

Immigrant children are increasingly more likely to lack health coverage

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Contrary to public perceptions, foreign-born children are increasingly uninsured, rather than publicly insured, in the wake of immigration policy changes, according to a study by public health researchers at The Children's Hospital of Philadelphia.

Despite a 1999 federal ruling that relieved immigrant families of a requirement to repay the U.S. government for Medicaid benefits, immigrant children did not increase their usage of publicly funded health insurance programs. The study authors said that these inequities in access to health care may hinder the ability of immigrant children to become productive future members of the American labor force.

Even after taking into account significant socioeconomic differences between U.S.-born and foreign-born children, the vast majority of immigrant children are much more likely to be uninsured, living in poverty, and have parents with less than a high school education, according to the study. The results, based on the analysis of data collected from 33,317 children for the 1997 to 2004 National Health Interview Survey, appear in the November 2008 issue of the *American Journal of Public Health*.

"The large number of uninsured foreign-born children raises concerns about their long-term health and functional outcomes because regular health care supervision is critical to achieve optimal growth and development," said study author Susmita Pati, M.D., M.P.H., a pediatrician and child health services researcher at Children's Hospital

and a Senior Fellow at the Leonard Davis Institute of Health Economics. "The cost of providing preventive primary care to children is relatively small when compared to other health care costs."

Some have argued that uninsured immigrants may strain the resources of publicly funded health care systems by using expensive emergency care or because their treatment has been delayed. The study looked at data over the seven-year period to determine if foreign-born children were increasingly reliant on public health insurance programs after the 1999 reversal of the so-called "public charge rule."

The public charge rule of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996 initially required families to repay the U.S. government for public health benefits, including Medicaid, previously received at no cost. In 1999, the government specified that Medicaid benefits would be exempted from the public charge rule.

According to the study results, low-income U.S.-born children were just as likely as foreign-born children to have public insurance coverage. After 2000, foreign-born children were 1.59 times more likely than U.S.-born children to be uninsured versus publicly insured. Therefore, children were less likely to participate in public insurance programs after reversal of the public charge rule. Less than one-third of foreign-born children were publicly insured compared to more than 40 percent of U.S. children during this time.

One of every five children in the U.S. is a member of an immigrant family, according to the 2000 U.S. census. Immigrant families are complex in that parents and children may each have different immigration status, and since children rely on their parents to obtain the necessary health benefits, that may have an impact on child health outcomes. Federal, state and local policies can promote or hinder insurance coverage for immigrants.

"Policies designed to promote the healthy growth of this highly underserved population merit serious consideration, given their potential to ensure the future socioeconomic well-being of an increasingly diverse American population," Pati said.

Source: Children's Hospital of Philadelphia

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