Covering the Remaining Uninsured Children

Almost Half of Uninsured Children Live in Immigrant Families

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Objective: Previous authors have answered "how many children in immigrant families are uninsured"; we do not know the inverse: "how many uninsured children live in immigrant families." This paper will show the total contribution of having an immigrant parent to the uninsured rate for children in the United States.

Data Source: Secondary data from the 2008–2010 American Community Survey.

Study Design: Descriptive analyses and a multinomial probit model illustrate the relationship between immigration history and insurance status.

Principal Findings: In 2010, almost half (42%) of uninsured children lived in an immigrant family. State-level estimates range from a low of 4% in Maine to a high of 69% in California. Two thirds (69%) of these uninsured children are citizens; furthermore, 39% are Medicaid eligible, 39% are not eligible for Medicaid, and eligibility is unknown for the 21% that are low-income, noncitizens.

Conclusions: In 2000, a third of all uninsured children lived in immigrant families. In 2010, 42% of all uninsured children lived in immigrant families. Initiatives to expand coverage or increase Medicaid and CHIP uptake will require decision makers to develop new policy and outreach approaches to enroll these children so they do not fall further behind.

Key Words: immigrant, children, uninsured, insurance

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Although Healthy People 2020 calls for universal insurance coverage for children by 2020,[1] children in immigrant families are emerging as one of the largest groups of uninsured children in the United States. Over a decade ago, researchers demonstrated that a third of uninsured children lived in immigrant families (36% in 2000).[2] In the 10 years since that key finding, the number of children living in immigrant families has continued to grow. In 2010, 1 in 4 children had at least 1 immigrant parent, with 88% of these children holding US citizenship. This paper will show that having an immigrant parent is the distinguishing characteristic shared by almost half of uninsured children, with 42% of uninsured children in the United States living in an immigrant family.

Decision makers pursuing the goals of Healthy People 2020 and universal coverage for children must consider the context of uninsured children living in immigrant families because having a non-native parent represents a broad cluster of coverage barriers. A growing literature shows that children with immigrant parents are more likely to be uninsured,[3,4] with both government policies[5–8] and labor market conditions[2] contributing to higher uninsured rate for children in immigrant families. However, almost all children in immigrant families are US citizens, but the eligible children in immigrant families are less likely to enroll in Medicaid than children in native families.[9,10]

The purpose of this paper is to show the total contribution of having a non-native parent to the US uninsured rate for children. The key new finding is the fact that almost half (42%) of uninsured children in the United States live in immigrant families, whereas two thirds (69%) of these uninsured children in immigrant families hold US citizenship. This paper (1) identifies the share of uninsured children who live in immigrant families, (2) estimates state-level differences in these shares, (3) estimates a lower bound for how many of these uninsured children are eligible for Medicaid and the Children's Health Insurance Program (CHIP), and (4) shows that insurance barriers faced by immigrant children are more than just their parents' citizenship.

STUDY DATA AND METHODS

The US Census Bureau's American Community Survey (ACS) is uniquely suited to answer these questions. The ACS interviews over 2.8 million households annually

including over 40,000 children in immigrant families. The ACS data were obtained from the Integrated Public Use Microdata Series (IPUMS) project at the University of Minnesota Population Center.[11] The ACS data distributed by IPUMS include many valuable additions, including family pointers identifying relationships within the household, logic edits for type of health insurance, and health insurance units (HIU) for estimating Medicaid eligibility.

Definition of Children in Immigrant Families

This paper uses "children in immigrant families" and "children with immigrant parents" interchangeably. Both of these terms refer to children born in the United States or abroad who have at least 1 parent who immigrated to the United States.[12] The ACS does not collect information on the legal status of noncitizens. With this information, all children in the United States can be classified into 4 groups:

(1) Immigrant (first generation) children who are not citizens and their immigration statuses are unknown from the data.
(2) Immigrant (first generation) children who have gone through the naturalization process and obtained citizenship.
(3) Children with at least 1 immigrant parent (second generation immigrants) who are native-born citizens. Their parents may or may not be lawfully residing in the United States.
(4) Children with 2 native parents. These children are citizens, independent of location of their birth.

