. Of the total U.S. population, the number of children under 18 rose slightly from 2002 to 2008 (approximately 1.5%). But within this age group, the number of African-American children fell by 9% and the number of American white children fell by 3.1%. On the other hand, the number of children under the age of 18 with Mexican immigrant parents rose by 17.2%. The number of children with other Latin American and Caribbean immigrant parents rose by 5.8%, while for the children with parents born in other regions of the world the figure reached 16.1% (Figure 4).

**Immigrants' children under 18:** children living with at least one parent born outside the United States. There are three different situations: children living with two parents both of whom are foreign-born; children living with just one parent who is foreign-born and children living with two parents one of whom is foreign-born and one who is U.S.-born. Identifying immigrants' children under the age of 18 that live with their parents in the United States was only made possible by taking heads of household and/or the spouses of heads of household as a reference. This excludes both immigrants' children that do not live with their foreign-born parents or whose parents are not householders or householders' spouses.

**Children of U.S.-born parents:** children that live with both U.S.-born parents or only with a U.S.-born father or mother.

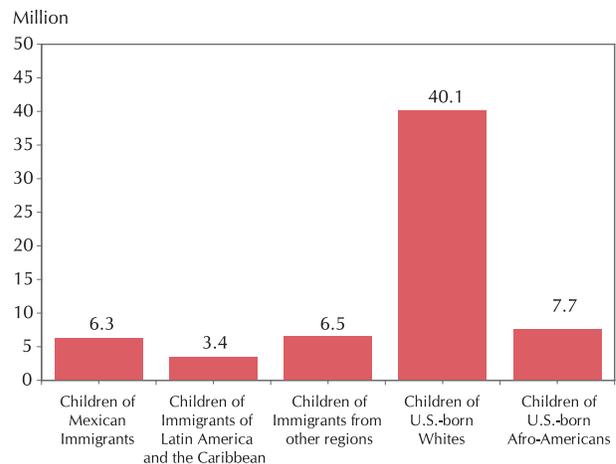
**Figure 4. Growth Rate of Children under 18 in United States according to Parents' Region of Origin and Ethnicity/Race, 2002-2008**



Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2002 and 2008.

In addition to the growth observed between 2002 and 2008, the absolute number of children of immigrants is also important. For example, in 2008, the total number of children under 18 with immigrant parents was estimated at 16.2 million, in contrast to 7.7 million among the African-American population. The number of children with parents from Mexico is particularly high, equal to 6.3 million or 39% of the total number of all children with immigrant parents and close to the total number of African-American children (Figure 5).

**Figure 5. Children under 18 in United States by Parents' Region of Origin and Ethnicity/Race, 2008**

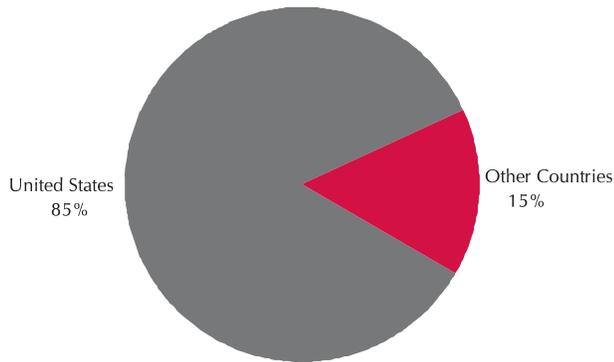


Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

At the same time, the vast majority of children of immigrants (85%) were born in the United States; in absolute terms, they total nearly 13.7 million. Having been born in the U.S. means that these children are U.S. citizens and have the same rights as all other citizens. Conversely, only 15% (2.4 million) were born outside the country (Figure 6).

The country of origin of the immigrant parents of children is directly linked to the composition of the migratory trends of recent decades, with the largest proportion of immigrant parents coming from Latin America and the Caribbean. Mexico is the country of origin of the greatest number of foreign parents (37%), exceeding other countries in Latin America

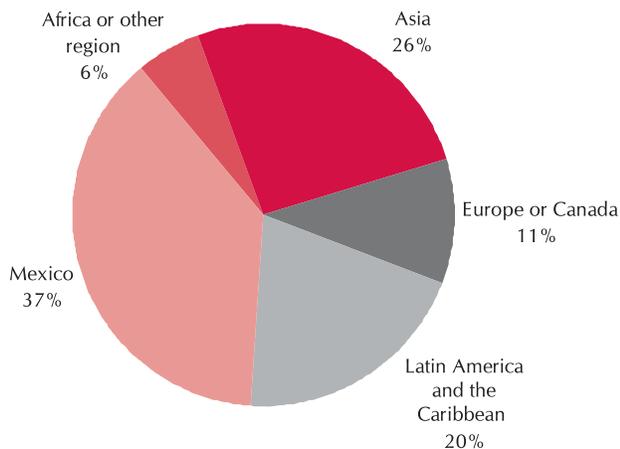
**Figure 6. Children under 18 of Immigrants by Country of Birth, 2008**



Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2002 and 2008.

and the Caribbean (20%) as well as all Asian countries combined (26%). Immigrant parents of European or Canadian origin account for just under 11% of the total (Figure 7).

**Figure 7. Region of Birth of Immigrant Parents of Children under 18 in United States, 2008**



Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2002 and 2008.

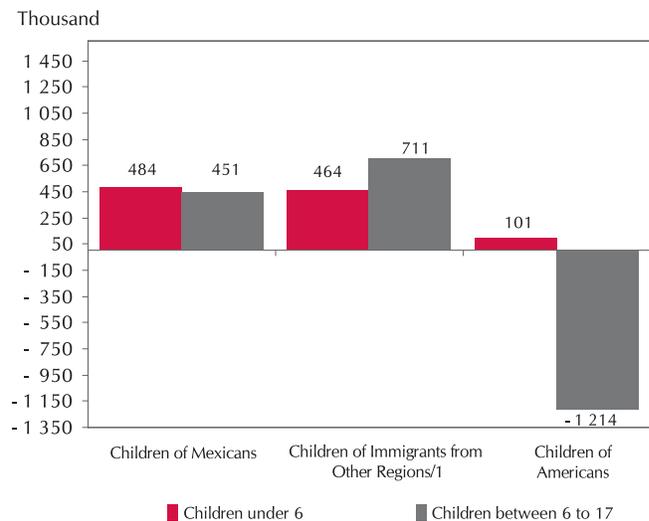
***Immigration has helped slow the aging of the overall United States population***

The aging of the United States population reflects a deceleration in population growth. Although several

studies have shown that immigration alone cannot reverse this trend, it makes an undeniable contribution to the growth of the population of certain age groups in the United States.

As a result of the increase in immigration, children with immigrant parents comprise the most dynamic segment of the population under 18 in the United States. Indeed, if it had not been for immigration (from Mexico and other countries) between 2002 and 2008, the population of this age group would have decreased by over a million. In particular, the 6 to 17 year age group declined slightly in absolute terms (-52,000). If it had not been for the children of Mexican and other migrants, who contributed 451,000 and 711,000 persons respectively, this group would have lost 1.2 million persons due to the decline in the number of children of U.S.-born residents (Figure 8).

**Figure 8. Absolute Growth of Population ages 0 to 17 Resident in United States by Parents' Region of Origin, 2002-2008**



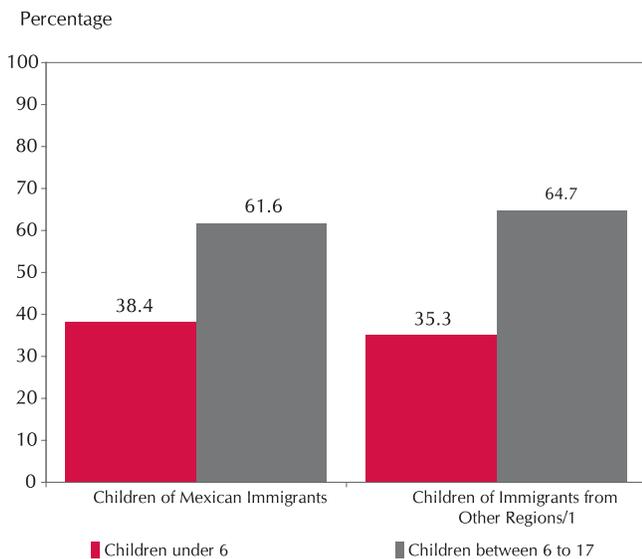
Note: 1/ Excludes immigrants born in Latin America and the Caribbean.  
Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2002 and 2008.

In sum, immigrants' children notably offset the population loss in this age group. Among the youngest (ages 0 to 5), Mexicans' children contributed the greatest absolute growth, nearly 500,000 persons, accounting for 46% of the total growth of this group.

**Mexicans’ children: the largest group among children of immigrants**

A significant proportion of the 6.3 million children under 18 of Mexican immigrants in the United States are under six years old (38%), while 62% are ages 6 to 17. This age structure and absolute numbers are very similar to that of the children of immigrants from countries outside Latin America and the Caribbean. This group of reference will be used in the rest of this book (Figure 9).<sup>1</sup>

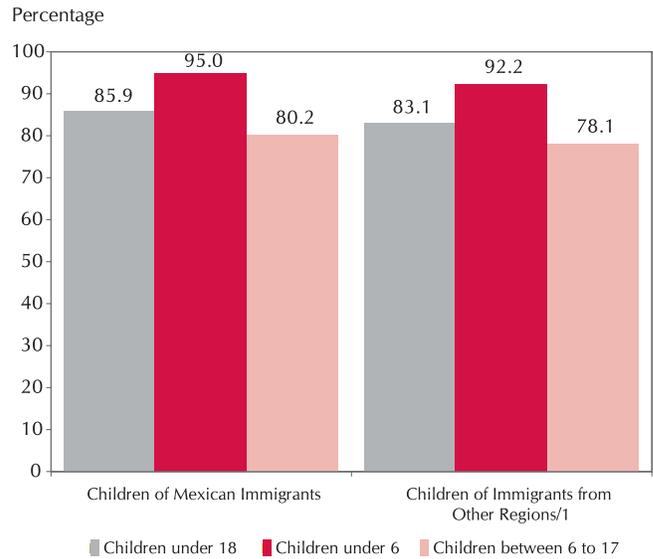
**Figure 9. Distribution of Children of Immigrants by Age Group and Region of Parents’ Origin, 2008**



Note: 1/ Excludes immigrants born in Latin America and the Caribbean. Source: CONAPO estimates base on *Current Population Survey (CPS)*, March 2008.

The vast majority of Mexican immigrants’ children who are under the age of 18 were born in the United States (86%); only 14% were born in Mexico. As one would expect, the proportion of those born in the U.S. is higher among children under the age of 6 (95%) (Figure 10).

**Figure 10. Percentage of U.S.-born Children of Immigrants by Age Group and Parents’ Region of Origin, 2008**



Note: 1/ Excludes immigrants born in Latin America and the Caribbean. Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

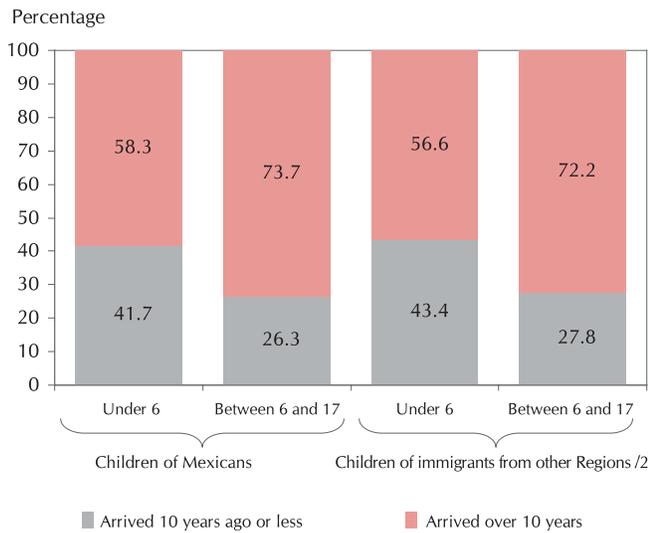
**Children of Mexican Immigrants live throughout the U.S.**

Five U.S. states account for nearly 73% of the total number of Mexican immigrants’ children under the age of 18, which, in order of importance, are: California (38%), Texas (21.4%), Illinois (6%), Arizona (5.8%) and Nevada (2.2%). Nevertheless, their relative importance in terms of the total number of young children of immigrant parents is significant in a considerable number of states (Figure 11), which is associated with the expansion of Mexican immigration throughout the entire U.S.. This is demonstrated by the fact that in 16 states, young children of Mexican immigrant parents account for over 40% of the total number of children of all immigrants —accounting for 74.5% in New Mexico— and for between 20 and 40% in twelve states.

<sup>1</sup> The decision to exclude Latin American and Caribbean immigrants is due to the fact that this group is characterized by a pattern of socio-economic integration that is relatively similar to Mexicans’.



**Figure 12. Children under 18 of Immigrants in United States by Age Group and Parents' Period of Entry into Country,<sup>1</sup> 2008**

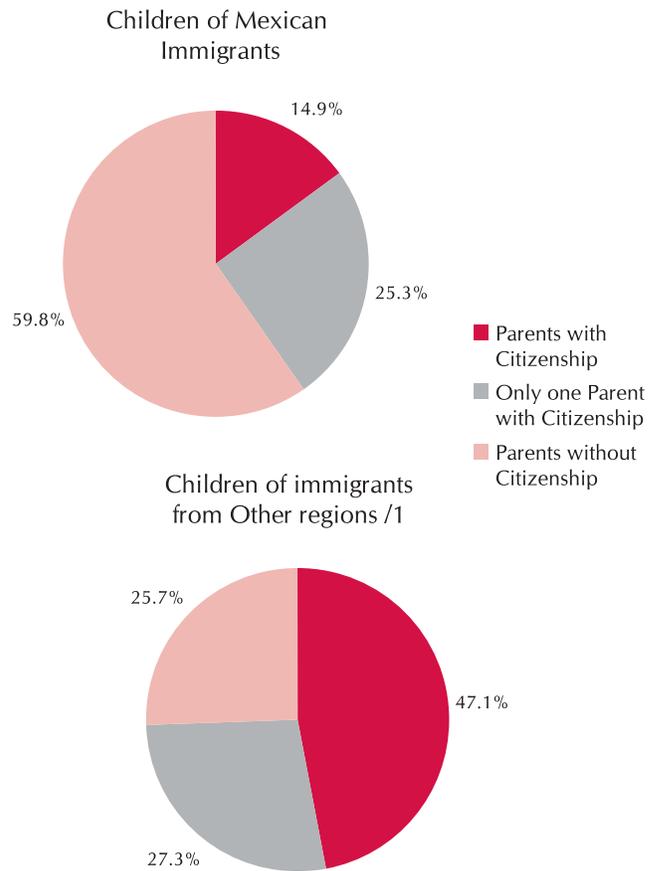


Notes: 1/ The period of arrival was determined by the immigrant father/mother who arrived in the United States most recently.  
 2/ Excludes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

households where neither parent is a U.S. citizen (3.7 million), which is much higher than the percentage for children of other immigrants (26%) (Figure 13).

