Assimilation and Access to Health Care: Explaining Health Coverage Disparities among U.S. Hispanics

Introduction

Dramatic growth in the U.S. Hispanic population is increasing the demand for health care access among foreign- and native-born Hispanics at the same time that Hispanics are at a documented disadvantage for obtaining health insurance coverage (NCHS 2013). Nearly one-fifth of U.S. residents are first or second generation immigrants (U.S. Census Bureau 2010), and immigrants are predicted to account for 82 percent of the population growth between 2005 and 2050 (Passel and Cohn 2008). Foreign-born Hispanics are expected to be a major contributor to this growth. In fact, approximately 53 percent of the current foreign-born population is Hispanic (Grieco et al. 2012), and foreign- and native-born Hispanics accounted for over half of the population growth between 2000 and 2010 (Passel et al. 2011). Although the likelihood of being insured increases alongside the length of time in the U.S (MPI 2004), this group's lack of health insurance coverage decreases the likelihood of their obtaining needed health care (Kaiser Commission on Medicaid and the Uninsured 2013). Despite these disparities both within the Hispanic population and between Hispanics and non-Hispanics, little research systematically examines the differences in health insurance coverage across Hispanic generations and native-born non-Hispanics. That is, one of the major limitations of existing research is its lack of attention to generational differences in health care access. Our study contributes to the existing literature via a systematic analysis of health insurance coverage of first, second, and third-plus generation Hispanics. Each generation is then compared to the native-born, non-Hispanic population. Specifically, we address the following research questions:

1) Does health insurance coverage vary among Hispanic generations?

2) Does health insurance coverage differ between first, second, and third generation Hispanics and native-born, non-Hispanics?

3) If so, can these generational differences be explained by individual- and household-level characteristics?

4) In particular, does language use, an indicator of assimilation, help to explain health insurance outcomes for either foreign- or native-born Hispanics?

These questions are motivated by the importance of health insurance coverage. Health insurance coverage is inextricably linked to the current and future well-being of Hispanics as well as that of their children. If Hispanics have differential access to health care across generations, the underlying reasons for this should be uncovered.

Theoretical Framework

This study tests the assertions of the spatial assimilation model. The model assumes that immigrant incorporation follows a linear trajectory across generations. Moreover, the development of human capital is expected to increase across generations (Alba and Nee 2003). These concepts suggest the following hypotheses with regard to predicting generational patterns in Hispanic locational attainment. Consistent with the spatial assimilation model, we expect to find consistently higher rates of health insurance coverage between the first and third-plus generations of Hispanics. The model also purports that generational differences should disappear when controlling for other relevant acculturation, socioeconomic, and demographic characteristics. However, the segmented assimilation and place-stratification model offer an alternative hypothesis wherein generational differences in health insurance coverage are expected to remain when accounting for these characteristics.

Data and Methods

We assess our research questions using pooled, cross-sectional data from the twelfth waves of the 2004 and 2008 panels of the Survey of Income and Program Participation (SIPP). The interviews during these waves took place in 2007 and 2011, respectively. SIPP is a longitudinal, nationally-representative survey of individuals within households in the U.S. The three main strengths of these data are that: 1) the survey includes questions about health insurance coverage at the time of the interview and in each of the three months prior; 2) the data allow individuals to be linked to parental information (where available), thus enabling an accurate operationalization of the respondent's generational status; and 3) the data are recent and allow for a recent evaluation of Hispanic health insurance coverage. We analyze four months of observations for each individual which results in a total number of 49,581 person-month observations.

A weakness of the data is that third generation respondents can be identified only if they lived with their parents at some point during the panel, as there is no indicator of parents' nativity. However, if a respondent has a parent within the sample, the observations can be linked. The linkage allows for the use of parental information when defining generational status of the respondent. Thus, our sample is restricted to adult respondents (age 18 or over) in both nativity groups who ever lived with either of their parents. This group selection creates the potential for a selection bias, but preliminary models provide no evidence of a selection effect. Models (available upon request) comparing different reference groups consisting of Hispanics who never lived at home show no evidence of a selection bias in our sample.

The outcome variable is a dichotomous indicator of whether the respondent had health insurance coverage of any form during the month of inquiry. Generational status is one of the key independent variables in our analysis. The Hispanic population is divided into three generational groups. The first generation consists of individuals who were born abroad. The second generation is comprised of individuals born in the United States with at least one foreign-

born parent. The third-plus generation consists of Hispanic respondents born in the United States whose parents were also born in the United States. The native-born, non-Hispanic reference group represents the third-plus generation of non-Hispanics. It includes only individuals who were born in the U.S. and have native-born, non-Hispanic parents.