For this paper, groups 1–3 would all be considered children in immigrant families. Data in all the tables include children, aged 17 years and below, for the 50 states and District of Columbia. Puerto Rico is excluded.

Medicaid Eligibility

States consider many criteria to determine Medicaid and CHIP eligibility, including household income, age of the applicant, household wealth, citizenship documentation, medical expenditures, and other criteria. As survey data do not measure all dimensions of Medicaid eligibility, studies typically use an income-based model to estimate eligibility.[13,14] Consistent with the literature, this study's estimate of Medicaid eligibility combines respondent age with the household income thresholds in the state of residence for the relevant year. The ACS definition of a family does not correspond with Medicaid eligibility. The analysis uses the "health insurance unit" instead of family to determine Medicaid eligibility.[15]

Undocumented immigrants present a challenge for determining Medicaid eligibility. Although several groups of noncitizens are eligible for Medicaid,[16] undocumented immigrants are not generally income eligible. However, 4 states (IL, MA, NY, and WA), the District of Columbia, and some counties do provide coverage through local funding for all children, regardless of immigration status.[16] As the ACS does not collect immigration status (legal resident vs. undocumented), it is not possible to estimate Medicaid eligibility for most noncitizens. With the exception of the 4 states and DC listed above, all noncitizens are categorized as "unknown eligibility." This approach produces little change in the estimates as 88% of children in immigrant families are US citizens.

To account for the complex sample of the ACS, all analyses use the survey commands in STATA 12. Individual weights produce representative estimates for the nation and for individual states. SEs are corrected for geographic and household clustering. Average marginal effects from a multinomial probit model of insurance choice estimate the impact of immigrant characteristics on the insurance outcome (Uninsured, Medicaid, Private Insurance), controlling for age, race, sex, poverty level of the HIU, highest educational attainment in the household, and parental nativity.

STUDY RESULTS

Table 1 provides descriptive statistics of the sample. The descriptive statistics show that children in immigrant families are distinct demographically from children in native families, but they also show broad diversity across immigrant families. Most importantly, Table 1 shows that 86% of children in immigrant families are native-born citizens and another 2% are naturalized citizens. Only 12% of these children are noncitizens.

Table 2 shows children in immigrant families as a share of (1) all uninsured children and (2) all children. In 2010, children in immigrant families comprised 24% of all children. Citizen children in immigrant families are 21% of all children. The remaining 3% were noncitizens, but their immigration status is not collected by the ACS.

Having an immigrant parent is a defining characteristic of uninsured children. Almost half (42%) of uninsured children have immigrant parents. By citizenship status, citizen children in immigrant families are 29% of all uninsured children, whereas noncitizen children account for another 13%. State-level estimates are available in an online appendix (Supplemental Digital Content 1, http://links.lww.com/MLR/A623).

As most children in immigrant families are citizens and live in families well above the poverty line, the question remains whether uninsured children with immigrant parents are eligible for public coverage. Table 3 examines the insurance coverage and Medicaid/CHIP eligibility for these children. For children with immigrant parents, 14% lack health insurance. The remaining 86% have private insurance or Medicaid/CHIP. A third (5.5%) of the 14% uninsured are eligible for Medicaid based on their HIU income and state of residence. The eligibility estimates should be interpreted as a lower bound as the ACS does not indicate immigration status and eligibility for most noncitizens remains unknown. The unknown eligibility group is small as 88% of children in immigrant families are US citizens.

Table 4 presents average marginal effects from a multinomial probit model of insurance choice. This model estimates the impact of immigrant characteristics on the insurance outcome variable (Uninsured, Medicaid, Private Insurance), controlling for age, race, sex, poverty level of the