The high level of absent documentation and the low levels of citizenship of Mexican parents with children under 18 in the United States negatively condition their rights and their economic and social benefits. The restriction of Mexican parents' legal status or citizenship (and therefore, their rights and benefits) jeopardizes (and is reflected in) the rights and well-being of their children, most of whom were born in the United States. This has meant that the U.S.-born children of Mexican immigrants (who are entitled to the rights provided by that country's laws) are inserted in unfavorable living conditions or even in extreme conditions, are separated from their parents or they are forced to live outside their own country.

**Figure 13. Children under 18 of Immigrants in United States by Citizenship Status and Parents' Region of Origin, 2008**



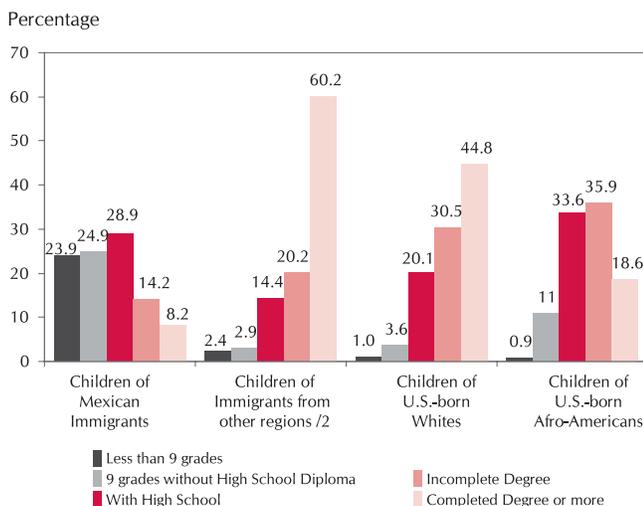
Note: 1/ Excludes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

***Mexican parents are characterized by their lower level of literacy and limited command of English***

In general, the children of persons with low educational achievement and limited command of English tend to have less promising academic and labor performance than the children of those with a higher level of literacy. One characteristic that has prevailed among the Mexican population resident in the United States and which negatively conditions their socio-economic integration is their low level of academic achievement, even though this has shown a relative improvement over time.

In comparison with other immigrant and U.S.-born groups, Mexicans' low level of educational achievement reflects a situation of profound disadvantage. Suffice it to say that half the children of Mexican origin have parents that do not have a high school diploma, which is much higher than the proportions of other immigrant, white and African-American U.S.-born parents with this level of educational attainment (approximately 5% in the first and second case and 12% in the third).<sup>3</sup> Also striking is the extremely low percentage of Mexican parents at the other end of the educational scale —degree completed or higher— (8%) although the difference between them and African-American parents is no longer as noticeable (Figure 14).

**Figure 14. Children under 18 Resident in United States by Educational Attainment, and Parents' Region of Origin and Ethnicity/Race,<sup>1</sup> 2008**

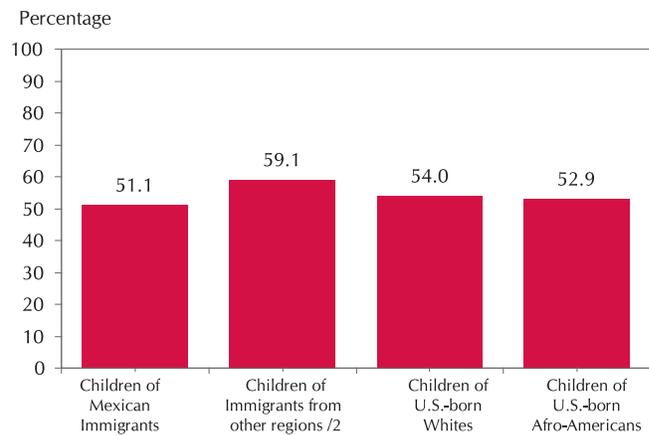


Notes: 1/ Parents' educational attainment was calculated on the basis of the father/mother resident in the household with the highest academic credentials  
 2/ Excludes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

<sup>3</sup> Parents' educational attainment is calculated on the basis of the father/mother living in the household with the highest educational attainment.

Nevertheless, it is worth noting that Mexicans' children are exceeding their parents' educational achievement and reaching levels close to those of other youths of the same age. For example, 51% of Mexican immigrants' children ages 13 to 17 have completed over nine years of study. This figure is close to the levels achieved by the children of U.S.-born whites (54%) and African-Americans (53%) although slightly further away from that of other immigrants' children (59%) (Figure 15).

**Figure 15. Children ages 13 to 17 Resident in United States with Over 9 Grades of Educational Attainment<sup>1</sup> by Parents' Region of Origin and Ethnicity/Race, 2008**

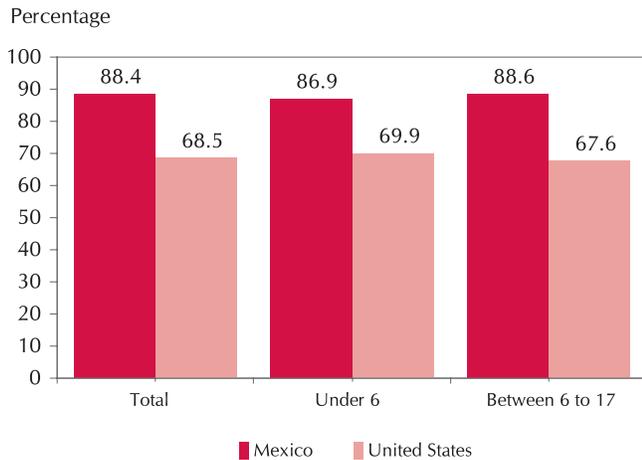


Notes: 1/ Includes educational attainment of over 9 grades and some College studies (but without a College degree).  
 2/ Includes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

Another crucially important aspect for the favorable integration of immigrant populations involves their command of the language of the receiving society. It has been proved that the language barrier affects the vast majority of Mexican families in the United States. In general terms, at least one parent of approximately seven out of every ten Mexicans' children is not fluent in English.<sup>4</sup> This problem is exacerbated according to the child's country of birth: children born in Mexico are more likely to belong to families with a limited command of English as opposed to those born in

<sup>4</sup> Limited command of English includes those that do not speak it very well.

**Figure 16. Children of Mexican Immigrants under 18 whose parents have a Limited Command of English<sup>1</sup> by Country of Birth, 2008**



Notes: 1/ Limited command of English includes those that do not speak it very well.  
 Source: CONAPO estimates based on *American Community Survey (ACS)*, 2007.

the United States.<sup>5</sup> Nearly nine out of every ten children born in Mexico live in households where their parents experience difficulty with the English language) (Figure 16).

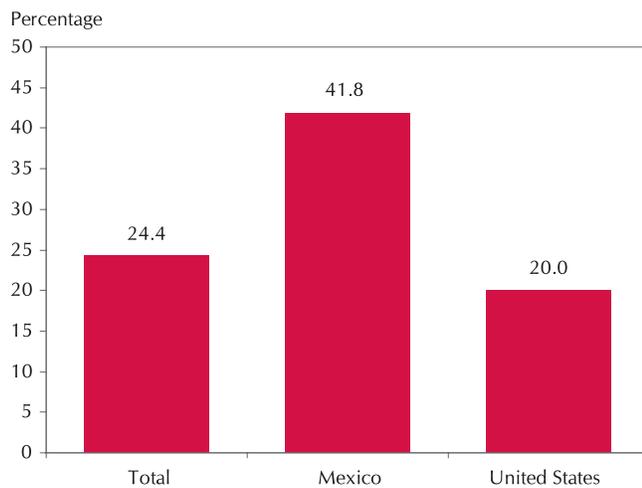
Over time, Mexican immigrants’ children achieve fluency in English. However, during their youth (under 18) some experience problems in communicating in this language (24.4%). This lack of fluency in English mainly affects those born in Mexico (42%) (Figure 17).

### **Economic Conditions**

#### ***The labor participation of both Mexican parents***

In the United States, the labor participation of both Mexican parents (ages 16 to 64) of children under 18 is 65.4%. If compared with other immigrant parents (73.4%) and with U.S.-born parents, both white (78.3%) and African-American (71.6) is lower. This is mainly due to the low participation of Mexican mothers in the labor market and to a lesser extent, to the absence of a parent in these households (generally the father).

**Figure 17. Mexican Immigrants’ Children ages 6 to 17 in the United States with Limited Command<sup>1</sup> of English by Country of Birth, 2008**

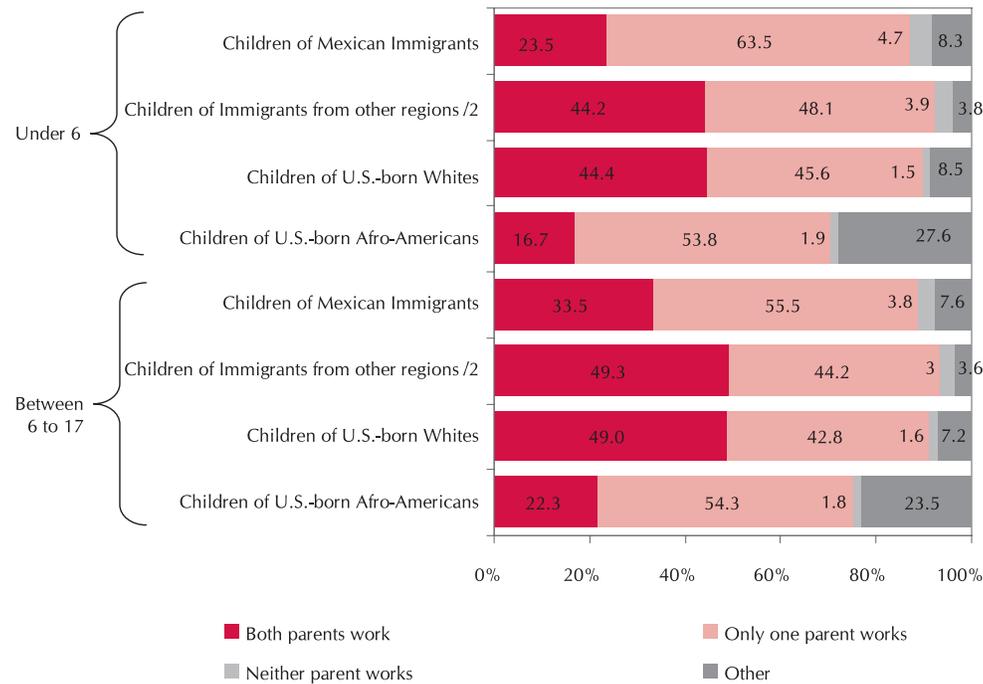


Notes: 1/ Limited Command of English includes those that do not speak it very well.  
 Source: CONAPO estimates based on *American Community Survey (ACS)*, 2007.

Among Mexican immigrants’ children under the age of 18, only 29.7% live in households where both parents work, 58.6% live in households where one parent works, and 4.2% live in households where neither parent works. There are 7.6% in the category “other” that live in households where it was impossible to obtain information on their parents’ work or where the latter were too old to take part in the formal labor market (over 65). This lower insertion in the labor market by the parents is exacerbated in the new generations, since among children under six, only 23.5% live in households where both parents work (Figure 18).

<sup>5</sup> Excludes children born in other country than Mexico or the United States since they represent a very small percentage (0.01%).

Figure 18. Children under 18 in United States by Employment Status,<sup>1</sup> and Parents' Region of Origin and Ethnicity/Race, 2008



Notes: 1/ Considers parents ages 16 to 64.  
 2/ Excludes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

The outlook for the children of other immigrants and white U.S-born parents is more favorable, since 49% live in households where both parents work. By contrast, the children of African-Americans experience a more difficult situation. Among the latter, only 22.3% live in households where both parents work while among the new generations (under 6), this problem is even more acute. These data largely reflect the predominance of single parenthood among African-American families.

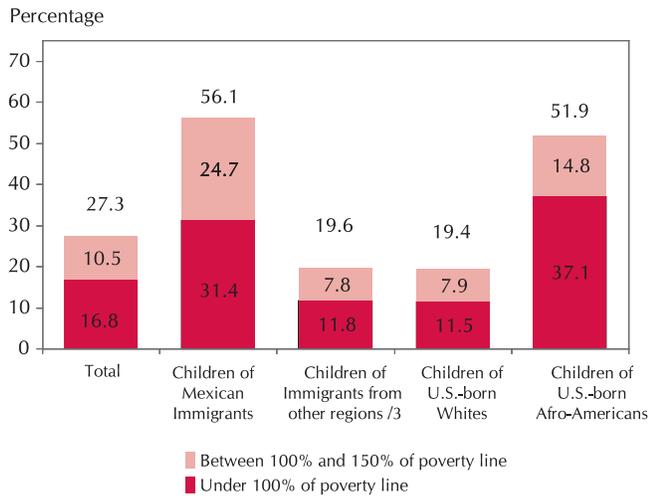
**Most of the children of Mexican immigrants live in low-income households**

Parents' lower access to the labor market, particularly to formal occupations with decent salaries and job benefits, forces children under the age of 18 to live in poverty. Over half the children of Mexicans (56.1%) live in low-income families, in other words, families

with incomes 150% below the U.S. *Federal Poverty Line*. This proportion is higher than that of children of African-Americans (51.9%) and nearly triple that of children of immigrants from other regions and U.S.-born whites (19.6 and 19.4%, respectively). However, figures on the incidence of poverty (100% below the *Federal Poverty Line*) show a situation of greater disadvantage among African-Americans' as opposed to Mexicans' children (37.1% and 31.4%, respectively). In any case, the social and economic distance the children of Mexicans and African-Americans must overcome is enormous (Figure 19).

