THE PENNSYLVANIA STATE UNIVERSITY

Inequality in Health Insurance Coverage for Older Immigrants

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9/23/2011

This project looks at inequality in health insurance for older immigrants, looking specifically at Asian and Latin American populations. Using data from the 2001, 2004, and 2008 Survey of Income and Program Participation, it will look at monthly health insurance coverage, to examine not only inequality in health insurance coverage, but also explore movement into and out of health insurance and the factors that predict this movement. Additionally, the study attempts to understand how public policy and individual state polices impact health insurance coverage for immigrants. Results show that immigrant status, region of origin, duration, state of residence, and other demographic controls are associated with health insurance coverage for older U.S. residents. Older immigrants in general have lower odds of health insurance coverage; this is especially true for Asian and Latin American origin immigrants. Looking at mixed findings from duration of residence in the U.S., further longitudinal exploration is warranted.

Introduction

Immigration and aging are often viewed as working in opposite directions in terms of age composition in the United States; however immigrants are aging and there are a growing number of immigrants that enter the country in old age. The older immigrant population has increased from 2.7 million in 1990 to 4.3 million in 2006 and is expected to quadruple by 2050 (Leach 2008-2009). The assumption that the older population of the United States will have nearly universal access to health care through Medicare does not hold true for older immigrants. As this group grows it will be important to re-examine access to health care. Immigrants are a very diverse group, not only by race, ethnicity, and country of origin but by legal status, which has implications for their eligibility for public programs. Further, immigrants are less likely to have health insurance, a disparity that becomes even more pronounced at older ages. In 2010 34 percent of foreign born residents are uninsured compared with 14 percent of native born (US Census Bureau 2010). Not having health insurance limits medical care, is associated with worse health, and burdens individuals and families financially (Bovbjerg and Hadley 2007).

Understanding the impact of public policy on this segment of the population will be crucial as they continue to grow older and more numerous. This research addresses inequality in access to health insurance for older immigrants and non-immigrants in the United States as well as explores how individual state policy contributes to this inequality. There are many barriers to health insurance for elderly immigrants, much of this due to the passage of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, which determined eligibility for public by citizenship status (PRWORA Public Law 104-193). After the passage of PRWORA there was a steep decline in the number of immigrants in social welfare programs, more specifically approximately 935,000 noncitizens lost welfare benefits due to the passage of PRWORA (Fix and Passel 2002). This effect has been demonstrated to impact non-citizens more than their naturalized counterparts (Gerst and Burr 2011).

While some states try to fill the healthcare gap and offer aid to immigrants during their five year ban, others do not. The amount of state based aid to immigrants during the five year ban ranges widely, from no aid to complete aid. With the exception of California, the states with the largest immigrant populations however provide very limited aid to immigrants during their initial five years. These differences in state policies add another layer to the analysis of immigrants' access to health care, state of residence is now a key indicator of eligibility for welfare programs including Medicare.

Despite a nearly universal rate of coverage for those over the age of 65, this is not the case for many immigrants that are not eligible for Medicare for a variety of reasons. This study is unique in that it uses longitudinal panel data to look not just at health insurance coverage, but changes in health insurance coverage and the factors that precipitate changes in and out of heath insurance coverage. It will also look at how not just the disparity in access to health insurance but how public policy and state variations in public policy impact access to health insurance for immigrants, by using a multi-level design that takes differences in state policy into account.

