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THE ECONOMY OF HEALTHCARE: DISPARITY OF INSURED/UNINSURED PROFILES AMONG EUROPEAN IMMIGRANTS IN THE UNITED STATES

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Abstract

Immigration over the last seven years has been the highest for any seven-year period in the history of the United States (US), totaling 10.3 million immigrants. Of which, it is estimated that more than 50% are accounted as immigrants without legal status, according to the Center for Immigration Studies in Washington (Camarota, 2002). Data gathered in early 2000 provides a glimpse of the situation to bring in the disparity of insured and uninsured among European immigrants in the United States as the 9/11 attacks, the Obama care (the Patient Protection and Affordable Care Act (PPACA), or Affordable Care Act (ACA) for short), and the (DREAM Act of 2010) the Development, Relief and Education for Alien Minors Act have significantly changed the patterns and profiles of this phenomenon as someone would shed light on the situation. This paper compares and contrasts the extent of health insurance coverage for the citizens, naturalized citizens, and non-citizens as identified in terms of the world regions of birth, of course, for the European descendants. Finally, the analysis is concluded by examining the extent of health insurance coverage among all foreign born population based on race, educational attainment, and family income in 2005.

Keywords: Immigrants to the US, European Immigrants, Health Insurance Coverage, Foreign Born Population

1. Introduction

Studies reveal that one in every eight people living in the US is considered to be an immigrant making them a total of 37.9 million, thus becoming the highest level of immigrants recorded since the 1920s (Moe, 2011). For the first time, European immigrants are no longer the largest group to become citizens in the US (Preston, 2007). Over the past decade, they were outnumbered by new citizens who came originally from Latin America or Asia. In the decade prior to 2005, nearly 2.4 million immigrants from Latin America became citizens, more than compared to any other world regions of birth, as the study asserts (Camarota, 2002). This study tries to shed some light on the situations, in particular the disparity of insured and uninsured among European immigrants in the US as it is the main focus of the discussion.

A higher number of immigrants arrived in the US seeking economic opportunities and improved daily lives. From 1880 to 1920, when the rapid industrialization and urbanization was in progress, the US received more than 20 million immigrants. At the beginning in the 1890s, the

majority of arrivals were from Central, Eastern and Southern Europe. In this decade alone, some 600,000 Italians migrated to the US, and by 1920 more than 4 million had entered the United States. The passage for entry was very expensive and extremely difficult, an estimated one-half or more of the white Europeans made the journey solely desiring to become indentured servants. Even though some voluntarily indentured themselves, others were kidnapped in European cities and forced into servitude in the US. Other thousands of English convicts were shipped across the Atlantic as indentured servants. The admission of new immigrants peaked in 1907, when approximately 1.3 million entered legally.

Following the 9/11 attacks, the US implemented critical immigration measures to alter immigration policies to respond to future threats. This has certainly changed the study of status of health insurance coverage among immigrants. Immigrants to the United States represent a large and rapidly growing population segment that contributed to an approximately thirty-six million people, or 12 percent of the U.S. population, in 2005. This number has doubled since 1970 showing no signs of future decrease. The arrivals of immigrants over the past two decades are having a profound effect on a growing number of communities as the new immigrants seek to settle in nontraditional destinations and communities.

Among all foreign born nationals in the US, a total of 23,778 (66.7%) contributed to European nationality according to the figures obtained in 2005. The statuses of health insurance coverages for European on the basis of citizens, naturalized citizens, and non-citizens are examined for three consecutive years, 2003, 2004, and 2005 to see if any emerging patterns exist. The data suggests that on a nationality basis, a large portion of foreign-born residents of the United States have a lack of health insurance coverage. Foreign-born nationals who resided in the United States with somewhat low educational attainments, Hispanic immigrants in particular, are specifically at high risk of lacking health insurance coverage. The insurance status of the foreign-born population is given focus because of the link between health insurance coverage, access to healthcare, and subsequent utilization of these services provided to them in the United States.

2. Literature Review

It has been argued that characteristics such as age, time spent living in the United States, and household income all have an influence on one's insurance status. In light of this, noncitizens were much more likely to go uninsured when compared to citizens (whether naturalized or not). During this period beginning in 1997, immigrants from Europe had some of the highest percentages of insurance coverage (Carrasquillo *et al.* 2000). In addition, these discussions point towards the influences that terrorist measures have had on markets. They focus on the United States market, and also include some of their insurance status to the world market (Chen and Siems, 2004). Asserting the heterogeneousness of the many facets that the immigrant families bring to the United States, studying is a complex task. Not only are immigrant families less likely to have insurance, but they are also less likely to have a regular source of care compared to natural-born citizens. This can further be concluded for European immigrants. Many of the new immigrant provisions on reform for welfare have made many immigrants ineligible for insurance, discouraging them from seeking it (Derose *et al.* 2009).

Uninsured percentages for foreign-born people were 24 percent higher than for native-born people. Within this information, there were many discrepancies between insurance rates of undocumented and naturalized immigrants, with undocumented citizens reaching weight of a 68 percent uninsured rate and naturalized citizens at a 23 percent rate of uninsured (Goldman *et al.* 2006). In accordance with the many other sources given, this article also brings to light the tendencies that immigrants possess on health coverage, with many having a lower chance of having coverage when compared to native-born people (Goldman *et al.* 2005).

