State Health Service Eligibility, Community Clinics, and Regular Physician Care for Children of Mexican Immigrants

Deborah Roempke Graefe

Gordon F. De Jong

Stephanie Howe

Population Research Institute
Pennsylvania State University

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Abstract

Immigrant-destination contextual impacts on health care utilization are examined as salient research scholarship and public policy issues for the health of immigrant children. We advance the literature on this topic by evaluating the effects of state policies regarding health service eligibility and of the availability of community health clinics on regular physician care for children of Mexican immigrants living in new and traditional destination areas. Local clinics have been identified as front-line institutional services for immigrant health needs. Originally collected state-level data on the eligibility of immigrant children for Child Health Insurance Program services and county-level data on availability of health clinics are integrated with individual-level, nationally representative health care data from the 1996-1999 and 2001-2003 panels of the Survey of Income and Program Participation. Utilizing multi-level regression, we model the impact of these state political and local community clinic contexts on physician utilization patterns among children of Mexican immigrants, conditioned on the health status and insurance coverage of the child as well as family human capital and demographic characteristics. The results document key interactions between contextual factors and child and family characteristics that help identify the children of Mexican immigrants who are most at-risk for no regular physician care.

Introduction

One of the most dramatic U.S. demographic changes in the early 21st Century has been the increase in the proportion of population who are children of immigrants. The number of children with immigrant parents has more than tripled over the past 35 years, and the share of children with at least one immigrant parent is now over 20 percent (Capps and Fortuny 2006). Among these children Mexicans contribute the largest single national origin group, composing 37 percent of the 5.7 million immigrant children age 10 or younger in 2004 (Waldinger and Reichl 2006). Accompanying the rapid increase in Mexican-origin immigrant children has been the redistribution of the Mexican immigrant population from traditional destination states and cities to new and emerging immigrant receiving areas. These immigrant child population recomposition and redistribution trends take on increased significance because Mexican children have been shown to have low rates of health care access and utilization compared to other children (Brown et al. 2008). A consequence of these changing demographic patterns has been the increased concern for health care of children of Mexican immigrants across immigrant destination areas contexts.

While much of the past research on health care for children of immigrants has drawn upon segmented-assimilation theory propositions that family-level resources, social characteristics, and family structure result in varying patterns of health care use, the major focus of this paper is on how destination area contexts constrain or facilitate the use of medical care by children of Mexican immigrants. Specifically, we argue that a major gap in the research literature is assessing the impact of state-level policy concerning immigrant children eligibility for state health insurance programs and the availability of local-level health care clinics, as local clinics have been identified as front-line institutional services for immigrant health needs. This issue

has important public health policy implications as it will provide evidence on alternative approaches for enhancing preventative health care utilization by immigrant children through 1) expanding state health insurance program eligibility criteria regarding immigrant children, and/or 2) increasing the number of and services provided by community health clinics which target immigrant population groups.

We integrate data on state Child Health Insurance Program immigrant children eligibility policies and county-level data on health clinic availability and services with pooled individual-level longitudinal data from the nationally-representative Survey of Income and Program Participation (SIPP) panels for 1996-1999 and 2001-2004 to address the following research questions:

1. What are the effects of contextual variations in state health service eligibility policies for immigrant children and variations in the availability and services of local community health clinics on regular physician care for children of Mexican immigrants, controlling for the health status and health insurance coverage of the child?

2. How do the contextual effects of state health service eligibility policies and community health clinic availability and services interact with family socio-demographic and human capital characteristics of immigrant parents to help explain which children of Mexican immigrants are most and least at-risk for no regular physician care, controlling for the health status and health insurance coverage of the child?

3. Do these effects of state health service eligibility policies and community health clinic availability and services on regular physician care differ for Mexican immigrant children living in traditional versus new and in high versus low skill immigrant destination areas?

Why Context Matters for Mexican Immigrant Children's Health Care Utilization

State Health Service Eligibility Context

The thesis that immigrant destination area contexts contribute directly to inequalities in regular physician care for children of Mexican immigrants is based on several conceptual arguments. One major consideration is that health insurance availability varies across states as the 1996 welfare reform act restricted eligibility for federally-funded Medicaid among recent immigrants. After welfare reform some states chose to cover all immigrants and especially children, regardless of their entry date, using state funds to supplement federal Child Health Insurance Program (CHIP) program eligibility. Other states decided to provide Medicaid to immigrants only in cases where federal matching funds were available (Bauer et al. 2002). Figure 1, for example, shows the variation in state leniency toward immigrant children's eligibility for CHIP in 2007. Recent evidence suggests that 24 states have enacted either universal or expanded health coverage for immigrants, but Mexican children of immigrants tend not to live in many of these states. For example, one-half of Mexican immigrants live in California, a state that in 2008 had proposed but not passed expanded immigrant coverage measures. State variation in public health and program eligibility is thus expected to be an important contextual factor for immigrant destination area variation in regular physician care for children of Mexican immigrants.