The incidence of poverty and low income varies according to family structure. The lack of a parent in the house noticeably affects young children in all ethnic groups, particularly when the father is absent and women look after the children. The children of Mexicans that live alone with their mothers (nearly a million) are the most likely to experience financial

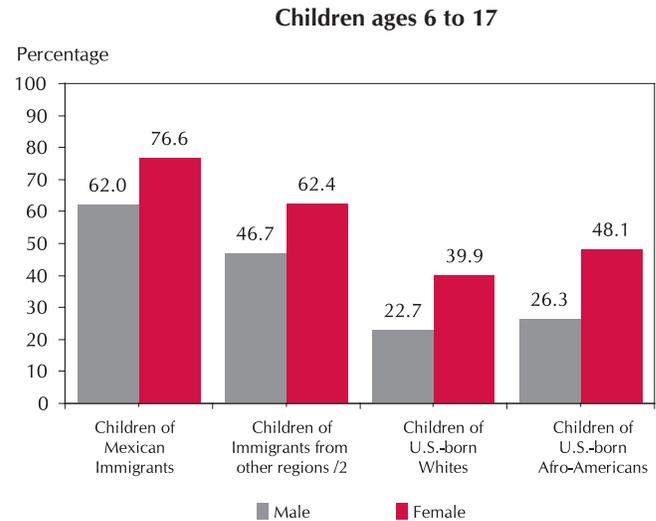
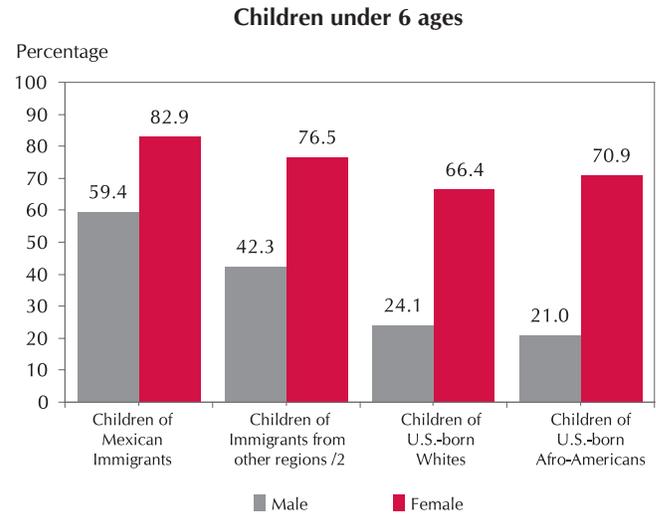
**Figure 19. Condition of Poverty<sup>1</sup> and Low Income<sup>2</sup> of Children under 18 in United States by Parents' Región of Origin and Ethnic Group, 2008**



Notes: 1/ Income below 100% of Federal Poverty Line.  
 2/ Income below 150% of Federal Poverty Line.  
 3/ Excludes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.

difficulties (approximately 80%). It is worth noting that among the youngest children (under 6) of immigrants and U.S.-born parents, the lack of a parent noticeably increases the likelihood of belonging to a low income family, reaching levels of 82.9 and 76.5% among Mexicans and immigrants from other regions, and 66.4 and 70.9% among U.S.-born whites and African-Americans, respectively (Figure 20).

**Figure 20. Children under 18 Resident in United States in Single-Parent Families with Low Income<sup>1</sup> by Sex and Parent's Region of Origin and Ethnic Group, 2008**



Notes: 1/ Income below 150% of federal poverty line.  
 2/ Excludes immigrants born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *Current Population Survey (CPS)*, March 2008.



## Chapter II. Access to Health Insurance

The United States has one of the most unequal health provision systems in the developed world. A broad sector of the population lacks health insurance, and thus a large number of people have very limited access to health services. This widespread lack of access to healthcare is the result of a social security scheme based primarily on the private sector, while the state's responsibility is restricted to providing care for the most vulnerable, low-income groups that meet the eligibility criteria set to obtain the benefits of public programs.

Private health insurance is usually obtained through employment (whether one's own or that of a relative), and public health coverage covers about a fifth of the country's total insured population. In the case of private health coverage, health insurance depends primarily on the employer's willingness to provide health benefits to employees and on the ability of workers to negotiate employment benefits. In the case of public health coverage, access to public programs designed for persons of limited income is conditioned on meeting certain eligibility criteria associated with income levels or in some circumstances, special health conditions. In the case of immigrant populations, eligibility for public health programs is determined by migratory status and length of legal residence in the country.

It is important to note that health insurance is the most significant factor in obtaining regular medical care services in that it provides financial access to a broad range of services including disease prevention, diagnosis and treatment. Conversely, the lack of health insurance, which characterizes a broad segment of the limited-income population, is the main inhibitor of regular medical check-ups.

The underlying inequities in access to the various health service schemes in the United States reflect social integration processes that differ by ethnic group and migratory status, where the most marginalized

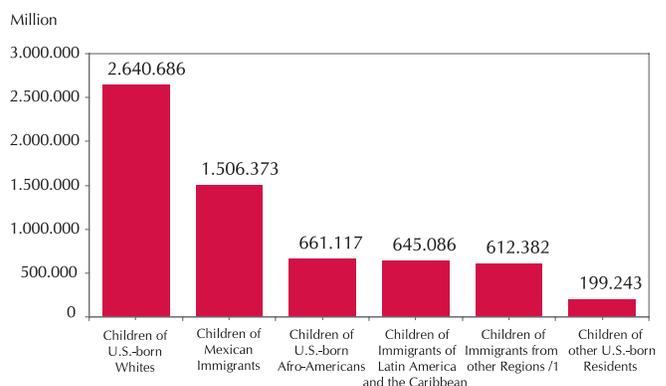
groups are also those that are most heavily excluded from the health system. Within this context, the health insurance of children under 18 in the United States is closely linked to the socioeconomic conditions of their family environment. This chapter analyzes the health insurance coverage of Mexican immigrants' children under the age of 18 in comparison with other ethnic groups.

### Health Insurance Coverage

#### ***One out of every four uninsured children under the age of 18 in the United States is the child of Mexican immigrants***

In the United States, nearly one out of every ten children under 18 (6.2 million in absolute terms) is not covered by a health system. Within this group, the children of Mexican immigrants are clearly over-represented; although they account for 9 percent of all children in the country, they constitute 24 percent of uninsured children. In fact, in absolute terms, the number of children of Mexican immigrants without medical insurance coverage —approximately 1.5

**Figure 21. Children under 18 in United States without Health Insurance by Parents' Region of Origin, 2008**



Notes: 1/ Excludes Population born in Latin America or the Caribbean.

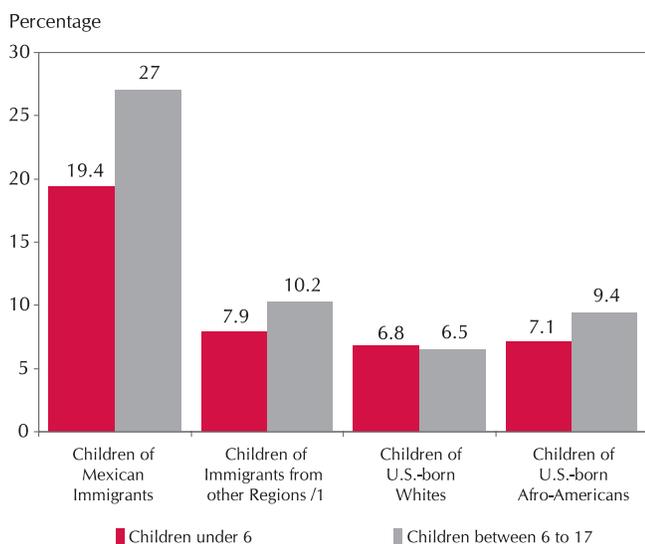
Source: CONAPO estimates based on Census Bureau, *Current Population Survey (CPS)*, March 2008.

million— (Figure 21) is only exceeded by the children of U.S.-born whites (2.6) who comprise by far the largest group in the country.

**Access to the U.S. health system is profoundly marked by ethnic/racial inequities**

Available data reveal profound ethnic and racial disparities in the medical insurance access of children under the age of 18. Within this context, Mexican immigrants’ children are the least protected.) In fact, the percentage of these children lacking health insurance (19.4%) is more than double that of the children of other immigrants (7.9%), U.S.-born blacks (7.1%) and U.S.-born whites (6.8%). Mexican children’s disadvantage is exacerbated within the 6 to 17 age group, where the percentage without health insurance reaches 27 percent (Figure 22).

**Figure 22. Children under 18 in United States without Health Insurance by Parents’ Region of Origin and Ethnic Group, 2008**



Note: 1/ Excludes Population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on Census Bureau, *Current Population Survey* (CPS), March 2008.

These figures show that the children of Mexican immigrants have weaker links with the health system and are therefore more exposed to the risk of not having timely medical check-ups.

It should be noted that the level of health insurance coverage of the children of immigrants from other world regions is similar to that of the children of U.S.-born whites and African-Americans. Thus, discussing the problem of children and young people’s exclusion from the U.S health brings the situation of Mexican immigrants’ children into focus.

**In 24 states in the U.S. over a fifth of Mexican immigrants’ children are excluded from the state health system**

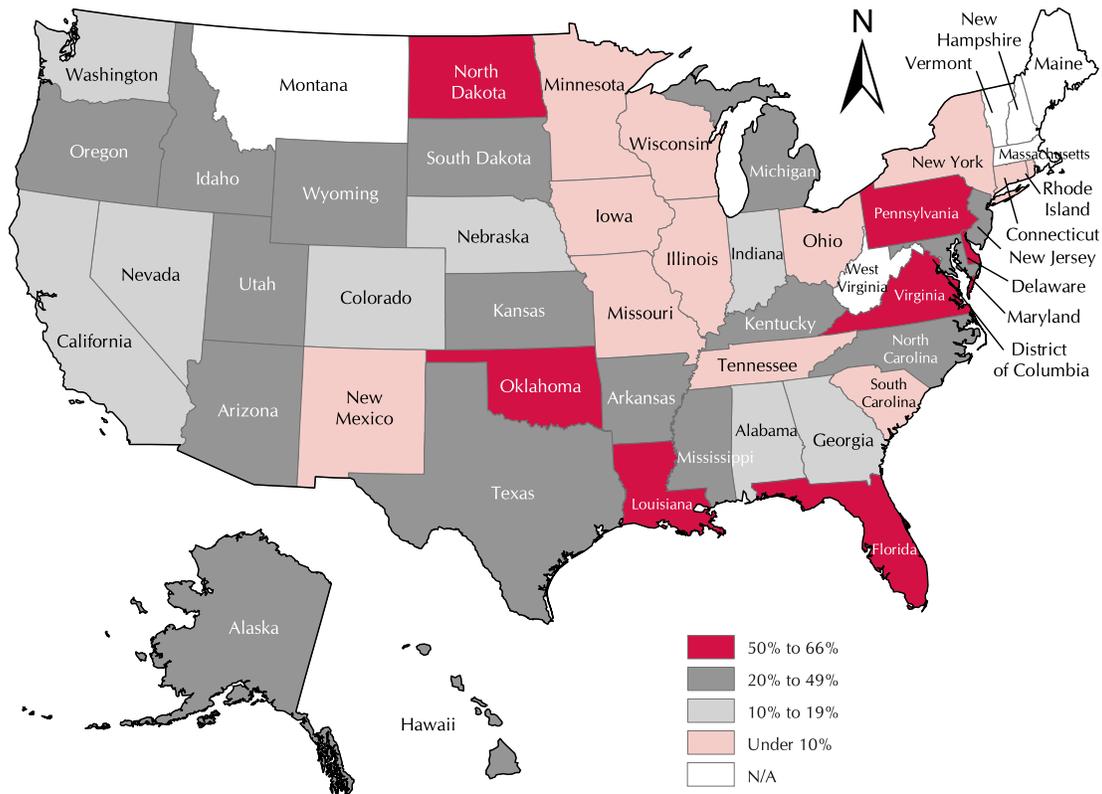
The U.S. states exhibit major differences in terms of the level of health system exclusion of Mexican immigrants’ children under the age of 18. Such exclusion is closely linked to the degree of social integration, which is associated with their parents’ socio-demographic and migratory profile and the inclusiveness of state public health policies. Over a fifth of Mexican immigrants’ children under 18 are excluded from the health system in 24 states in the U.S. Likewise, seven states with recent immigration flows —Pennsylvania, North Dakota, Virginia, Oklahoma, Louisiana, Delaware and Florida— have been identified where the proportion of children of Mexican origin without health insurance is over 50 percent (Figure 23).

**The disadvantaged condition of the children of Mexicans in relation to other groups persists even when they are U.S.-born**

Being a U.S.-citizen by birth confers social rights and benefits, including access to public health insurance schemes when one is eligible. However, the U.S.-born children of Mexicans are far less likely than any other ethnic or racial group to have health insurance coverage. One of every five lacks health insurance, whereas in the case of the children of immigrants of other regions and U.S.-born whites and African-Americans, this proportion is less than one in ten (Figure 24).

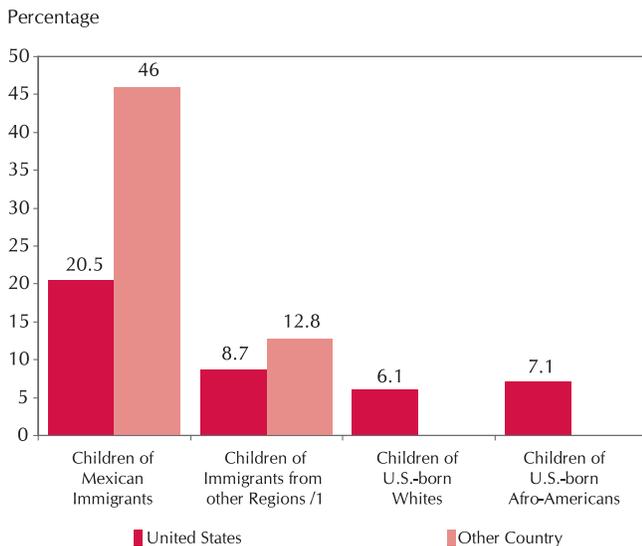
At the same time, Mexican-born children of Mexican immigrants that are under the age of 18, who account for 14 percent of the total, are far more marginalized

Figure 23. Mexican Migrants' Children under 18 without Health Insurance in the United States by State of Residence, 2005-2008



Source: CONAPO estimates based on *Current Population Survey* (CPS), March 2005-2008.

Figure 24. Distribution of Children under 18 in United States without Health Insurance by Parents' Country of Birth, Region of Origin and Ethnic Group, 2008



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on Census Bureau, *Current Population Survey* (CPS), March 2008.

from the health system than any group of children born in U.S. territory. Half have no health insurance, twice the proportion of those born in the U.S. (20.5%). These enormous disparities within one ethnic group suggest that health insurance coverage patterns of Mexican immigrants are strongly determined by their degree of integration into U.S. society and an institutional framework that makes a clear distinction between the rights granted to U.S. and foreign children. It should be noted that in the case of Mexican immigrants' children, living in single-parent households is not associated with higher rates of lack of protection than among children living with both parents.

A comparison with the children of other foreign-born immigrants shows that the level of exclusion of Mexican-born children of Mexican immigrants is four times higher (Figure 24), largely because the former have more favorable processes of social integration and migratory status (Chapter 1).

### ***Inequalities in health insurance extend to Mexican households***

One aspect worth highlighting is the acute inequality in terms of health insurance in Mexican families. This situation is particularly dramatic in nearly 120,000 Mexican households, where some of the children under 18 have health insurance while others do not. This is primarily due to a child's country of birth; those born in the United States have more rights and therefore have some access to coverage whereas those born in Mexico have fewer rights and often lack health insurance.