TABLE 1. Descriptive Statistics, 2008–2010 American Community Survey

	Immigrant Families (%)		Native Families (%)	
	Mean	SE	Mean	SE
Language spoken at home				
English	49.96	0.11	95.66	0.03
Spanish	35.40	0.11	3.26	0.02
Other language	14.64	0.08	1.08	0.01
Linguistic isolation	24.96	0.12	0.68	0.01
Citizenship category				
Native	86.11	0.08	99.40	0.01
Naturalized	2.20	0.03	0.36	0.01
Not citizen	11.69	0.08	0.25	0.01
Hispanic	56.76	0.14	11.68	0.05
Race				
American Indian	0.91	0.03	2.34	0.02
Black	9.15	0.08	18.94	0.06
Asian	18.80	0.10	1.87	0.02
Other race	20.66	0.12	3.35	0.03
White	55.77	0.14	78.67	0.06
Parent nativity				
2 parent HH, 2 native	3.62	0.05	64.85	0.07
2 parent HH, 1 native	25.21	0.11	0.00	N/A
2 parent HH, 0 native	49.55	0.14	0.00	N/A
1 parent HH, 1 native	1.68	0.03	32.07	0.07
1 parent HH, 0 native	19.95	0.11	0.00	N/A
World area of birth				
United States	84.58	0.08	98.96	0.01
Latin America	8.50	0.06	0.29	0.01
Asia	3.99	0.04	0.33	0.01
Europe	1.64	0.03	0.36	0.01
Africa	0.87	0.03	0.04	0.00
Other North America	0.39	0.01	0.02	0.00
Male	51.31	0.09	51.18	0.05
Poverty category (%)				
≤100	24.50	0.13	19.71	0.06
101–200	28.00	0.13	19.84	0.06
201–300	16.94	0.10	17.61	0.05
301–400	9.96	0.08	13.82	0.05
>400	20.61	0.10	29.02	0.06
Highest education in HH				
Less than high school	17.12	0.12	4.63	0.04
High school graduate	28.19	0.13	26.86	0.07
Some college	22.22	0.12	31.42	0.07
College graduate	32.46	0.12	37.10	0.07
Workers in HH				
0 workers	7.65	0.08	12.81	0.05
1 worker	45.49	0.14	44.27	0.07
≥ 2 workers	46.87	0.14	42.92	0.07
Child's age	8.17	0.01	8.67	0.01
Year				
2008	32.51	0.13	33.43	0.06
2009	33.61	0.13	33.43	0.06
2010	33.88	0.13	33.14	0.06
No. Observations	447,531		1,631,607	

HH indicates household.

HIU, highest educational attainment in the household, and parent nativity. Multinomial probit is a nonlinear estimator so a marginal effect is calculated for each respondent using the values of the covariates for that respondent. The average of the marginal effects is presented in Table 4. The underlying multinomial probit coefficients are available from the author by request.

The marginal effects in Table 4 shows that the impact of the immigrant characteristics on the probability of each insurance outcome. For example, an immigrant child living in a household where Spanish is the primary language is 2.1% points more likely to be uninsured than a child in a household with English as its primary language. Similarly, the Spanish language household child is 4.5% points less likely to have Medicaid coverage but 2.5% points more likely to have private coverage ($P < 0.01$).

For the immigrant characteristics, the child's citizenship and Latin American origin are the largest contributors to

TABLE 2. Children in Immigrant Families as a Share of All Children and Uninsured Children, 2010

	Uninsured Children (%)		All Children (%)	
	Total	**SE**	**Total**	**SE**
Lives in immigrant family				
All (citizen+noncitizen)	41.9	0.4	24.2	0.1
Citizen children	28.9	0.4	21.4	0.1
Noncitizen children	13.0	0.2	2.8	0.0
Lives in native family	58.1	0.4	75.8	0.1
Sample size	50,030		692,297	

the probability that a child in an immigrant family will be uninsured. Compared with the native born, noncitizen children are 10.8% points more likely to be uninsured, even after controlling for other immigrant characteristics and household socioeconomic status. The only other characteristic of similar magnitude is birth in Latin America. Immigrant children born in Latin America are 7.3% points more likely to be uninsured than children born in the United States with immigrant parents. No other immigrant characteristic independently increases the probability of being uninsured by >2.5% points.

DISCUSSION

A decade ago, a third of uninsured children lived in immigrant families. This paper shows that, in 2010, approaching half of uninsured children (42%) had immigrant parents. Previous research has shown that uninsured children are less likely to receive key health care interventions that boost the life prospects of children.[17–19] These results demonstrate that children living in immigrant families are the group most likely to miss key investments in their health and human capital.