Community Health Clinic Context

State and local areas also vary in the availability of community health clinics, which are important sources of health services for children of immigrants. Figure 2 shows the distribution of U.S. counties with no community health clinic, as well as counties categorized as traditional,

new, or emerging/pre-emerging immigrant destinations based on 1990 and 2000 Decennial Census data (STF3 files). Nearly three-fourths of local health departments that serve a county or city-county jurisdiction are located in areas with populations of less than 50,000 (Leep 2006). Furthermore, the health services offered by local health departments vary largely by the size of the population served and in recent years, by population-based needs. In new destination communities, the recent growth of Mexican-origin families may not be yet large enough to have stimulated services for this population, either in local health departments or the medical infrastructure. We find that counties without a health clinic are disproportionately those designated as new or pre-emerging Mexican immigrant destinations. Approximately 25 percent of new destination counties have no health clinic, compared with about 12 percent of traditional destination counties.

Also important is the availability of culturally appropriate health care resources. Figure 3 shows the availability of language translation services in at least one county health care facility. These services appear to be widely available and may facilitate access to health care in areas where low-cost clinics are not available.

References

Bauer, R. S. Collins, J. Doyl, J. Fuld, and E. Fuentes-Afflick. 2002. "Challenges Associated with Applying for Health Insurance Among Latina Mothers in California, Florida, and New York." New York Academy of Medicine Forum for Child Health Brief. Available at sss.nyam.org/divisions/healthscience/childhealth/publications.shtml.

Brown, E. Richard, D. Victoria, Richard Wyn, and Rebecka Levan. 2008. "Race and Ethnic Disparities in Access to Health Insurance and Health Care." Los Angeles, CA: UCLA Center for Health Policy.

Capps, Randy and Karina Fortuny. 2006. "Immigration and Child and Family Policy." Washington: The Urban Institute.

Leep, C. J. 2006. 2005 National Profile of Local Health Departments. Washington D.C.: National Association of County and City Health Officials.

Waldinger, Roger and Rene Reichl. 2006. "Second-Generation Mexicans: Getting Ahead or Falling Behind?" Washington: Migration Information Source.