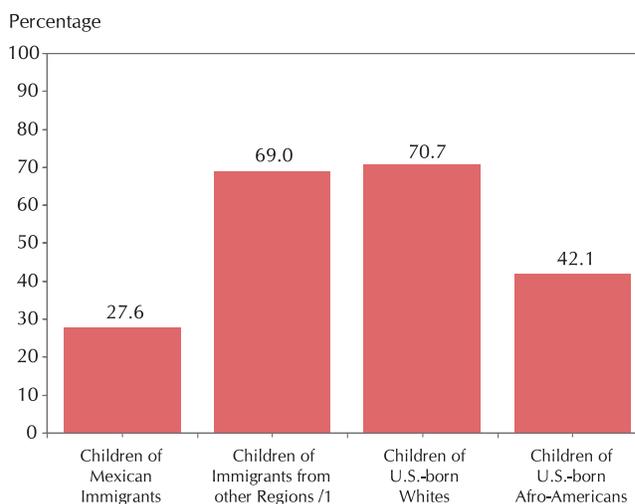
## ***Types of Health Insurance***

### ***The children of Mexican immigrants are less likely to have private health insurance***

In comparison with other ethnic groups, Mexican immigrants' children under the age of 18 are less likely to have health insurance through their parents' employment benefits (27.6% as opposed to 69%, 70.7% and 42.1% in the case of the children of immigrants from other regions, U.S.-born whites and U.S.-born African-Americans respectively) (Figure 25). This is largely the result of the higher concentration of Mexican parents in unskilled, poorly-paid jobs in which employment benefits are not usually provided. The undocumented status of a significant number of Mexican workers also enormously reduces their possibilities of enjoying this type of employment benefit.

In a context where Mexican immigrants' children are far less likely than other populations to have health insurance as a result of their parents' employment, public health programs designed for limited-income

**Figure 25. Distribution of Children under 18 in United States with Health Insurance through Their or Their Parents' Employment by Parents' Region of Origin and Ethnic Group, 2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.

Source: CONAPO estimates based on Census Bureau, *Current Population Survey (CPS)*, March 2008.

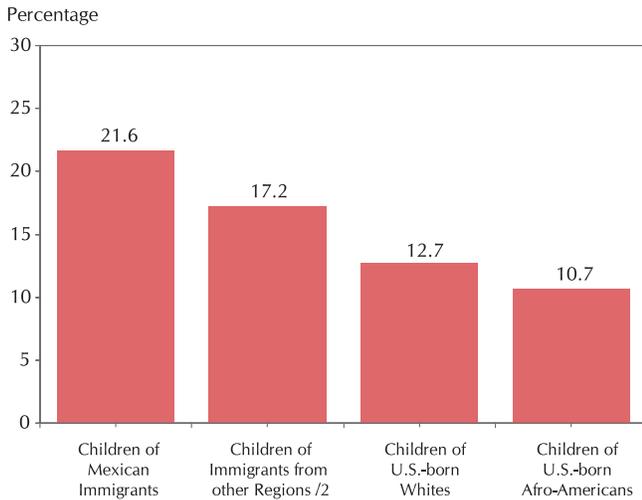
families such as Medicaid and the *State Children's Health Insurance Program (SCHIP)* are particularly critical for these children. Indeed, these programs could contribute more effectively to offsetting the weaknesses of a health provision system that relies mainly on employers' willingness to provide employment benefits. However, as will be seen below, these programs exclude a significant proportion of children belonging to Mexican families with limited incomes.

## ***Children in families with low incomes***

### ***The children of limited income Mexican families face more obstacles to access to public health programs***

Children under 18 born in U.S. territory that belong to limited income families are eligible for public health insurance programs. However, over one out of every five children of Mexican immigrants with limited incomes does not have the right to welfare in regards to health (Figure 26). Conversely, the children of immigrants from other regions show lower exclusion rates (17.2%) than Mexicans' children but higher rates

**Figure 26. Distribution of U.S-Born Children under 18 in United States in Limited Income Families<sup>1</sup> without Health Insurance by Parents' Region of Origin and Ethnic Group**



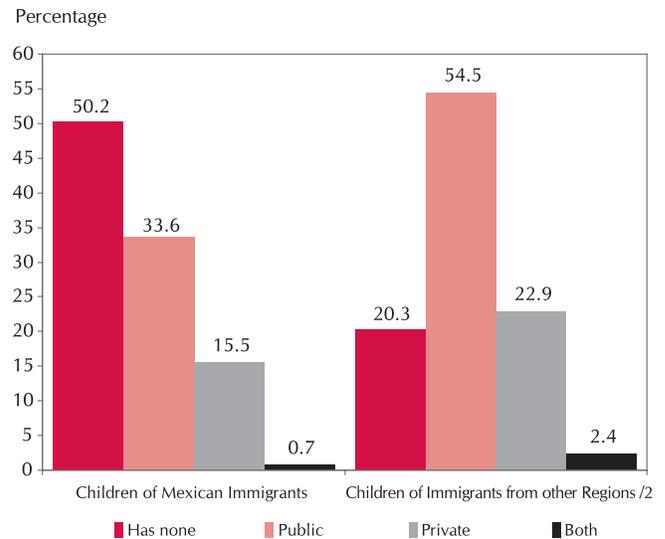
Notes: 1/ Income below 150% of Federal Poverty Line.  
 2/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on Census Bureau, *Current Population Survey* (CPS), March 2008.

than the children of U.S.-born whites (12.7%) and African-Americans (10.2%).

The greater disadvantage of Mexican immigrants' children in relation to other groups seems to be the result of cultural and linguistic barriers and their parents' higher rates of undocumented status. Parents often lack the necessary information on how to "navigate the health system" which is extremely complex and varies from state to state. They may lack information on the rights of U.S.-born children and may be reluctant to go to public institutions to apply for health insurance for their children for fear of being deported. It is also possible that in cases where Mexican-born children coexist with their U.S.-born siblings, parents will refuse to create an inhumane level of inequality between these siblings by submitting applications for the child eligible for public health insurance, thereby leaving the ineligible child unprotected.

Mexican-born children of families with limited incomes are the least protected of all; half lack medical insurance, a much higher figure than for the children of other non U.S.-born immigrants (one out of every five) (Figure 27). These disparities are the result of a high level of lack of documentation among the Mexican

**Figure 27. Immigrant Children under 18 Resident in the United States Belonging to Low Income Families<sup>1</sup> by Type of Health Insurance, by Parents' Region of Origin and Ethnic Group, 2008**



Notes: 1/ Income below 150% of Federal Poverty Line.  
 2/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on Census Bureau, *Current Population Survey* (CPS), March 2008.

population with a limited income that makes them ineligible for public health insurance programs.

Requiring immigrants to prove citizenship or at least five years' legal residence in the United States as an eligibility criterion for public programs- a condition of the 1996 Social Security Law- dramatically increased the inequality between U.S.-born and foreign citizens regarding health access. In addition to responding to fears about the "public burden" immigrant populations would place on the social security system, this policy change sought to dissuade migration, based on the mistaken assumption that many immigrants come to the United States to obtain social benefits.

Recent modifications to the SCHIP eligibility criteria, such as authorizing local governments to waive the five-year waiting period to enable documented immigrant children and expectant mothers to benefit from the program, is a laudable measure on the part of the current U.S. administration. Nevertheless, although its impact has yet to be reflected in available data, it will probably be marginal in the case of

Mexican families since it does not consider children with undocumented status.

These data reveal the enormous vulnerability of Mexican families with limited incomes and the clear potential of public programs to increase health coverage for Mexicans' children and narrow the ethnic gap in health access. Indeed, the vast majority of children of Mexicans without health insurance -nearly two out of three- belong to families with limited incomes. The high cost of health services in the U.S. effectively restricts these children's access to regular medical check-ups. It is not hard to imagine the catastrophic effects on these families when children become seriously ill or have an accident and must be taken to a hospital center. For the poorest families, going to the hospital can mean losing everything. Given this outlook, the diagnosis or treatment of diseases of children of Mexican origin are often postponed.

Speaking of universal access to the health system by U.S. children and legal immigrants in the context of the current debate on the reform of the health system points to the need for the inclusion of these children in public health insurance programs. The case is dramatically clear in view of the specific situation of the children of immigrants with limited resources (most of whom are the children of Mexicans). In short, it is crucial to reduce the barriers that discourage immigrant parents from going to public institutions to apply for their children's health insurance (such as limited command of English, undocumented status,<sup>6</sup> lack of information, etc.).

Attention should also be paid to U.S-born children living in families with limited incomes since they live in an extremely vulnerable, difficult situation: despite having been raised in the United States, they

have fewer rights than other citizen children and live in socially and economically marginalized contexts. Due to a parent's lack of documentation, some of these children are continuously at risk of a parent's deportation to Mexico, a place that is alien to many of them.

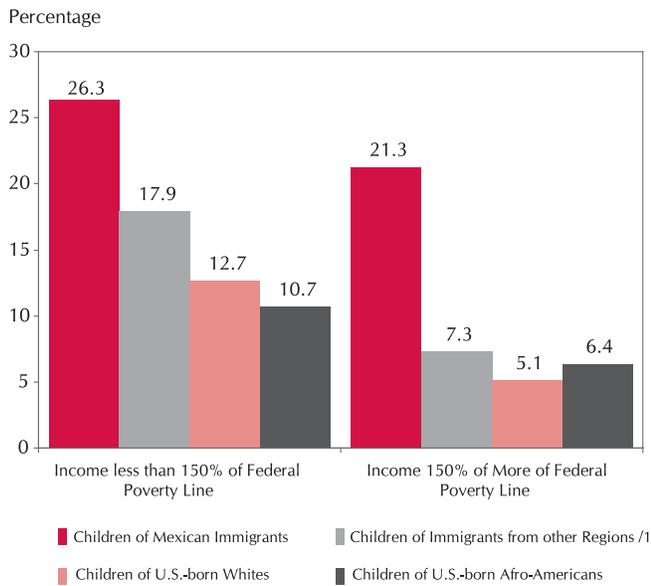
Given this scenario, many have suggested the need for changes in U.S. migratory policies, particularly in terms of easing legalization processes and providing citizenship for immigrant families whose children were born in the United States or have spent a great deal of their childhood and youth in the country. Indeed, measures oriented towards protecting the rights of child immigrants are already being adopted in other developed nations.

Finally, it is important to point out that the gaps in health access between ethnic groups persist even between children that do not belong to families with limited incomes. The level of exclusion from the health system of Mexicans' children is 21 percent as opposed to 7 percent, 5 percent and 6 percent for the children of other immigrants and U.S.-born whites and African-Americans respectively (Figure 28). This reflects the lower value placed on regular health practices among Mexican families, which in turn calls for the design of information and sensitization policies on the importance of having health insurance in order to maintain regular health care practices. The increased lack of protection of older children (ages 6 to 17) in both Mexican families with limited incomes and those with medium and high incomes (Figure 29) points to the need to develop strategies to increase the inclusion of older children in the U.S. health system.

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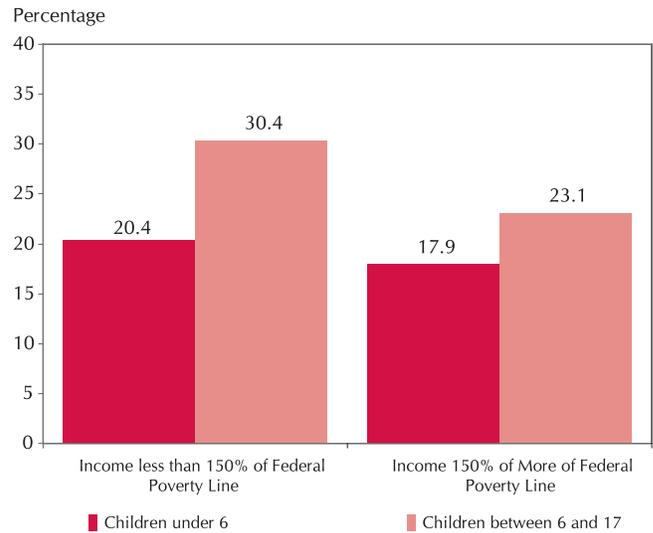
<sup>6</sup> For example, it will be helpful to guarantee that public institutions do not request immigration documents to parents of U.S. children to obtain medical insurance for their children.

**Figure 28. Distribution of Children under 18 in United States without Health Insurance by Parents' Income Level, Region of Origin and Ethnic Group, 2008**



Notes: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on Census Bureau, *Current Population Survey* (CPS), March 2008.

**Figure 29. Children under 18 of Mexican Parents in United States without Health Insurance by Income Level and Age Group, 2008**



Source: CONAPO estimates based on Census Bureau, *Current Population Survey* (CPS), March 2008.



## Chapter III. Access to Health Services

Inequities in health service use in the United States vary by ethnic group/race and immigrant status, reflecting and expressing economic, social and cultural differences. The least protected groups include a large number of Mexican immigrant families that have lower availability of health insurance and are therefore less likely to have regular check-ups and other needed health care.

Even those with health insurance, however, often face significant out of pocket costs for health services. Co-payments and deductibles for medical care and prescriptions can be quite high, especially for the low-income population. In addition, low income populations often face high secondary costs in seeking medical care, such as lost wages when their employer does not provide paid sick leave. This means that even though a person may have health insurance, socio-economic disparities between groups still help determine different health care practices.

At the same time, it is important to note that in addition to financial limitations, there are cultural, linguistic and legal factors that can impair access to medical care services. This chapter uses a comparative perspective to analyze the degree of use and type of health care service utilized by Mexican immigrants' children and the children of other groups under age 18 in the United States.

### **Access to Health Services and Insurance**

#### ***Mexicans' children are less likely to have a place to receive regular medical check-ups***

Having periodic check-ups necessarily requires having a place for regular health care. This is particularly critical in childhood and adolescence, since problems associated with the lack of diagnosis, lack of continuity

in care, or lack of timely care for an illness at these stages of life may have implications for the rest of their lives.

The National Health Interview Survey (NHIS<sup>7</sup>) has detailed information on a wide variety of health issues of the U.S. population. It includes two questions related to children's degree of access to health services. The first question explores whether there is a place where children are regularly taken when they get sick, also called a usual source of care. The second survey question examines the time that has elapsed since the last time a child visited or spoke to a health professional.

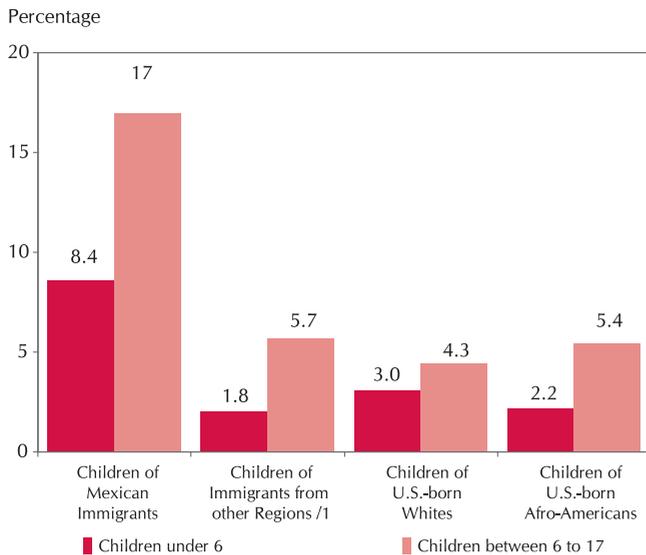
The vast majority of children (under age 18) have a place where they usually go for health care. Nevertheless, the proportion of Mexican immigrants' children without a usual source of care is significantly higher (13.8%) than that of other ethnic groups (4.4% among the children of Afro-Americans and among the children of other immigrants and 3.9% among the children of U.S.-born whites).