The Affordable Care Act includes substantial efforts for outreach and enrollment for the new expansion populations, but many of the uninsured children in immigrant families are already Medicaid eligible. An extensive literature documents successful approaches for outreach to immigrant populations, including streamlined application procedures, bilingual forms, and using groups in the immigrant community to lead the outreach efforts.[20] However,

decision makers must recognize that, although the children may be Medicaid-eligible US citizens, their immigrant parents must be willing to enroll their eligible children. With the future of immigration reform undecided, enrollment groups must provide a safe harbor for child citizens who may have undocumented parents.

Although noncitizens are only 11% of children in immigrant families, they are 20% of the uninsured children in immigrant families. The Children's Health Insurance Program Reauthorization Act of 2009 (CHIPRA), gave states the option to expand eligibility to immigrant children in their first 5 years of residence,[21] but fewer than half of the states have extended eligibility to this population. These children lacking Medicaid eligibility would benefit from more states embracing CHIPRA's offer.

Limitations

The key limitation to this analysis is the lack of data on the immigration status for noncitizens. Some noncitizen children are eligible for public coverage. These eligible noncitizens include refugees,[22] children living in the 21 states that cover these children without the 5-year wait for lawful residents,[23] and children in the 4 states, the District of Columbia, and some individual counties that cover undocumented children through local funding. Placing noncitizens in a separate "Unknown Eligibility" group makes the estimates of Medicaid eligibility a lower bound; more of these uninsured children in immigrant families will be Medicaid eligible than reported in the tables. This bias is limited as only 15% of the uninsured low-income children with immigrant parents are noncitizens (12% of all uninsured children in immigrant families).

Conclusions

A decade ago, a third of uninsured children lived in immigrant families. This paper shows that, in 2010, approaching half of uninsured children (42%) have immigrant parents, with over two thirds of these uninsured children holding US citizenship. Initiatives to expand coverage or increase Medicaid and CHIP uptake will require decision makers to develop new policy and outreach approaches to enroll these children so they do not fall further behind.

TABLE 3. Insurance Status and Medicaid/CHIP Eligibility for Children in Immigrant Families, 2010

	Immigrant Families (%)		Native Families (%)	
	Mean	**SE**	**Mean**	**SE**
Uninsured				
Not Medicaid eligible	5.52	0.10	2.90	0.04
Medicaid eligible	5.52	0.11	3.21	0.05
Unknown eligibility*	2.91	0.07	0.06	0.00
Private	42.71	0.22	60.70	0.12
Medicaid	42.79	0.23	32.79	0.12
No. observations	153,222		539,075	

*Low income, noncitizens in states not providing coverage to all low-income children.

TABLE 4. Multinomial Probit Estimates of the Marginal Effect on Probability of Uninsured, Medicaid, or Private Insurance for Children in Immigrant Families, 2008–2010