Figure
1

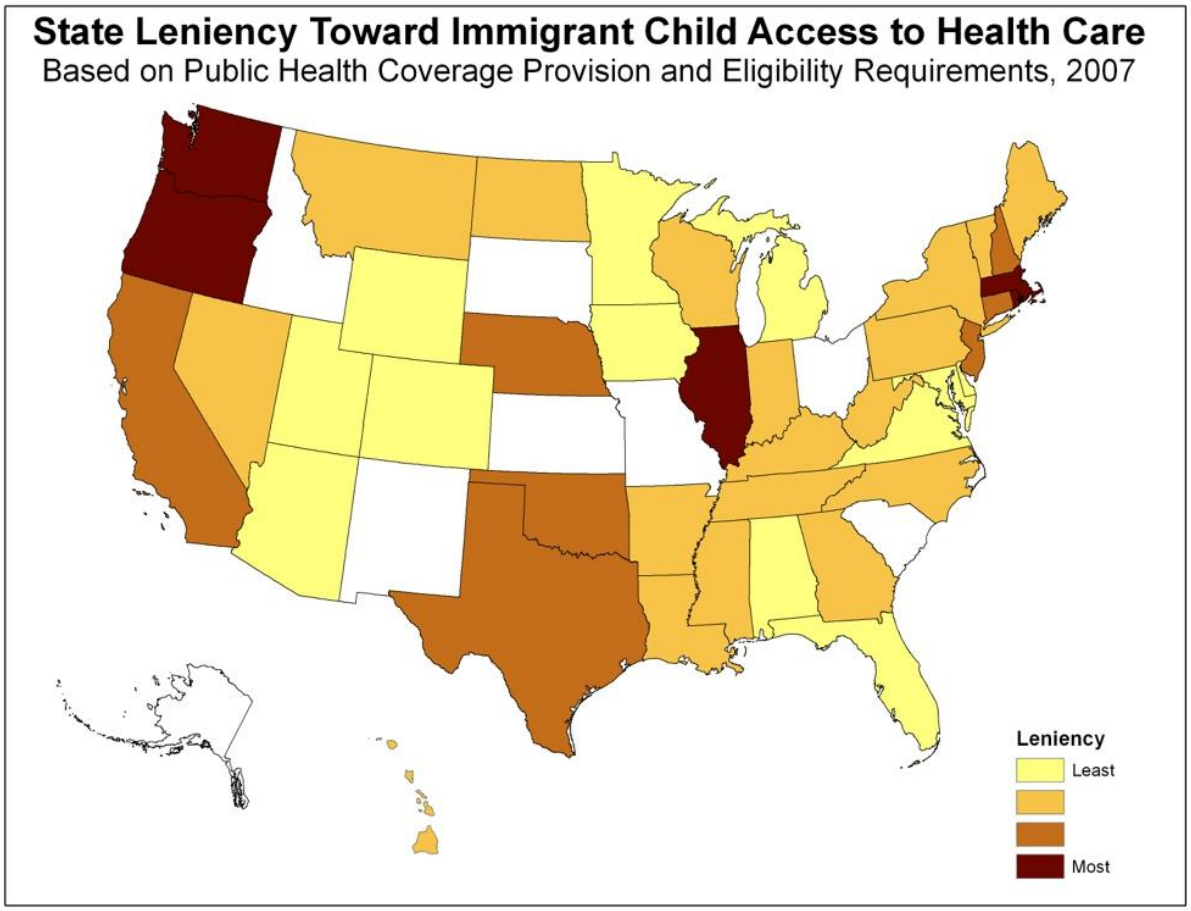

State Leniency Toward Immigrant Child Access to Health Care
Based on Public Health Coverage Provision and Eligibility Requirements, 2007
Leniency
Least
Most