Moreover, in all groups, the proportion of children without a usual source of medical care increases with age, which may be associated with lower access to health insurance coverage among older children (Chapter 2) as well as the need for less frequent supervision than during the early years of life. However, unlike other groups, the gaps between children under 6 and those ages 6 to 17 are extremely marked: whereas in the first case, 8% do not have a usual source of care, in the second, this figure rises to 17% among older children (Figure 30).

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<sup>7</sup> The insufficiently large sample size for analyzing some of the variables of access to health services required an exercise of integration and reweighting of the data bases for a period of three years (2006, 2007 and 2008) to achieve representative information.

**Figure 30. Children in the United States without a Place for Regular Medical Care by Age Group, Region of Origin and Parents' Ethnic Group/Race, 2006-2008**

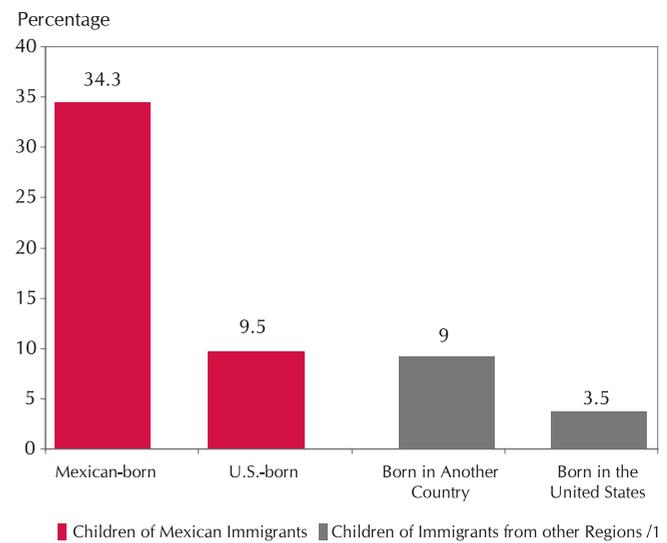


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

***Mexican-born children experience greater difficulty in obtaining health services than children born in other regions of the world***

Immigrant children face greater barriers than U.S.-born children in access to health care. The Mexican-born children of Mexican immigrants are in a far more disadvantageous and vulnerable state than the children of immigrants born in other parts of the world, since they are the most likely to lack a usual place they go for medical care (34.3 and 9% respectively) (Figure 31). These data reflect the difficulty that Mexican immigrant families face in obtaining good jobs that provide decent wages and benefits in the United States. While the U.S.-born children of Mexicans in the United States are more likely to have a usual source of care, they continue to fare worse than U.S. born whites.

**Figure 31. Children under 18 in the United States without a Place for Regular Medical Care by Parents' Country of Birth and Region of Origin, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

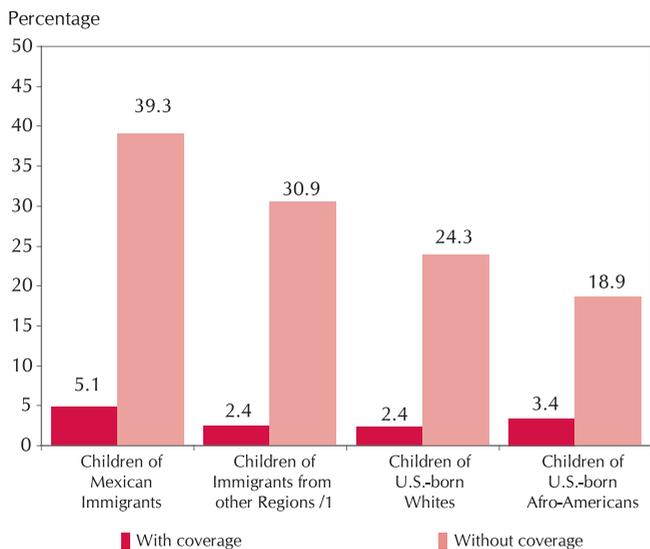
***Health insurance coverage influences access to health services***

Given the high cost of medical services in the United States, not having health insurance coverage reduces the regular use of health facilities for preventive services, diagnosis, and for the treatment of diseases.

The data clearly show that children without health insurance are more likely to lack a usual source of medical care, although this differs by ethnic and racial group. Once again, the greatest inequalities occur among the children of Mexican immigrants, which may reflect greater financial difficulties in covering the medical care expenses of the uninsured. About 5.1% of those covered by some form of health insurance do not have a usual source of care, while for the uninsured this figure rises to 39.3%. Among the children of

immigrants from other areas, and particularly the children of U.S. born whites and Afro-Americans, this difference is less pronounced. Indeed, it is striking that the proportion of uninsured Afro-American children without a place for regular medical care is lower than that of uninsured children of U.S.-born whites (Figure 32).

**Figure 32. Children under 18 in the United States without a Place for Regular Medical Care by Parents' Health Insurance Coverage, Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

## Preventive and Primary Health Care

### *Mexicans immigrants' children are less likely to meet the recommended schedule of doctor visits*

Information on how frequently children visit the doctor is another indicator of their degree of access to medical services. The American Academy of Pediatrics (AAP) stresses the importance of children receiving regular and coordinated health care. The AAP recommends that children over two should have at least one visit to the doctor per year for the prevention and early identification of health problems, whereas for children under two, more frequent visits are recommended. It is

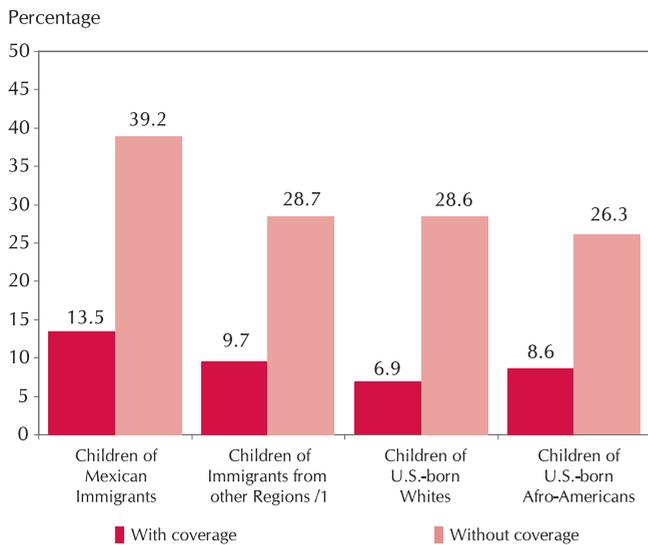
assumed that children that meet these requirements are receiving regular preventive health services that favorably influence their physical and intellectual development (e.g., immunizations, growth supervision, etc.) and the overall state of their health throughout their lives.

The proportion of Mexican immigrants' children ages 2 to 17 that did not visit a doctor over the past year (one of every five) is double that of children of immigrants from other regions, as well as that of children of U.S.-born whites and Afro-Americans (approximately one in ten). Mexican immigrants' children are less likely to meet the minimum standard for medical monitoring, meaning that they are more exposed to the risks posed by not dealing with illness at the time they occur. Developmental problems may also be detected later, which, in the long run, may affect children's physical and academic performance and make them more vulnerable to a number of health-related disorders and problems.

The lack of health insurance coverage is associated with failure to meet these minimum standards for medical visits in all the populations analyzed, although this situation is particularly evident among Mexicans' children. In 2008 39.2% had not visited a doctor in the prior year (Figure 33). At the same time, in comparison with other populations, a higher proportion of children of insured Mexicans failed to meet the minimum criteria for medical care visits. Part of this could be the result of greater financial limitations in covering co-payments and other secondary costs of care, as many Mexican families have limited incomes.

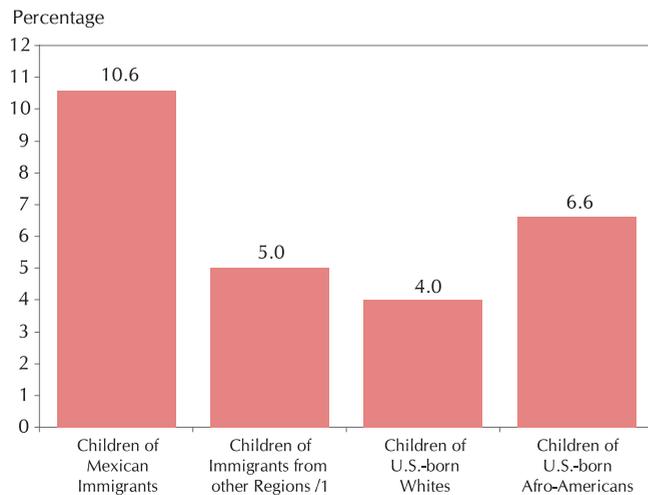
It is recommended that children under the age of two (infants) see a doctor more than once per year. The NHIS collects data on whether children of one year old visited a doctor in six months prior to the interview. The proportion of Mexican immigrants' infants that had not visited a doctor over the previous six months is higher than that of other ethnic/racial groups. Whereas among Mexicans' children, 10.6% had no visit in the previous six months, in the case of the children of immigrants from other regions and U.S.-born whites and Afro-Americans, figures fall to 5, 4 and 6.6% respectively (Figure 34).

**Figure 33. Children ages 2 to 17 in the United States who did not Visit the Doctor during the Past Year by Health Insurance Coverage, Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

**Figure 34. Children aged 1 in the United States who did not Visit the Doctor during the Past Six Months by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

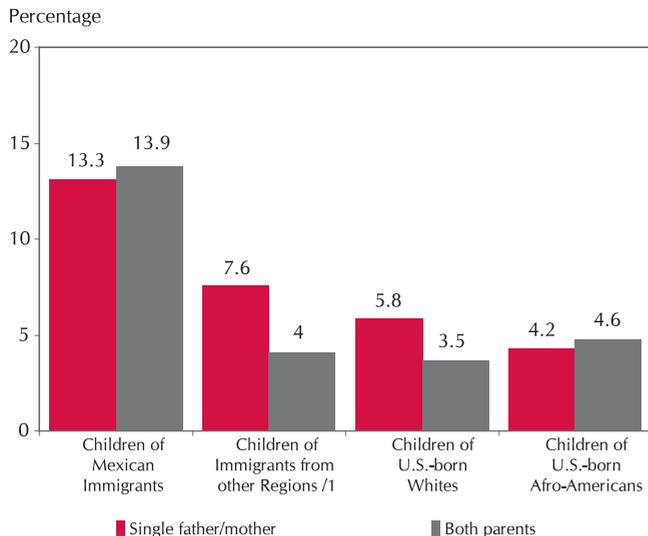
Likewise, available information shows that one out of every twenty children of Mexican immigrants (under age 18) has never visited a doctor in the United States. This extremely dramatic situation calls attention to the urgent need for public policy reform to address this problem.

### **Access to Health Services and Family Structure**

#### ***Single mothers strive to protect their children's health***

In the vast majority of households where one parent is absent, the mother takes care of the children. In the case of children of Mexican immigrants, nearly nine out of every ten lives in a single-parent family with his or her mother. The lack of one of the parents, usually the father, does not significantly affect health care. In fact, in comparison with other ethnic/racial groups, Mexican immigrants' children are only minimally affected by living in single parent families: the proportion of children without a regular source of health care living with a single parent is 13.3%, while for those living with both parents it is 13.9% (Figure 35). It is worth noting that these patterns also exist when examining the frequency of visits to the doctor, supporting the conclusion that there are no significant differences in access to health care between children looked after by both or a single parent in Mexican immigrant families. This suggests that parents in single-parent households (usually single mothers) make a significant effort to take care of their children's health.

**Figure 35. Children under 18 in the United States without a Place for Regular Medical Care by Family Structure, Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

### Type of Medical Care Service

#### The children of Mexican immigrants usually receive medical care at community clinics

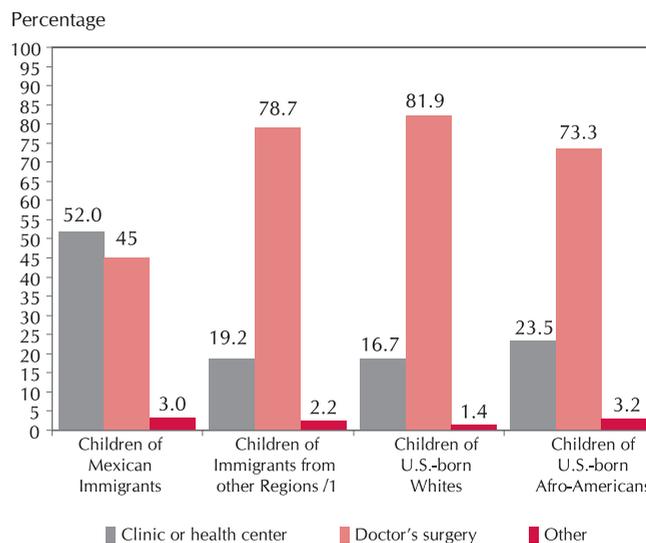
One benefit of visiting private doctors instead of public healthcare clinics is that patients may be more able to establish a stable and on-going relationship with a doctor. This can result in more personalized treatment and more specialized care. As on other indicators, the type of health service used naturally reflects the prevailing socio-economic disparities between population groups.

Of the universe of children that have a regular source of medical care, a majority of Mexican immigrants' children seek care at community clinics or public health centers (52%), and just 45% has a private doctor as their usual source of care. Conversely, the children of Afro-Americans, a racial group also characterized by a high degree of marginalization and vulnerability, have greater access to private services (73.3%),

which is nonetheless lower than that of the children of immigrants from other regions and U.S.-born whites (78.7 and 81.9% respectively) (Figure 36).

These figures speak of social inequalities in the health system, where the most disadvantaged groups often receive less personalized and specialized medical care.

