

The Health Care Burden of Being Illegal: Health Care Access and Utilization among Children of Mexican Immigrants

More than 5 million U.S. children have Mexican-immigrant parents, and their presence among America's children is growing. Little is known about the effects of immigrant documentation status on the health of Mexican parents and their children, despite the fact that the U.S. Mexican-origin population is among those most likely to lack health insurance coverage and to report no regular source of medical care. Furthermore, health care for undocumented immigrants is at the forefront of current health care policy debates.

Inequality in immigrant health care access and utilization is usually framed in terms of family human capital resources arguments and assimilation theory. While undoubtedly important factors, the current research significantly extends past empirical and theoretical literature by focusing on the impact of undocumented status of children and their Mexican immigrant parents in explaining immigrant health care inequalities. Our thesis is that the child and parent's undocumented status imposes structural inequality conditions on family attempts to obtain health care access and utilization for their children, such as regular doctor visits. Based on undocumented status as a structural constraint argument, we expect that being illegal and/or having illegal parents will have a direct impact, independent of family human capital and assimilation indicators, on exacerbating the health care access and utilization inequalities of children of Mexican immigrants.

The objective of this study is to compare all children of Mexican immigrants, defined as children having at least one Mexican-immigrant parent, with children whose parents are U.S. born (i.e. third plus generation children). We make these comparisons with the overall population and by U.S.-born race-ethnicity group – i.e., children of Mexican-immigrant parents, children of

U.S.-born Hispanic parents, non-Hispanic black children of U.S.-born parents, and non-Hispanic white children of U.S.-born parents.

We use pooled individual-level longitudinal data from the nationally representative Survey of Income and Program Participation panels for 1996-1999, 2001-2003, 2004-2007, and 2008 to evaluate race/ethnic and immigration-status disparities in health care access and utilization for children. Models developed using confidential/restricted-access SIPP data files are used to estimate indicators of legal status for Mexican immigrant parents and their children based on information available in SIPP public use files. Table 1 shows the SIPP survey question upon which these immigration-status estimates are based; Table 2 presents our child study sample distributions by race/ethnicity and immigration status. Multivariate logit models are used to test immigrant child and parent legal status versus race-ethnic comparison group inequalities of having health insurance coverage and having had routine medical and dental visits, controlling for age and key family human capital and assimilation characteristics.

Preliminary results indicate that, compared with other children in the United States, children of Mexican-immigrant parents are least likely to be continuously covered by health insurance and are most likely always to go without coverage and to experience multiple gaps in health coverage each year (Figure 1). We hypothesize that this lack of coverage will result in greater unmet need for medical care, as measured by routine medical and dental checkups within the past year. Initial estimates of health care utilization indicate that children of Mexican immigrants are less likely to have seen a physician or a dentist in the past year over the 1996-2008 period compared with children of native-born parents, and that native-born children of Mexican immigrants are more likely to receive this routine care compared with Mexican immigrant children.

Table 1. SIPP Survey Question Regarding Immigration Status.

When [fill TEMPNAME] moved to the United States to live, what was [fill PTEMPNAME] immigration status?

- (1) Immediate relative or family sponsored permanent resident
- (2) Employment-based permanent resident
- (3) Other permanent resident
- (4) Granted refugee status or granted asylum
- (5) Non-immigrant (e.g., diplomatic, student, business, or tourist visa)
- (6) Other

Table 2. Descriptive Statistics for Study Sample.

	Unweighted n	Percentage of Total Sample (weighted)	Percentage of Immigrant Child Sample (weighted)
Race/Ethnicity			
<i>Children of Native-born</i>	84,779	96.61	-
Non-Hispanic White	56,599	64.84	-
Black	15,031	16.06	-
Hispanic	13,149	15.72	-
<i>Children of Mexican Immigrants</i>	2,433	3.39	100%
Native-born, Documented Parent	136	0.18	5.25
Native-born, Undocumented Parent	125	0.18	5.43
Foreign-born, Documented Parent	949	1.30	38.35
Foreign-born, Undocumented	1,223	1.73	50.98
Parent			
Age Group			
0 to 12 years	52,117	58.39	61.42
13 to 18 years	35,095	41.61	38.58
Total	87,212	100%	-

Figure 1. Percentage of Children with Gaps in Annual Insurance Coverage, by Race/Ethnic Group, 1996-2008.