Figure 2

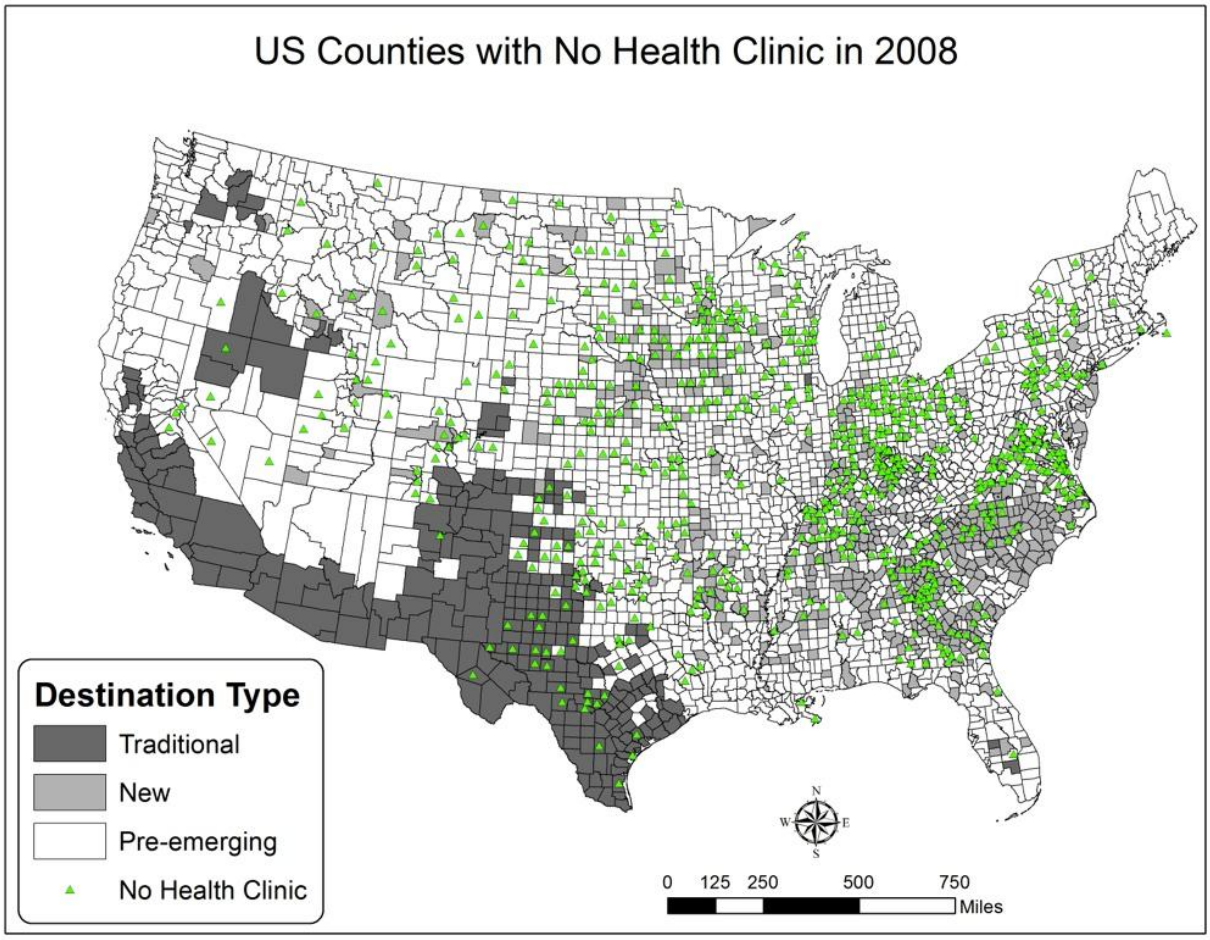
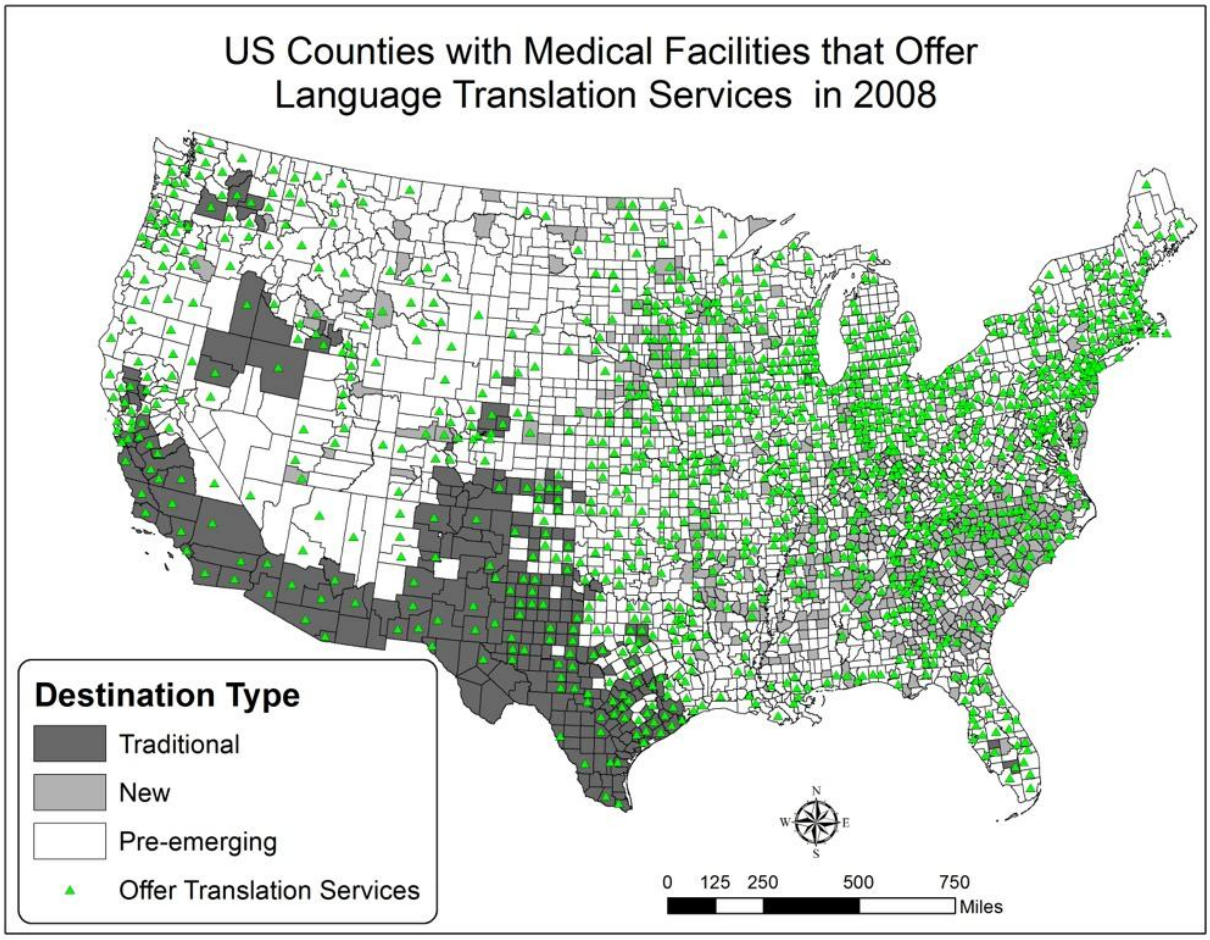

US Counties with No Health Clinic in 2008
Destination Type
Traditional
New
Pre-emerging
No Health Clinic
N
W
E
S
0 125 250 500 750
Miles

Figure 3


US Counties with Medical Facilities that Offer Language Translation Services in 2008
Destination Type
Traditional
New
Pre-emerging
Offer Translation Services
N
W
E
S
0 125 250 500 750
Miles