**Figure 36. Children under 18 in the United States with a Place for Regular Medical Care by Source of Medical Care, Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

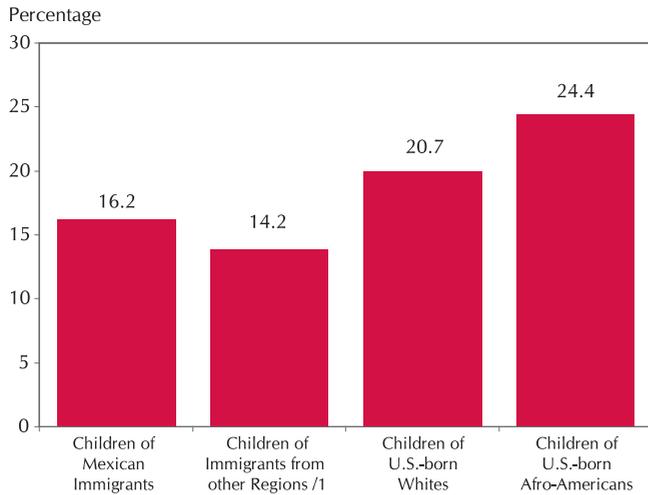


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

#### Immigrants' children make less use of medical emergency units

The assumption that immigrant populations and their children without health insurance and a regular source of medical care tend to use hospital emergency units more often is a common myth. The low rate of use of these units by Mexican immigrants' children under the age of 18 (16.2%) and the children of other immigrants (14.2%) in relation to white (20.7%) and Afro-American U.S.-born populations (24.4%) belies this erroneous belief (Figure 37).

**Figure 37. Children under 18 in the United States that Used an Emergency Hospital Unit by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

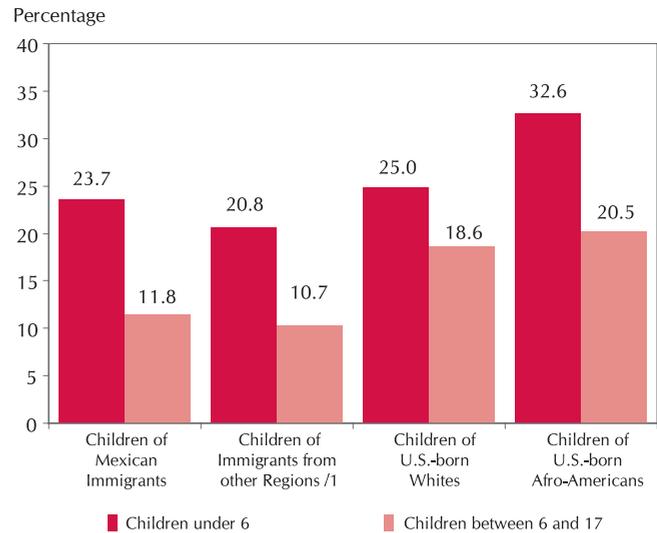


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2006-2008.

At younger ages, there are more reasons that a child might use the emergency room. The risks of using an emergency room are often linked to the lack of access to health services, and therefore young children of immigrants would be expected to need emergency room care more than average. However, even Mexicans' children under the age of 6 do not use emergency rooms more than average. Overall, their rate of use is similar to that of the children of U.S.-born whites (25%) and lower than that of the children of U.S.-born Afro-Americans (32.6%) (Figure 38).

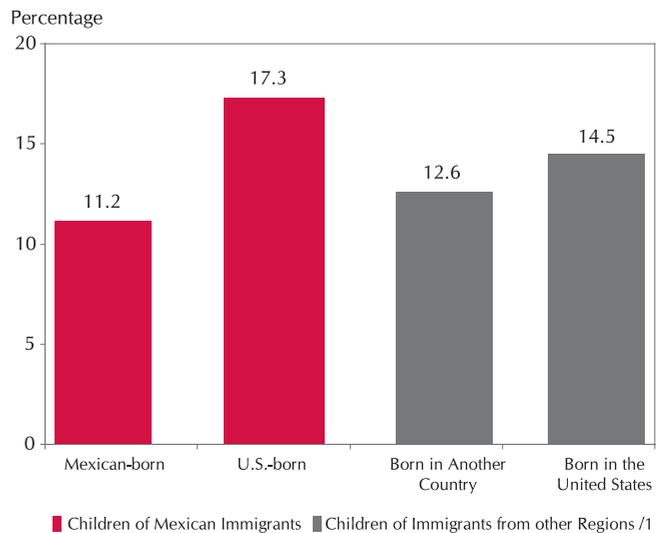
Even among children born outside the United States, the rate of emergency center use is lower than that of U.S.-born children. Among Mexican immigrants' children under the age of 18, 11.2% of those born in Mexico had used an emergency room during the year prior to the survey. Conversely, the figure for those born in the United States is 17.3% (Figure 39).

**Figure 38. Children under 18 in the United States that Used an Emergency Hospital Unit by Age Group and Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2006-2008.

**Figure 39. Children under 18 in the United States that Used an Emergency Hospital Unit by Parents' Country of Birth and Region of Origin, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2006-2008.

## Obstacles to Obtaining Timely Medical Care

### Mexican immigrants' children are more likely to delay seeking medical care

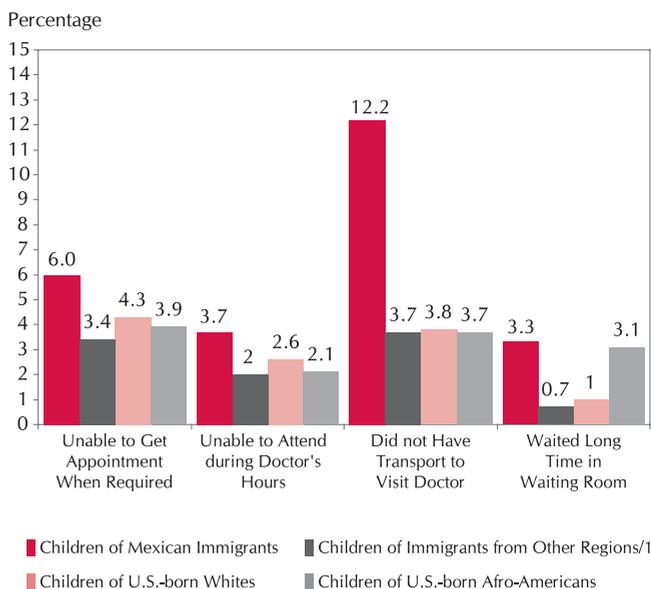
National data identifies whether the medical care some people needed in the year before the survey was delayed for certain reasons, such as the impossibility of making an appointment at the time when the care was required. Among children of Mexican immigrants, 5.9% did not receive medical care when they needed it because an appointment was not available when it was needed, a higher proportion than for other ethnic and racial groups. Among the children of U.S.-born whites and Afro-Americans, the figures are 4.3% and 3.9% respectively whereas among the children of other immigrants, the figure is even lower (3.4%) (Figure 40).

Another reason why medical care is delayed is that clinics may be closed at the time when families or an individual may need to use them. Mexicans' children are affected by this problem more often, since 3.7% delayed their medical care for this reason. The next ethnic group affected by this problem is that of U.S.-born whites (2.6%), while the children of U.S.-born Afro-American and other immigrants have lower rates (2.1 and 2%, respectively).

Lack of transportation to a clinic or hospital may also prevent people from obtaining necessary medical care. Once again, Mexicans' children are most severely affected (12.2%). Lack of transportation is closely linked to poverty, which further affects the children of Mexicans (Chapter 1).

Finally, a problem that particularly affects Mexican immigrants' children is lengthy waits that can take place where medical care is provided. This result is not surprising, given the high proportion of Mexicans' children regularly attending community health centers. Lengthy waits delayed the medical care of 3.3% of Mexicans' children, a figure that falls to 3.1% among the children of U.S.-born Afro-Americans and 1% among the children of U.S.-born whites and 0.7% among children of other immigrants (Figure 40).

Figure 40. Children under 18 in the United States by Reason Why Their Medical Care was Delayed or Postponed, by Parents' Region of Origin and Ethnic Group/Race, 2006-2008

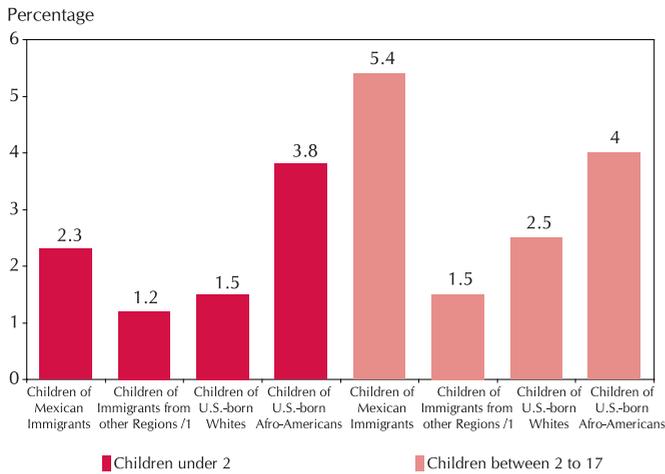


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on National Health Interview Survey, 2006-2008.

### Children of Mexican immigrants and Afro-Americans experience greater difficulty paying for medicine, glasses and dental care

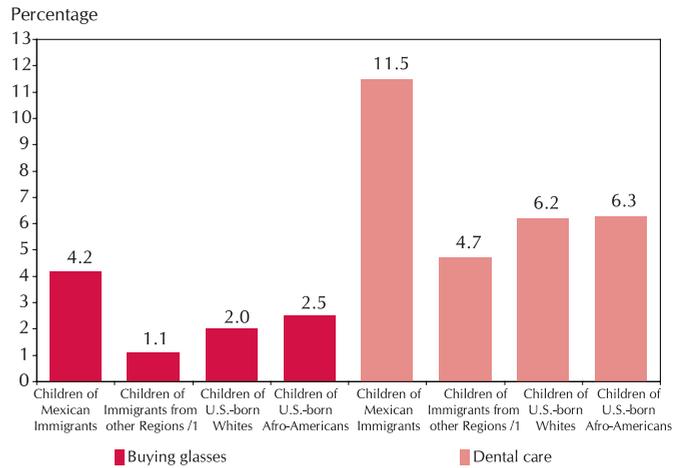
In addition to the problems they may experience with medical care, the most disadvantaged groups experience the greatest financial difficulty in buying needed medicines. National data documents the number of children under two years old whose families had been unable to pay for medical prescriptions during the previous year. The groups with the greatest problems are the children of U.S.-born Afro-Americans and Mexican immigrants: 3.8% and 2.3% respectively failed to receive their medication due to their inability to afford the prescriptions. The children of U.S.-born whites (1.5%) and other immigrants (1.2%) have fewer problems in paying for their prescriptions. The problem is exacerbated among children ages 2 to 17, with Mexicans' children experiencing the greatest difficulty in paying for their prescriptions (5.4%) (Figure 41).

**Figure 41. Children under 18 in the United States who were Unable to Pay for their Medical Prescriptions by Age Group and Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

**Figure 42. Children Aged between 2 and 17 in the United States that Were Unable to Afford Glasses or Dental Care by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

Similarly, among children ages 2 to 17, Mexican immigrants have the highest proportion of children that needed glasses yet were unable to purchase them during the year prior to the survey (4.2%) and children unable to receive dental care (11.5%) (Figure 42). U.S.-born Afro-Americans also experienced greater difficulty than the children of other immigrants and U.S.-born whites. Once again, these figures speak of the social inequities in access to health in the United States.

## Chapter IV. Health Conditions

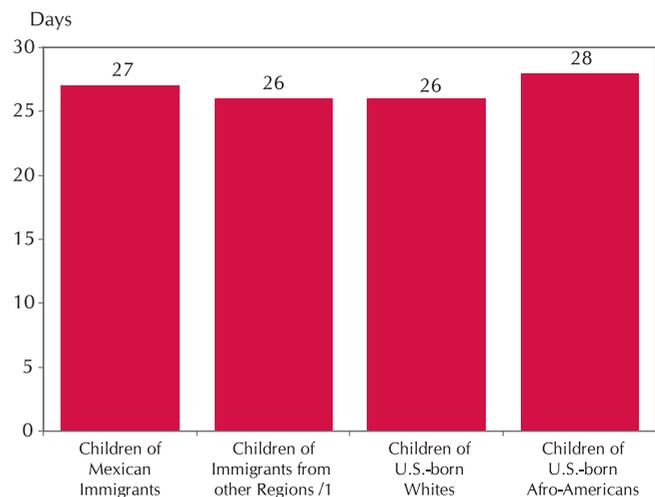
The U.S. National Health Survey (NHIS) provides information on the health status of children under 18. This chapter analyzes the incidence of certain ailments in Mexican immigrants' children compared with children from other population groups and attempts to determine whether their epidemiological profile is different from that of other groups.

It is important to note that the lack of access to medical services reduces the frequency of the diagnosis of certain specific diseases, which is reflected in the information obtained. Conversely, the symptoms of certain pathologies are so obvious that it is difficult for them to be underestimated by the children's parents, even without a medical diagnosis.

### ***Mexicans' children miss school for illness or injury with the same frequency as the children of other ethnic and racial groups***

Illness is a common reason why children are unable to go to school. Absence from school not only affects school performance but also constitutes a general indicator of a child's general state of health. The average number of absences among Mexicans' children (27 days a year) is very similar to that of other ethnic groups (28 days among the children of U.S.-born whites, 26 days among the children of other immigrants and 28 among the children of U.S.-born Afro-Americans (Figure 43). The variation between this number of absences is approximately one day (equivalent to a reliability index of 90%). These data indicate that Mexicans' children do not appear to get sick or to injure themselves any more frequently than the children of other ethnic and racial groups.

**Figure 43. Children Ages 5 to 17 in the United States by Number of Days They Missed School due to Injuries or Illness by Region of Origin and Parents' Ethnic Group/Race, 2006-2008**



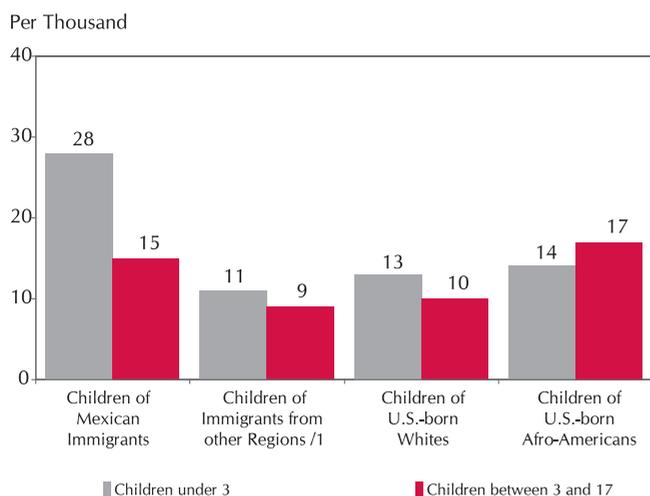
Note: 1/ Excludes population born in Latin America and the Caribbean.  
Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

### ***Mexicans' Children are More Likely to Suffer from Anaemia, Diarrhea and Colitis***

Although Mexicans' children do not appear to fall ill more often than the children of other ethnic or racial groups, they do have specific epidemiological profiles. In particular, they appear to be disproportionately affected by anaemia during early childhood. Among children under the age of three, the incidence of anaemia is strikingly high. During the year prior to the survey, 28 out of every thousand Mexicans' children suffered from this condition. This figure is noticeably

lower in other ethnic groups: 14 out of every thousand children of U.S.-born Afro-Americans, 13 out of every thousand U.S.-born whites and 11 out of every thousand children of immigrants from other regions (Figure 44).

