Health Insurance Coverage among Children of Immigrants: Does Mother's Region of Origin Matter?

More than 20% of children in the US live in immigrant families[1]. Compared to children of native-born parents, these children have higher poverty rates, lower educational achievement, and many live in linguistically isolated households (Hernandez, 2004) Children of immigrants also comprise a disproportionately large section of the uninsured population in the US, with lower rates of private insurance than children of native-born parents (Lessard & Ku, 2003). Children in immigrant families are also less likely to have government insurance considering their high poverty rates (Mohanty, Woolhandler, Himmelstein et al., 2005). Previous research suggests that lower levels of human capital and difficulty accessing services contribute to this low coverage.

However, research comparing coverage of immigrant families to that of native-born families masks meaningful variation within immigrant populations. For example, research documents that among immigrant adults, Medicaid rates differ by country of origin (Carrasquillo, Carrasquillo, & Shea, 2000) and descriptive work by Hernandez (2004) suggests that the same may be true for children. However, it is unclear whether parental country of origin is an independent predictor of a child's type of health insurance within a multivariate context.

The present study uses a within-group approach to better understand factors that predict health insurance type among children of immigrants. This research adds to the literature in two ways. First, the research documents bivariate associations between mothers' region of origin and child's type of health insurance (government, private, or uninsured). Second, multivariate regression models are conducted to examine whether the associations between mothers' region of origin and child's health insurance coverage remain significant after controlling for factors known to differ by mother's region of origin (e.g. socioeconomic status) and contextual factors (individual, household, community, and state-level) associated with the health insurance coverage of immigrant children. This research will be critical to policy-makers by identifying immigrant populations that may be underserved, as well as those with high rates of government and private insurance.

Method

Data and Sample

Data for this study comes from the first grade wave of the Early Childhood Longitudinal Study – Kindergarten Cohort (ECLS-K) collected in the spring of 2000. The sample is limited to children whose mothers reported being born in a country other than the United States (n = 2,750). The sample excludes children of mothers who reported being born in a country not listed on the ECLS-K list of countries (n = 12), and those missing information on any variables used in the multivariate analyses (n = 653). The final study sample of children of immigrants is 2,085.

Dependent Variable

Health insurance type. Health insurance coverage is categorized into three mutually exclusive groups: government, private, and uninsured. Children covered by Children's Health Insurance Program or Medicaid are coded as having government health insurance (1 = *yes*, 0 =

[1] Immigrant families are those in which one or both parents are immigrants.

no) while children covered by employer-based or private insurance are coded as having private insurance (1 = *yes*, 0 = *no*). Children without coverage are coded as uninsured (1 = *yes*, 0 = *no*).

Independent Variable

Mother's region of origin. This variable is based on the mother's response to the question regarding her country of birth. Countries are grouped into eight categories: Canada and Europe, Latin America (e.g. Columbia, Ecuador, Guatemala), Mexico, Caribbean (e.g. Jamaica, Dominican Republic, Puerto Rico), Northeast Asia (e.g. China, Japan, Taiwan), Southeast Asia (e.g. Vietnam, Cambodia, Laos), Other Southeast Asia (e.g. Thailand, Bangladesh), and West Central Asia and Africa (e.g. Afghanistan, Iran, Nepal). Following previous research (Han, 2006), Southeast Asian countries such as Vietnam, Laos, and Cambodia are categorized separately from other Southeast Asian countries because the former exhibit a high proportion of refugees and the visa process is typically quite different for individuals from these countries.

Individual and Household-level Factors

Individual and household-level may influence families' knowledge of health insurance options, access to employer-sponsored insurance, and ability to navigate government services. Individual factors include: Maternal education [< *high school, high school diploma* (reference), > *high school*], maternal employment [*unemployed* (reference), *employed < 35 hours a week, employed > 35 hours a week*], and marital status (*married* vs. *non-married*). Household-level variables include home language (*English* vs. *non-English*), the number of siblings in the household (as more children may increase knowledge of health insurance), and poverty status (which affects eligibility for government insurance) coded into three groups: poor *(< 100% of the FPL*; reference), near poor (*>100% and < 200% of the FPL*) and not poor *(>200% of the FPL*).

Community and State Factors

Community- and state-level factors may influence eligibility for government insurance and the ease of obtaining health insurance coverage. A categorical measure of the generosity of state health insurance policies (in 2000) is included [1= *high generosity*, or an income eligibility threshold above 200% of the FPL; 2 = *average generosity*, or an income eligibility threshold of 200% of the FPL; 3 = *low generosity,* or an income eligibility less than 200% of the FPL; reference]. A measure of urbanicity [*urban* (reference), *suburban, rural*] is also included.