	Uninsured		Medicaid		Private Insurance	
	dy/dx	SE	*dy/dx*	SE	*dy/dx*	SE
Household language						
English	Reference		Reference		Reference	
Spanish	0.021	0.0030***	−0.045	0.0030***	0.025	0.0034***
Other language	0.009	0.0035***	−0.066	0.0033***	0.057	0.0041***
Linguistic Isolation	0.008	0.0023***	−0.067	0.0027***	0.060	0.0028***
Citizenship category						
Native born	Reference		Reference		Reference	
Naturalized	−0.009	0.0081	−0.031	0.0081***	0.040	0.0091***
Not citizen	0.108	0.0069***	−0.043	0.0071***	−0.066	0.0080***
Household structure						
2 parent HH, 1 native	Reference		Reference		Reference	
2 parent HH, 0 native	0.007	0.0023***	−0.016	0.0024***	0.009	0.0028***
1 parent HH, 1 native	0.022	0.0060***	−0.113	0.0075***	0.091	0.0076***
1 parent HH, 0 native	−0.003	0.0029	−0.032	0.0032***	0.034	0.0034***
Hispanic	0.034	0.0031***	−0.078	0.0031***	0.044	0.0037***
World area of birth						
US	Reference		Reference		Reference	
Latin America	0.073	0.0069***	0.010	0.0072	−0.082	0.0081***
Asia	−0.010	0.0077	−0.009	0.0076	0.019	0.0086**
Europe	−0.040	0.0094***	0.049	0.0086***	−0.008	0.0103
Africa	−0.046	0.0113***	−0.012	0.0117	0.058	0.0130***
Other North America	−0.022	0.0185	0.099	0.0163***	−0.077	0.0232***
Race						
White	Reference		Reference		Reference	
American Indian***	0.010	0.0085	−0.022	0.0098**	0.013	0.0102
Black	−0.009	0.0038**	−0.023	0.0038***	0.032	0.0044***
Asian	−0.014	0.0034***	0.044	0.0033***	−0.030	0.0040***
Other race	−0.015	0.0023***	−0.002	0.0028	0.017	0.0029***
Male	−0.001	0.0012	0.001	0.0013	−0.001	0.0015
Poverty category (%)						
<100%	Reference		Reference		Reference	
101−200	−0.016	0.0025***	0.140	0.0033***	−0.124	0.0031***
201−300	−0.026	0.0029***	0.285	0.0033***	−0.258	0.0035***
301−400	−0.031	0.0037***	0.376	0.0037***	−0.345	0.0043***
>400	−0.054	0.0037***	0.479	0.0036***	−0.425	0.0043***
Highest education in HH						
Less than high school	Reference		Reference		Reference	
High school graduate	−0.014	0.0027***	0.036	0.0037***	−0.022	0.0035***
Some college	−0.027	0.0030***	0.079	0.0038***	−0.051	0.0038***
College graduate	−0.038	0.0033***	0.154	0.0038***	−0.115	0.0041***
Workers in HH						
0 workers	Reference		Reference		Reference	
1 worker	−0.007	0.0038*	0.083	0.0049***	−0.076	0.0046***
≥2 workers	0.000	0.0040	0.064	0.0051***	−0.064	0.0049***
Child's age (y)						
0	Reference		Reference		Reference	
1	0.033	0.0041***	0.004	0.0040	−0.037	0.0044***
2	0.032	0.0040***	0.007	0.0039*	−0.039	0.0043***
3	0.038	0.0040***	0.014	0.0039***	−0.052	0.0043***
4	0.037	0.0040***	0.019	0.0039***	−0.056	0.0043***
5	0.026	0.0045***	0.063	0.0044***	−0.089	0.0049***
6	0.031	0.0045***	0.071	0.0044***	−0.102	0.0050***
7	0.031	0.0046***	0.079	0.0044***	−0.110	0.0050***
8	0.043	0.0045***	0.080	0.0044***	−0.123	0.0050***
9	0.038	0.0045***	0.087	0.0044***	−0.125	0.0051***
10	0.045	0.0045***	0.090	0.0045***	−0.134	0.0050***
11	0.047	0.0045***	0.089	0.0045***	−0.136	0.0051***
12	0.054	0.0045***	0.094	0.0045***	−0.148	0.0051***
13	0.058	0.0045***	0.095	0.0045***	−0.153	0.0051***
14	0.058	0.0045***	0.087	0.0045***	−0.144	0.0051***
15	0.068	0.0046***	0.088	0.0045***	−0.156	0.0052***
16	0.077	0.0045***	0.087	0.0045***	−0.164	0.0052***

(Continued)

TABLE 4. Multinomial Probit Estimates of the Marginal Effect on Probability of Uninsured, Medicaid, or Private Insurance for Children in Immigrant Families, 2008–2010 (*continued*)

	Uninsured		Medicaid		Private Insurance	
	dy/dx	SE	*dy/dx*	SE	*dy/dx*	SE
17	0.089	0.0045***	0.077	0.0046***	−0.166	0.0052***
Year						
2008	Reference		Reference		Reference	
2009	−0.016	0.0022***	−0.013	0.0025***	0.029	0.0027***
2010	−0.028	0.0022***	−0.025	0.0024***	0.053	0.0027***
No. observations		445,157				

*P<0.1.
**P<0.05.
***P<0.01.

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