**Figure 44. Children under 18 in the United States Who Had Anaemia by Age Group and Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

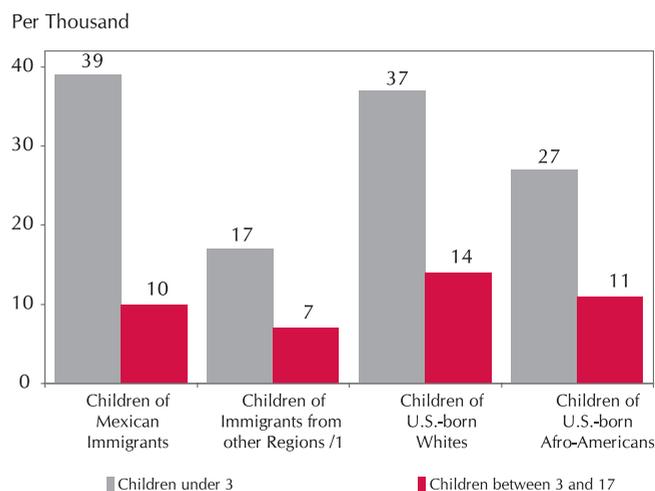


Note: 1/ Excludes population born in Latin America and the Caribbean.  
Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

At later ages, between 3 and 17, the gap between the children of Mexicans and other groups narrows. Other immigrants' children have the lowest incidence of anaemia (9 out of every thousand) followed by the children of U.S.-born whites (10 out of every thousand) and U.S.-born Afro-Americans, who now have the highest incidence (17 out of every thousand). Lastly, anaemia affects 15 out of every thousand Mexicans' children in this age range. These data could indicate that the low socio-economic level may have a different effect according to the different age groups, on Mexicans and Afro-Americans. Nevertheless, if one considers the limited access older children of Mexicans have to health services (Chapters 2 and 3), a higher number of these children may suffer from anaemia without having been diagnosed. In other words, the incidence of anaemia in this group may be under-reported (Figure 44).

Mexicans' children under the age of three had also suffered from diarrhea or colitis during the year prior to the survey although unlike anaemia, in this case, they had similar levels to those of other ethnic and racial groups. Among Mexicans' children, 39 out of every thousand frequently suffered from diarrhea and colitis whereas among U.S.-born whites, this figure is equal to 37 out of every thousand whereas among Afro-Americans, only 27 out of every thousand suffered from these problems. Among the children of other immigrants, this figure falls to 17 out of every thousand (Figure 45).

**Figure 45. Children under 18 in the United States Who Had Diarrhea and Frequent Colitis by Age Group and Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



Note: 1/ Excludes population born in Latin America and the Caribbean.  
Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

Between the ages of 3 and 17, Mexicans' children reported a low incidence (10 out of every thousand) with those of other immigrants reporting the lowest incidence of diarrhea and colitis (7 out of every thousand). This figure is equal to 11 out of every thousand children of U.S.-born Afro-Americans, and rises to 14 out of every thousand for the children of U.S.-born whites (Figure 45). In this case, even without a medical diagnosis, it is difficult to consider that the reduction of the incidence of these ailments is not real, due to their obvious nature.

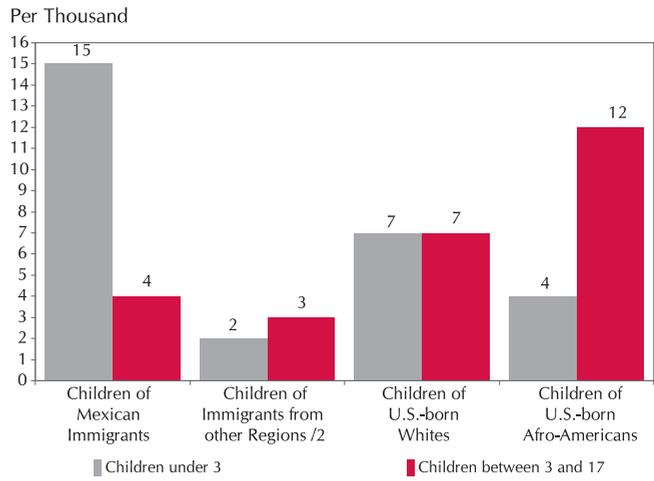
The high incidence of anaemia, diarrhoea and colitis among Mexicans’ children suggests that one of the most common problems of these children is malnutrition. The Pediatric Nutrition Surveillance System (PedNSS) obtains key indicators on children’s nutritional status. PedNSS’s technical documents specifically states that the prevalence of anaemia may be regarded as an indicator of iron deficiency (the most common deficiency of micronutrients) Launching campaigns to promote a balanced diet and iron consumption among mothers and children by encouraging the consumption of food supplements or traditional low-cost, iron-rich foods such as beans and spinach could significantly contribute to reducing these ailments.

***Among Children under 3, the Prevalence of Attacks or Convulsions Affects Mexicans’ Children to a Greater Extent***

The data suggest that Mexicans’ children under the age of three are more likely to suffer attacks or convulsions than the children of other ethnic or racial groups. In the year prior to the survey, its incidence was 15 out of every thousand, whereas among the children of U.S.-born whites, its incidence was 7 out of every thousand. This figure falls to 4 among the children of U.S.-born Afro-Americans and to 2 out of every thousand among the children of other immigrants (Figure 46).

This pattern changes at later ages (3 to 17) since the children of U.S.-born Afro-Americans are the most prone to this type of ailment (12 out of every thousand) while the children of U.S.-born whites, Mexicans and other immigrants have lower levels (7, 4 and 3 out of every thousand, respectively) (Figure 46).

**Figure 46. Children under 18 in the United States Who Had Attacks or Convulsions by Age Group and Parents’ Region of Origin and Ethnic Group/Race, 2006-2008**

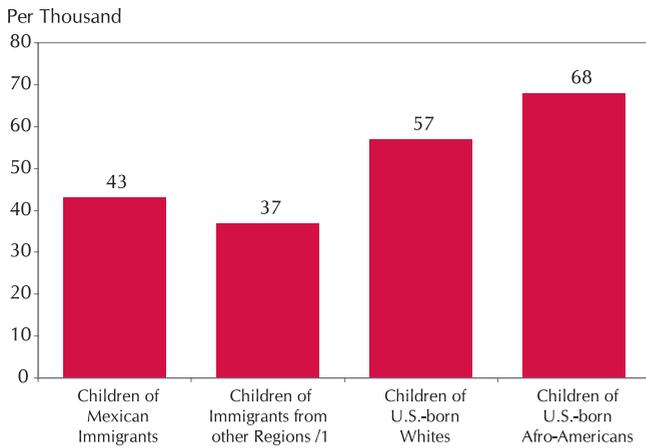


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2006-2008.

***Mexicans’ Children are less likely to suffer from migraine or headaches than the children of U.S.-born parents.***

In contrast with these data, Mexicans’ children have a moderate incidence of migraine and headaches compared with the children of other ethnic and racial groups. For example, among children ages 3 to 17, the children of other immigrants and Mexican immigrants (37 and 43 out of every thousand, respectively) than the children of U.S.-born whites and Afro-Americans (57 and 68 out of every thousand, respectively) (Figure 47).

**Figure 47. Children under 18 in the United States Who Had Migraine and Headaches by Age Group and Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

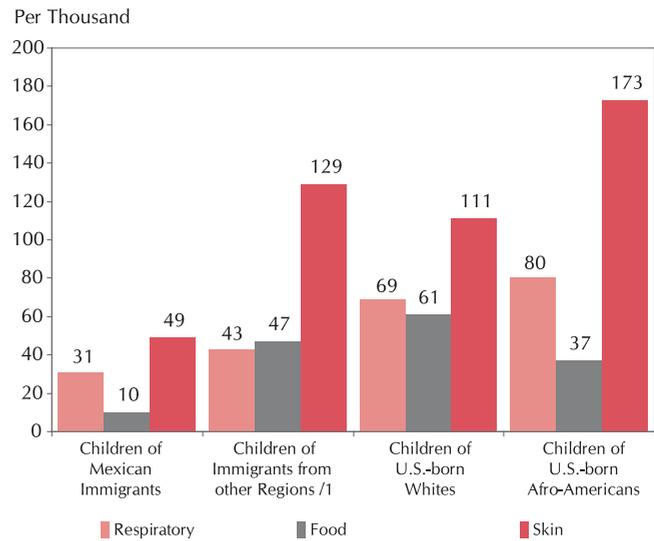


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

***The Incidence of Allergies and Asthma among Mexicans' Children may be Underestimated Due to the Lack of Diagnosis***

Among children under three, only 31 out of every thousand Mexicans' children's parents reported that they had suffered from respiratory allergies during the year prior to the survey, which is extremely low in comparison with other children. At the other extreme are the children of U.S.-born Afro-Americans, with an incidence of 80 out of every thousand (Figure 48). In the case of food allergies, once again, Mexican immigrants report the lowest level (10 out of every thousand). In this case, however, Afro-Americans do not report having as high levels (37 out of every thousand) as the children of other immigrants (56 out of every thousand) or U.S.-born whites (69 out of every thousand). Mexicans' children also report a lower incidence of skin allergies (49 out of every thousand), which is far below that of the children of U.S.-born whites, other immigrants and Afro-Americans (111, 129 and 173 out of every thousand, respectively) (Figure 48).

**Figure 48. Children under 3 in the United States Who Had Some Form of Allergy by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

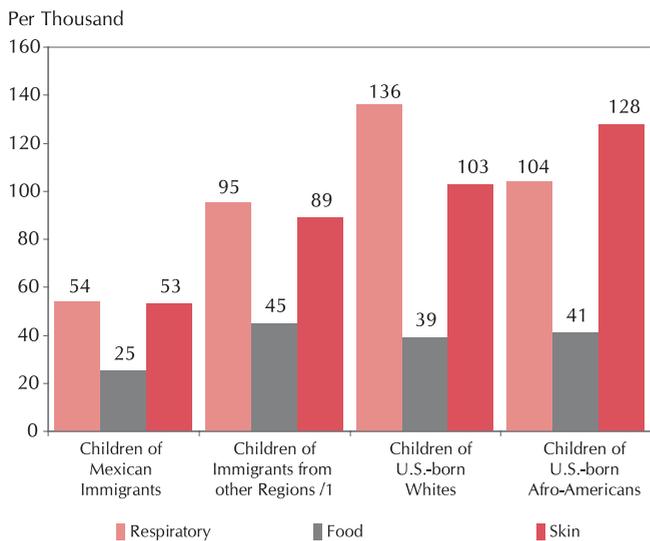


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

At older ages, between 3 and 17, the pattern of allergy incidence is repeated among different groups, but with lower levels. Mexicans' children have the lowest incidence with much lower levels than the children of U.S.-born whites and Afro-Americans (Figure 49). Nevertheless, it should be noted that the levels of allergy incidence among children ages 3 to 17 among all ethnic and racial groups is fairly high compared with other diseases.

There is probably a high prevalence of undiagnosed allergies among Mexicans' children if one considers the medical tests required for diagnosis and these children's limited access to health insurance coverage and health services. On the basis of the assumption that colds or flu might be moderately associated with respiratory allergies, one could expect a relatively similar pattern of incidence. In other words, given the lower level of respiratory allergies diagnosed among Mexicans' children, one would not expect them to

**Figure 49. Children between 3 and 17 in the United States Who Had Allergies by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

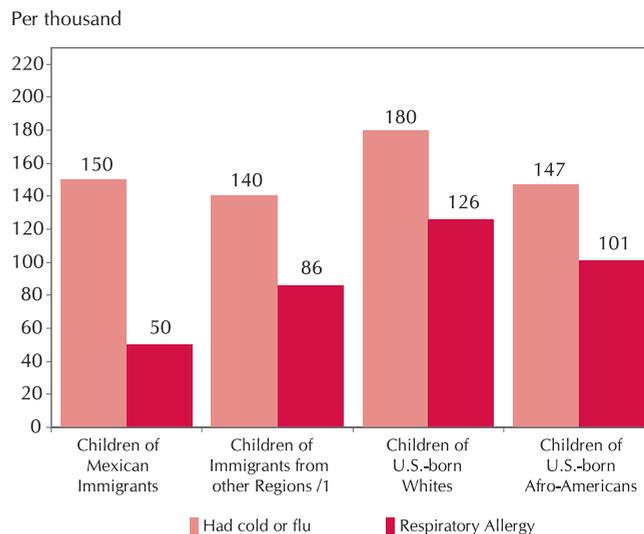


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

have the highest incidence of colds. The NHIS has information on whether children under 18 caught colds or flu during the two weeks prior to the survey. Since this type of ailment can be easily identified by the parents, without the need for a medical examination, then the information gathered can be expected to approximate the actual situation.

With the exception of the case of Mexicans' children, the pattern of incidence of colds or flu (in children under 18) is consistent with the incidence of respiratory allergies (Figure 50). Children of U.S.-born whites have the highest incidence of colds or flu (180 out of every thousand), followed by the children of U.S.-born Afro-Americans (147 out of every thousand) while Mexicans' children have a similar incidence to that of Afro-Americans' children (150 out of every thousand) while the children of other immigrants have the lowest incidence (140 out of every thousand). These data

**Figure 50. Children under 18 in the United States Who Had Colds or Flu and Respiratory Allergy by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**

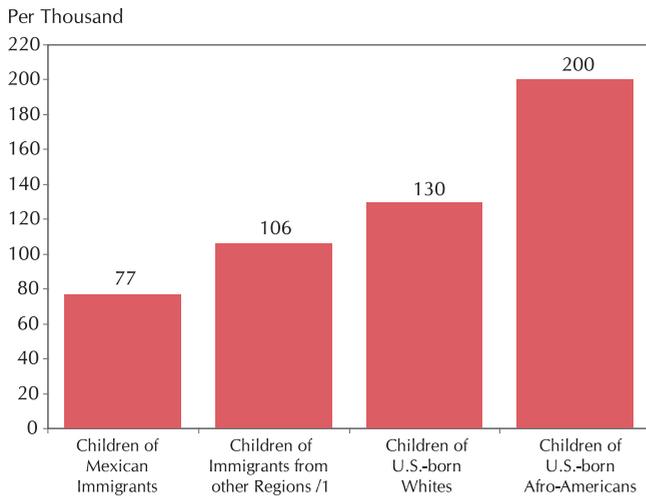


Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

appear to support the hypothesis of under-registration of respiratory allergies among Mexicans' children (due to the lack of medical diagnosis), although it is also clear that this group does not have the highest frequency of respiratory ailments.

Asthma prevalence is also lower among Mexicans' children: only 77 out of every thousand were ever diagnosed with this ailment, with figures rising to 106 out of every thousand among the children of other immigrants and 130 out of every thousand among the children of U.S.-born whites. It is important to note the fact that the children of U.S.-born Afro-Americans are particularly affected by this ailment (200 out of every thousand) (Figure 51). Given the high costs of tests for detecting asthma and the limited access of Mexicans' children to medical services, there are probably several undiagnosed cases among this group.

