One in five children in the United States is the child of immigrants. These new Americans, most of whom are U.S. citizens, are more than twice as likely as children of natives to have no health insurance. Prior research has shown that differences in income or employment between native and immigrant parents do not account for the disparity in coverage.

In a recent study, Center for Poverty Research Faculty Affiliate Erin Hamilton and Graduate Student Fellow Ethan Evans find that state-level policies have an impact on whether the children of immigrants get access to healthcare.

Key Findings

- 36% of first-generation children were uninsured in 2007, a rate three times higher than for second-generation children, and nearly five times higher than the rate for children of natives.
- Targeted outreach for state health programs increases the chances first-generation children will be insured.
- States’ accessibility policies, including waiting periods, co-payments, and enrollment fees, make first-generation children more likely to be uninsured.

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Estimating Disparities

This study links nationally representative data on children’s health insurance coverage from the 2007 National Survey of Children’s Health to state CHIP policies based in age group and household income that apply in the child’s state of residence. Researchers extracted CHIP policies from annual state reports filed with the Center for Medicare and Medicaid Services.

The researchers then estimated how the disparity in insurance coverage between children of immigrants and children of natives was affected by differences in the income eligibility cutoffs across state CHIP programs, as well as by differences in CHIP policies affecting outreach, barriers to, or costs of CHIP participation.

Income and Eligibility Levels

Figure 1 shows the percentage of children who were uninsured in 2007 by immigrant status, differentiating between foreign-born children of immigrants (first-generation Americans), U.S.-born children of immigrants (second-generation Americans), and U.S.-born children of native parents (third-and-higher-generation Americans). Thirty-six percent of first-generation children were uninsured in 2007, a rate that is three times higher than the rate for second-generation children and nearly five times higher than the rate for children of natives.

Part of this disparity reflects lower incomes among immigrant households, and that children in poor households are more likely to be uninsured. The second set of bars in Figure 1 details the fractions of uninsured children adjusted for income differences. This shows that eliminating income differences across first-, second- and third- or higher generation children would reduce but not eliminate disparities.

The study next considers how features of CHIP state-level policies contribute to differences in coverage. Children of immigrants, given their disproportionate location in particular states, are exposed to slightly more generous state CHIP eligibility levels than children of natives. First-generation children live in states that have an average eligibility level of 227 percent of the federal poverty level (FPL) and second-generation children an average of 231 percent of the FPL, compared to 220 percent of the FPL for children of natives.

States with the highest recent growth in the percentage of foreign born residents (South Carolina, Alabama, Tennessee, Delaware, and Arkansas) have substantially lower eligibility levels on average for all groups of children. Thus, without changes in state policies, and given that children of immigrants are poorer than children of natives, as more immigrants head to new destination states the disparity between children of immigrants and native born children may grow.

Accessibility Policies Make a Difference

The final set of bars in Figure 1 shows that adjusting for state-level differences in the CHIP income eligibility levels has a clear effect on disparities in insurance status. If children of immigrants were exposed to the same state CHIP income eligibility levels as children of natives, 42 percent of first generation children and 17 percent of second generation children would be uninsured, compared to six percent of children of natives; these disparities are greater than what is actually observed, and much greater than we would expect controlling for income differences alone.

Meet the Researchers

Erin Hamilton is an Assistant Professor of Sociology at UC Davis. Her current research investigates the social and demographic sources of international migration from Mexico to the United States.

Ethan Evans is a Ph.D. candidate in Sociology at UC Davis. His research interests include Healthcare Access, Immigration, Social Stratification and Medical & Urban Sociology.