Another key variable in our analysis is whether the respondent speaks a language other than English at home. This is an indicator of acculturation. Health insurance coverage of the respondent's mother and father are coded similarly to the dependent variable. Whether the individual lives at home with parents is also examined. Finally, a series of measures of human capital are included in our analysis. The first of which, education, is divided into four categories: those with less than a high school degree, a high school diploma, some college, and those with at least a college degree. In the preliminary analyses presented below, employment status is defined based on industry. Its categorizations are: employed, employed in agriculture, mining, construction, manufacturing, and employed in service (all other industries develop the reference category). Future analyses will utilize occupations rather than industries. Total personal income is also controlled for in the regression models. Lastly, the year of the panel is included in the models in order to account for period differences and potential cohort effects across the two panels.

Our analytic strategy uses both descriptive and inferential statistics. Preliminary bivariate analyses show that health insurance coverage is the lowest among first generation Hispanics but steadily increases among the second and third generations. Native-born, non-Hispanics in our sample are the most likely of all groups to have health insurance coverage. Results from preliminary multivariate analyses are shown below. We conduct logistic regression models accounting for the clustering of observations within individuals using PROC GLIMMIX in SAS.

Preliminary Analysis

Our analysis begins with an overview of the generational differences in health insurance coverage of Hispanics. The first two models in Table 1 assess the following question: What is the nature of generational differences in health insurance coverage among Hispanics when controlling for acculturation and human capital? These models are restricted to Hispanics and the reference category is third-plus generation Hispanics. As expected, the first and second generations are significantly less likely than the third generation to have health insurance coverage. However, this relationship for the second generation is no longer statistically significant when controls are incorporated into the model. Stepwise regression models indicate that whether the respondent lives at home is mediating that relationship.

Variables	Model 1	Model 2	Model 3	Model 4	Model 5
Table 1. Logistic Regression Analyses Predicting Health Insurance Coverage					
Intercept	1.875*** (.170)	2.068*** (.135)	2.401*** (.121)	2.404*** (.121)	2.094*** (.136)
1st generation	-1.826*** (.187)	-1.055*** (.149)	-1.553*** (.184)	-1.380*** (.204)	-1.021*** (.150)
2nd generation	-.633*** (.177)	-.187 (.140)	-.395* (.170)	-.232 (.190)	-.149 (.143)
3rd generation	-----	-----	-.140 (.139)	-.316# (.165)	-.114 (.171)
2008 panel	-.648*** (.163)	-.297*** (.058)	-.383*** (.071)	-.382*** (.071)	-.295*** (.058)
Bilingual		-.741*** (.071)	-.925*** (.142)	-1.127*** (.175)	-.785*** (.075)
Lives at home		-.189* (.077)	-.216# (.114)	-.214# (.114)	-.219** (.080)
Father has health insurance		.918*** (.078)			.923*** (.078)
Mother has health insurance		1.006*** (.074)			1.002*** (.074)
Less than high school education		-1.340*** (.109)			-1.335*** (.109)
High school education		-.979*** (.100)			-.979*** (.100)
Some college		-.381*** (.101)			-.382*** (.101)
Not employed		-.471*** (.081)			-.473*** (.081)
Ag/const./mnfg.		-.767*** (.100)			-.765*** (.100)
Service		-.454*** (.083)			-.455*** (.083)
Income		.0003*** (.000)			.0003*** (.000)
3rd generation*bilingual	-----	-----	-----	.588* (.299)	.459# (.262)
N	9114	9114	49581	49581	49581

***p<.001; **p<.01; p<.05; #p<.10

4

How do these results compare to those from models where native-born, non-Hispanic is the reference group? Models 3 through 5 assess this question. As before, the first and second generations have significant, negative coefficients but the coefficient for second generation loses statistical significance upon the introduction of controls. Interestingly, when controlling for the interaction between bilingualism and third generation status (Model 4), the coefficient for third generation approaches significance (at $p<.10$). Moreover, the interaction effect is positive and significant, predicting that third-generation Hispanics who are bilingual have increased odds of having health insurance coverage. In other words, for third generation Hispanics, the ability to speak more than one language bolsters their chances of having health insurance. However, these relationships are mostly explained by human capital indicators (Model 5).

Conclusion

The main goal of this paper is to assess generational and nativity differences in health insurance coverage. According to the preliminary findings, Hispanics are increasingly insured in later generations to the point where third generation Hispanics are not significantly different, in terms of health insurance coverage, from their native-born, non-Hispanic counterparts. However, language use appears to mediate the latter relationship. Ongoing analyses are further exploring these compelling relationships.

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