**Figure 51. Children under 18 in the United States Who Had Asthma by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



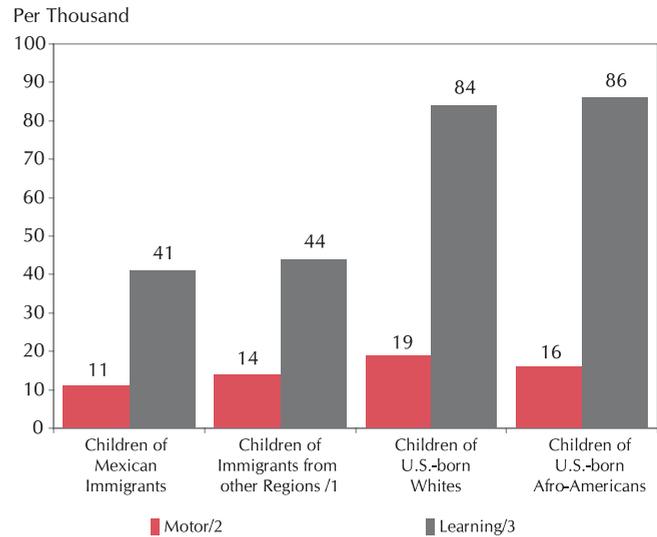
Note: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

**Mexicans' Children Report Lower Disability Levels than the Children of U.S.-born Whites**

Mexicans' children do not appear to be more prone to suffer from any kind of disability when compared with other ethnic and racial groups. Among children under 18, suffering from a condition that prevents them crawling, walking, running or playing only affects 11 out of every thousand Mexicans' children, an even lower level than that of other immigrants' children (14 out of every thousand). This figure falls to 16 out of every thousand among the children of U.S.-born Afro-Americans and reaches a maximum of 19 out of every thousand among U.S.-born whites (Figure 52).

As for learning disability among children ages 3 to 17, an extremely low incidence is reported among Mexican immigrants' children (41 out of every thousand) and other regions (44 out of every thousand) compared with the levels of the children of both U.S.-born Afro-Americans (84 out of every thousand) and whites (86 out of every thousand) (Figure 52). The issue of disability is extremely complex. These differences may be due, among other factors, to different perceptions of what it means to have learning disabilities (on the

**Figure 52. Children under 18 in the United States with Disability by Parents' Region of Origin and Ethnic Group/Race, 2006-2008**



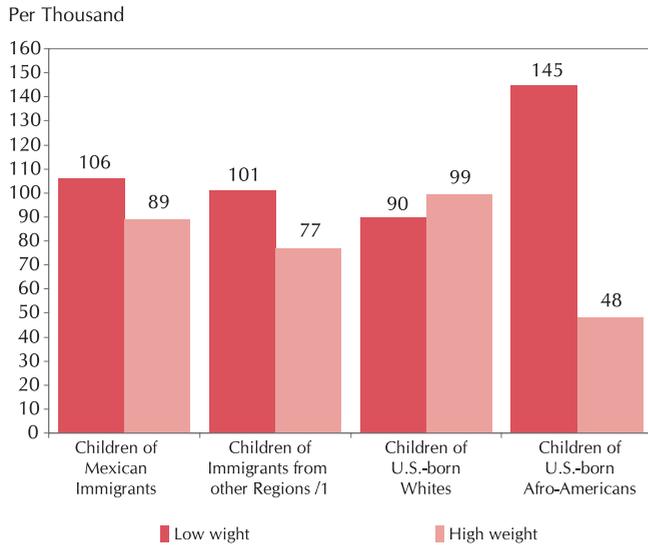
Notes: 1/ Excludes population born in Latin America and the Caribbean.  
 2/ Condition that prevents them crawling, walking, running or playing.  
 3/ Includes children between 3 and 17 years.  
 Source: CONAPO estimates based on *National Health Interview Survey, 2006-2008*.

part of parents or teachers), parents' refusal to admit this type of problem or less attention on the part of education professionals (perhaps due to difference' in the use of language or other cultural differences). In this respect, it is important to undertake studies to increase knowledge of this problem.

**Mexicans' Children Have a High Incidence of Low and High Birth Weight**

Both low and high birth weight increases the health risks of mothers and their children. According to the NHIS, the group with the highest proportion of low birth weight are the children of Afro-Americans (145 out of every thousand) although Mexican immigrants' children also have high rates (106 out of every thousand) compared with the children of other immigrants (101 out of every thousand) and U.S.-born whites (90 out of every thousand). Conversely, the children of U.S.-born whites are more often born with high weight (99 out of every thousand) with Mexicans' children having similar levels (89 out of every thousand). Children of

**Figure 53. Children under 18 in the United States by Birth Weight by Parents' Region of Origin and Ethnic Group/Race, 2008**



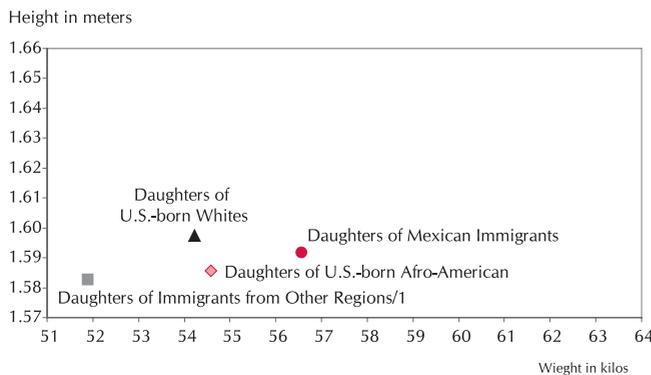
Notes: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2008.

other immigrants (77 out of every thousand) and U.S.-born Afro-Americans (48 out of every thousand) have lower levels (Figure 53).

**Obesity Seriously Affects Mexicans' Children**

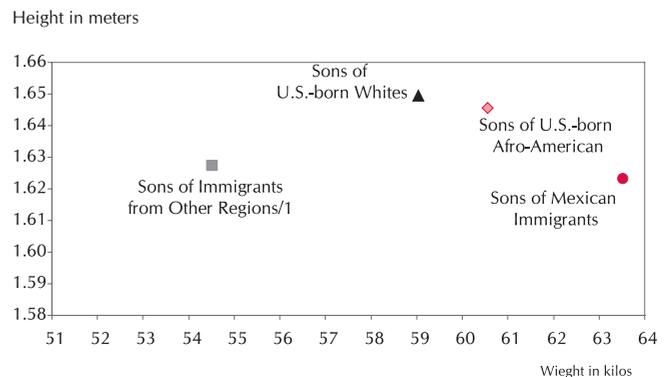
Obesity is one of the most serious public health problems in the United States. The prevalence of overweight and obesity among children resident in this country is extremely high and may have negative consequences for their health and development. For example, Jennifer Van Hook and her collaborators (2009) show that since the fourth year of elementary school (at the age of approximately 9), over 40% of U.S.-born Latino and Afro-American children suffer from being overweight or obesity. The male children of immigrant parents have a particularly high risk of being overweight. These authors point out that immigrant parents may have difficulties protecting their children from the risk of obesity, due partly to the broad range of American foods with little nutritional value (yet rich in fats, sodium and sugars). Among their conclusions, they point out that the children of immigrant parents that do not speak English are at a greater risk of suffering from this problem (over 50% of these children are overweight or obese as from the third year of elementary school). This finding is extremely important for Mexicans' children, whose parents are less likely to be fluent in English (see Chapter 1).

**Figure 54. Daughters under 12 in the United States by Height and Average Weight by Parents' Region of Origin and Ethnic Group/Race, 2008**



Notes: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2008.

**Figure 55. Sons under 12 in the United States by Height and Average Weight by Parents' Region of Origin and Ethnic Group/Race, 2008**



Notes: 1/ Excludes population born in Latin America and the Caribbean.  
 Source: CONAPO estimates based on *National Health Interview Survey*, 2008.

An analysis of the current height and weight of persons over 12 revealed significant disparities by ethnic and racial group. Although these disparities are due to hereditary factors, they also reflect environmental conditions, particularly malnutrition. In keeping with the results of Van Hook and her collaborators, the average differences by ethnic group between girls are less than among male children (Figures 54 and 55). Among males ages 12 to 15, the average weight of Mexicans' children is 63.5 kilos (with a variation of 2 or more kilos, equivalent to a reliability interval of 90%). This average is the highest in comparison with other ethnic and racial groups (as well as the variation of each average). The

children of U.S.-born Afro-Americans weigh an average of 60.6 kilos, as opposed to 59 kilos for the children of U.S.-born whites. The children of other immigrants have the lowest average (54.5 kilos). These differences are even more striking in view of the fact that Mexicans' children also have the lowest average height (Figure 55). In this respect, it is important to carry out nutritional education campaigns to teach these children and their parents to avoid junk food (such as soft drinks, fried foods and certain types of fast food) and to promote the consumption of nutritional food. It would also be useful to explore this problem, which severely affects Mexicans' children in the United States.

## Conclusions

Health is a central feature of people's well-being and an essential asset for the full development of their skills, work performance and participation in society. Timely health care is particularly critical in childhood and adolescence, since problems associated with the lack of diagnosis or timely treatment for an illness during these stages of the life cycle may have implications for the rest of a person's life.

Discussing the well-being of children and youth in the United States therefore forces us to focus increasingly on the status of immigrants' children. Nowadays, approximately one out of every four children and young people under the age of one has a least one migrant parent. These children constitute the fastest growing group among children of this age in the United States. In fact, were it not for immigration, in recent years, the population of this age group would have decreased. Given the rapid ageing process of the U.S. population, immigrants' children can be expected to gain ground among U.S. children and youth. The number of Mexican children, equal to 6.3 million, is particularly high and already close to the total number of Afro-American children.

There is widespread inequality in the access of children under 18 to the United States health system. These discrepancies reflect the processes of social integration that vary by ethnic group or race and migratory status, where the most marginalized groups are those that are most sharply excluded from the health system. Nearly one out of every ten children under 18 is excluded from the health system (6.2 million). Within this universe, Mexicans' children are clearly over-represented. These children face greater obstacles to obtaining health insurance (whether public or private), which is the main facilitator of medical care. This disadvantage is linked to the unfavorable socio-economic and migratory conditions of their family environment, characterized by a heavy concentration in low-paid jobs, a limited command of English and a high rate of lack of documentation.

In a context in which Mexican immigrants' children are far less likely than other populations to have health insurance as a result of their parents' jobs, public health programs designed for limited-income families such as *Medicaid* and the *State Children's Health Insurance Program* (SCHIP) are particularly critical for this group. Indeed, these programs could contribute more effectively to offsetting the weaknesses of a health provision system that relies essentially on the employers' will or on workers' scope for maneuver to negotiate job benefits. However, even though they are more likely to belong to families with limited resources, Mexicans' children have less access to these programs.

Indeed, many Mexicans' children belonging to limited-income families were born in the United States and as citizens, are therefore entitled to benefit from public programs. Many of their parents, however, many lack the necessary information to "navigate the health system," which is extremely complex and varies from state to state. They may also lack information on the rights of children born in the United States and feel reluctant to visit public institutions to apply for their children's health insurance for fear of being deported. It is also likely that in cases where Mexican-born children coincide with others born in U.S. territory, parents will refuse to create a terrible form of inequality between siblings by applying for health insurance for a child entitled to public security, leaving the ineligible one unprotected.

The study clearly shows how the lack of private medical health coverage and access to public programs constitutes the main barrier to receiving timely medical care. Indeed, it is not difficult to visualize the catastrophic effects on these families if children became gravely ill or had an accident and had to be taken to hospital centers. The poorest families may lose their life possessions. Obviously, in these circumstances, there is a tendency to postpone the diagnosis or treatment of a disease among children of Mexican origin.

This report shows that Mexicans' children are less likely to have a regular place for health care and experience more difficulties in meeting the minimum criteria for medical monitoring, which is exacerbated among Mexican-born children. Thus, Mexicans' children are more exposed to the risk of failing to diagnose or seek timely treatment for illness or of suffering development problems which, in the long run, may affect their physical and school performance and make them extremely vulnerable to health-related problems. Nevertheless, the data show that Mexicans' children make less use of medical emergency units than other U.S.-born children.

Although Mexicans' children do not appear to become sick more often than the children of other ethnic or racial groups, they do have specific epidemiological profiles. For example, they have a higher incidence of anemia, diarrhea, colitis and excess weight, which suggests that one of the most common problems among these children is malnutrition. Implementing campaigns design to promotion iron consumption among mothers and small children, encouraging the consumption of food supplements or traditional, low-cost, iron-rich foods could significantly contribute to reducing these ailments. It is also important to implement nutritional education campaigns to teach these children and their parents to avoid junk food (such as soft drinks, fried foods and certain types of fast food) and to promote a balanced diet. These measures, which entail low costs for the State and their families, can be extremely effective in preventing these diseases.

Likewise, it would seem that Mexicans' children have a significantly lower incidence of allergies and asthma than that of other groups. However, there is probably a high prevalence of this type of undiagnosed ailments, given the high costs of medical examinations required for their diagnosis and their limited access to health insurance and services. This points to the urgent need to include these children in the health system.

In short, the elements explained highlight the pressing need for the U.S. government to develop initiatives that will make it possible to cope with the problem of exclusion from the health system for children under 18,

especially immigrants' children, who are an important part of this country's future. It is worth remembering that the majority of Mexicans' children were born in the United States, meaning that they enjoy all the rights of U.S. citizens. Mexican-born children pose a challenge for health reforms and migratory policy since although they were raised and educated in the United States, they have fewer rights than other children. Moreover, because of their migratory status and that of their parents, they constantly face the risk of being deported to Mexico, a place that is alien to many of them.

Speaking of universal access to the health system by U.S.-born and immigrant children in a legal situation, within the framework of the current debate on health care reform, means that strategies must be proposed to encourage these children's insertion into public health insurance programs. In the case of the U.S.-born children of undocumented migrants, it is essential to ensure they have access to the public advantages and benefits to which they are entitled, regardless of their parent's migratory status. It is also essential to offer foreign-born children genuine possibilities of access to health insurance. It is also crucial to promote knowledge of the health care system among immigrant parents, generate trust and overcome the cultural and language barriers that make medical welfare less effective.

A country's health includes the well-being of all the persons living in it. The fact that immigrants and their families have good health not only benefits this group in particular, but all of society in general. Particularly in the case of children, investment in their medical care will guarantee the future of upcoming generations under more equal conditions and therefore with more dignity.

The United States is currently undergoing wide-ranging reforms, a pivotal one of which is health. The current situation provides a historic opportunity to design inclusion policies. Taking advantage of this opportunity will be an important step towards increasing the country's democratization, more in keeping with the founding values of this great nation.

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