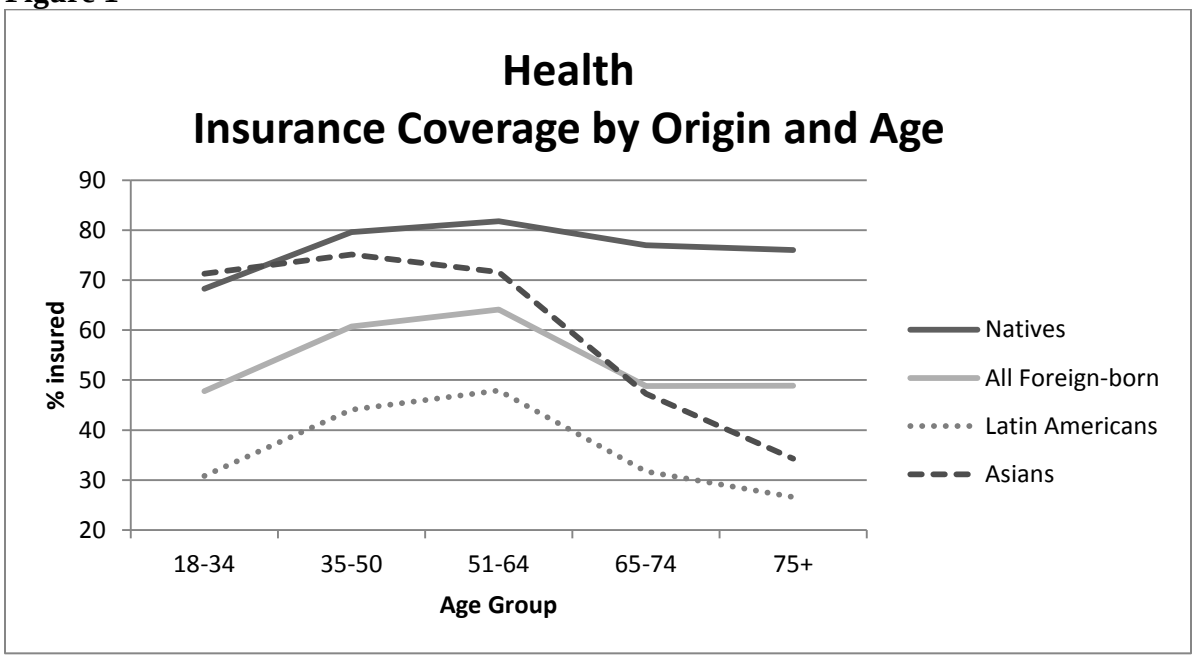
Data

For my analysis I will be using the Survey of Income Participation Program (SIPP) data collected by the U.S. Census Bureau. I will be using the 2001, 2004, and 2008 panel data, specifically the core data as well as various topic modules in those years. All three years will be pooled to create a larger sample. The SIPP is a multi-panel longitudinal survey with monthly data collected from interviews of participants every four months for approximately four years (2001 was cut short and 2008 is still in progress). SIPP employs a complex survey design, that

selects primary sampling units and then households within those units. Each individual in the selected household is interviewed and followed throughout the length of the survey, as well as addition people that enter the households. The sample size from combining years is 327,971 respondents. After listwise deletion, the analytic sample of respondents 65 years and older, the sample size is 30,840 respondents.

Looking across age groups, the differences in health insurance coverage between natives and foreign born is greatest in older ages, as evident in Figure 1. It is important to understand this widening gap in health insurance coverage, especially as the number of older foreign-born continues to increase. Immigrants from Latin America have lower rates of health insurance coverage in all age groups, while immigrants from Asia have similar rates until age 65, at which point rates begin a steep decline. This leaves big questions as to the forces driving these steep declines in older ages.

Figure 1



Variables

The dependent variable will be a binary measure of health insurance coverage, coded 1 for has health insurance and 0 for no health insurance, which is measured at the monthly level. The independent variables will be year at entry, number of years residing in the US, age, marital status, gender, country of origin, status at entry (permanent resident or other), and state of residence, which is coded 1 for states that have more generous policy towards immigrants and 0 for those that are less generous towards immigrants.

Preliminary Findings

In preliminary results, looking at the first wave with migration history, table 1 shows a logistic regression of health insurance coverage for older immigrants, which indicates that along with the standard demographic controls, being an immigrant as well as region of origin for immigrants are significant predictors of health insurance coverage. Older immigrants are about 85% less likely to have insurance than older non-immigrants. While immigrants from both Asia and Latin America are less likely to have health insurance than those from Europe, Latin Americans are even less likely to have health insurance than Asians. Duration and arrival year are the two key characteristics of PROWRA, for this sample arrival year is not significant

although duration is significant, surprisingly those that have resided in the United States for at least five years are about half as likely to have insurance as those that have been here less than five years. This is a puzzling finding considering the residency requirements for many public welfare programs; further analysis of this finding is needed. Having served in the armed forces, education, employment, being married, age and family income all indicate a higher likelihood of having health insurance; marriage and family income are the strongest predictors of these controls variables. State of residence is also significant; residents in states that provide Medicaid to immigrants during their first five years in the country are about 17% more likely to have health insurance.

Table 1: Logistic Regression of Health Insurance for Elderly

(N=28,275)

Variable	Odds Ratio	Standard Error
Immigrant Dummy	0.184***	-0.0619
Region of Origin		
Asia	0.342***	-0.0496
Latin America	0.246***	-0.0379
Other	0.600***	-0.0882
Citizenship	1.218	-0.168
Arrival 1996 or later	1.09	-0.253
Duration	1.055***	-0.00541
Duration at least 5 years	0.484**	-0.121
Permanent Resident	1.066	-0.13
Armed Forces	1.094*	-0.042
Education	1.139***	-0.00561
Employment	1.154**	-0.0582
Married	1.841***	-0.0604
Age	1.031***	-0.00282
Family Income	1.797***	-0.0324
State of Residence	1.169***	-0.0418

* $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$

Planned Analysis

Further analysis will extend this research by looking at health insurance coverage over a four year time frame to capture the nuances of health insurance coverage, looking at not just what separates those who have it and those that do not have health insurance, but also who obtains health insurance and who loses health insurance over time. During the survey approximately 3000 respondents will pass the residency requirement for many federal welfare programs by having been in the country for at least five years. Looking at this group will give insight into how the five year residency requirement affects health insurance coverage of these

immigrants. Some argue that the restrictions on welfare have a chilling effect on welfare receipt even for those that are eligible, looking at this group we can test this theory, by seeing how many of these immigrants that gain eligibility for federal aid, obtain health insurance. It will also include a multi-level model that in the second level will have more nuanced state of residence measure, based on 6 levels of state generosity towards immigrants. The third level will also include a control for survey year. I anticipate that immigrant characteristics, especially region of origin, as well as state of residence will be predictive of changes in health insurance coverage.

Conclusion

Differences in health insurance rates among natives and immigrants increase dramatically in older ages, a time when presumably need for care may be highest. Older immigrants are an often overlooked sub-population. But they are also a growing segment of the population, it is important to examine and understand these glaring differences. Using longitudinal data also offers a unique opportunity to capture changes in health insurance coverage, which will allow a fuller exploration of these differences. The current findings raise questions as to the causes for such dramatically low rates among older immigrants in health insurance as well as the societal consequences for these low rates.

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