Analytic Strategy

Chi-square analyses and ANOVAs compare children's health insurance coverage across mother's region of origin and individual, household, community, and state factors. Subsequent multinomial logistic regression models (with Europe/Canada as the comparison group) examine whether the association between mother's region of origin and children's health insurance coverage is maintained in a multivariate context.

Results

Table one presents the proportion of children with government, private, and no health insurance coverage by mothers' region of origin. Results demonstrate that the majority of children in immigrant families are insured, regardless of their mothers' region of origin. Among the immigrant children who are insured, the majority have higher rates of private insurance than

government insurance, with the exception of Mexican and Southeast Asian children of immigrants (whose rates of private insurance do not differ from their rates of public insurance).

Examining the percentage of uninsured children by mother's region of origin is also illuminating, as differences are readily apparent. Whereas 3.4% of European/Canadian children of immigrants are uninsured, the corresponding percentage among Latin American and Mexican children of immigrants are 15.9% and 11.8% respectively. These results demonstrate large differences by maternal region of origin, however, as can be seen in Table 1, many other factors, such as poverty status, maternal education, and language spoken in the home could be responsible for these differences. Previous research documents that health insurance coverage is associated with language spoken in the home and poverty status (Lessard and Ku, 2003), and therefore multivariate models are used to better elucidate these associations.

Preliminary multinomial logistic regression results suggests that mother's region of origin remains associated with the type of child health insurance after controlling for individual, household, community, and state-level factors listed above. Compared to European and Canadian children of immigrants, children of immigrants from Latin America and those from the Caribbean are less likely to have private insurance than government insurance. In addition, children whose mothers are from Latin America are significantly more likely to have no health insurance than to be covered by private insurance, holding other factors constant.

Our preliminary multivariate models further document that many household characteristics (poverty status, marital status of the parents, maternal education, language spoken at home) are independent predictors of the type of health insurance used by children of immigrants. Community characteristics (such as urbanicity) are also associated with type of health insurance. However, these are only preliminary models, and future analyses will include controls for the number of years the mother has lived in the US and the child's health.

The present study examined health insurance among children of immigrants and found that large disparities exist between immigrant groups in the rates of health insurance and the likelihood of coverage. Even though little research has used a within-group approach for studying health insurance among minority populations, the present study demonstrates that this approach may be useful in identifying children of immigrants who are using government and private insurance and those who are not being reached.

References

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Table 1. Proportion of Children with Government, Private and No Health Insurance by Mother's Region of Origin and Individual, Household, Community, and State Factors

	n	Government	Private	Uninsured
Mother's Region of Origin				
European and Canadian	241	0.120	0.845[a]	0.034[ab]
Latin America	247	0.299	0.541[a]	0.159[ab]
Mexico	611	0.452	0.430	0.118[ab]
Caribbean	218	0.383	0.549[a]	0.068[ab]
Northeast Asia	151	0.133	0.829[a]	0.038[ab]
Southeast Asia	172	0.403	0.539	0.057[ab]
Other Southeast Asia	254	0.131	0.844[a]	0.025[ab]
West Central Asia & Africa	191	0.166	0.756[a]	0.078[b]
Maternal Education				
Less than high school	586	0.513	0.364[a]	0.123[ab]
High school diploma	488	0.349	0.545[a]	0.106[ab]
Some college	1011	0.154	0.789[a]	0.057[ab]
Maternal Employment				
Not employed	768	0.431	0.454	0.115[ab]
Employed <35hrs	347	0.313	0.616[a]	0.071[ab]
Employed 35+ hrs	970	0.222	0.703[a]	0.076[ab]
Marital Status				
Not married	419	0.466	0.433	0.101[a]
Married	1666	0.273	0.640[a]	0.087[ab]
Home Language				
English	802	0.180	0.776[a]	0.044[ab]
Non-English language	1283	0.396	0.488[a]	0.116[ab]
Poverty Status				
Poor	1445	0.409	0.479[a]	0.112[ab]
Near Poor	432	0.028	0.944[a]	0.028[b]
Not Poor	208	0.039	0.954[a]	0.007[b]
State Generosity				
Not Generous	231	0.264	0.682[a]	0.054[ab]
Average	658	0.238	0.639[a]	0.123[ab]
Generous	1196	0.370	0.550[a]	0.080[ab]
Urbanicity				
Urban	1119	0.402	0.501[a]	0.097[ab]
Suburban	782	0.212	0.703[a]	0.085[ab]
Rural	184	0.325	0.599	0.077[ab]

[a] significantly different from government, $p < .05$; [b] significantly different from private, $p < .05$