For the importance of children for European immigrant studies, another study examined some of the variances in insurance coverage for children of immigrant parents. The study found that of these children, 27.3 percent are without health insurance. Further splitting down, children that have yet to be naturalized find themselves at a 38 percent chance of being uninsured. This is due to parents having to find work that could be in light of immigrant related legislature

provides adequate coverage. Children of recent immigrants are more likely to seek public health insurance than those of earlier times. The data, however recent, may be volatile due to the chaotic nature of the recent events in United States history (Huang, 1997). A trend that has been observed in children of immigrant families in the United States splits some of the demographic further, to study the usage of the health care provided (Huang *et al.* 2006).

The limitations that surround immigrant access to health insurance coverage are ample. For example, it discusses the 1996 Personal Responsibility and Work Opportunity Reconciliation Act, or PRWORA, which restricts immigrant access to coverage for the first five years in the country (Ku and Matani, 2001). Federal programs such as the Medicaid program have always been limited to US citizens and legal residents, but recent federal and state laws designed to reinforce eligibility rules create new barriers for immigrants, even for infants and children who are already citizens. This has had an unsettling effect on other programs that provide healthcare for immigrants. The 2005 Deficit Reduction Act requires all individuals applying for or renewing Medicaid coverage to provide proof of US citizenship. After the law was enacted, at least eight states reported dramatic declines in Medicaid enrollment. Some Medicaid-eligible infants and children have gone without immunizations, needing medical care because of delays occurred in implementing the coverage (Okie, 2007).

The numbers behind immigrants and their relation to the DREAM Act is simply some basic insight on the act itself (Passel, 2003). The participants in the DREAM Act of 2010 on the other hand have had their own limitations for government subsidies such as to sponsor family members for permanent residence. Specifically, it excludes conditional nonimmigrants from participating in the health insurance exchanges created by the healthcare reform (Obamacare). The 2002 Current Population Survey concludes that there are around 9.3 million undocumented immigrants living in the United States. This number has steadily been falling short of other immigrants since the beginning of the 21st century. About 5 percent of undocumented immigrants are from Europe. The rest of the document presents information on some figures regarding the demographics and representations of immigrant populations (Passel, 2004). Although not specifically focused on trends pertaining to European immigrants, it can be concluded that the coverage is seeing a somewhat positive trend within immigrant families in the United States. However, the disparity in coverage among immigrant population seems to widen (Rutledge and McLaughlin, 2008).

In a comparison between the United States and Canada, the discrepancies in healthcare access between immigrant and non-immigrant families are vast and mixed. A study also brings up the point that cross-national comparisons in this discourse are very stimulating in finding data (Siddiqi *et al.* 2009). The coverage of healthcare under the modern knowledge surrounding the Affordable Care Act has yet to evolve as many challenges to this law are either pending, forthcoming, or possible (Tanner, 2014). Therefore, the nature of these findings may be quite volatile. The influences that race, ethnicity, and residence lengths have on health insurance status with immigrants have been examined. Some of this information may be used directly with what the article attempts to accomplish pertaining to immigrant insurance coverage (Thamer *et al.* 1997).

3. Data and Background Information

Tables 1–9 have been generated from the US Census Bureau population data on annual social and economic—supplement, 2003 for the three consecutive years, 2003–2005 to seek a consistent pattern of health insurance statuses for the European descendants based on their educational attainments. Additionally, health insurance statuses of foreign born population in the US based on race, educational attainment, and family income in 2005 (US Census Bureau, 2006) were compared by using Tables 10–12.

Table 1. Insurance status for citizens by education attainment in 2003

Citizen	Educational Attainment		Health Insurance Coverage in 2003	
			Insured	Uninsured
Europe	Totals	4,661	4,035	626
	Children under 15	222	199	23
	No high school diploma	713	637	76
	High school or equivalent	1,242	1,055	187
	Some college, less than 4-yr degree	947	812	135
	Bachelor's degree or higher	1,537	1,333	204

Source: US Census Bureau (2004).

Table 2. Insurance status for naturalized citizens by education attainment in 2003

Naturalized Citizen	Educational Attainment		Health Insurance Coverage in 2003	
			Insured	Uninsured
Europe	Totals	2,557	2,352	204
	Children under 15	42	42	0
	No high school diploma	434	416	18
	High school or equivalent	783	700	83
	Some college, less than 4-yr degree	523	485	37
	Bachelor's degree or higher	774	709	65

Source: US Census Bureau (2004).

Table 3. Insurance status for noncitizens by education attainment in 2003

Not a Citizen	Educational Attainment		Health Insurance Coverage in 2003	
			Insured	Uninsured
Europe	Totals	2,104	1,683	422
	Children under 15	180	157	23
	No high school diploma	278	220	58
	High school or equivalent	459	355	104
	Some college, less than 4-yr degree	424	327	98
	Bachelor's degree or higher	763	624	139

Source: US Census Bureau (2004).

Table 4. Insurance status for citizens by education attainment in 2004

Citizen	Educational Attainment		Health Insurance Coverage in 2004	
			Insured	Uninsured
Europe	Totals	4,555	3,952	602
	Children under 15	207	196	11
	No high school diploma	658	577	82
	High school or equivalent	1,291	1,098	193
	Some college, less than 4-yr degree	910	780	130
	Bachelor's degree or higher	1,488	1,302	187

Source: US Census Bureau (2005).

Table 5. Insurance status for naturalized citizens by education attainment in 2004

Naturalized Citizen	Educational Attainment		Health Insurance Coverage in 2004	
			Insured	Uninsured
Europe	Totals	2,567	2,352	215
	Children under 15	55	54	1
	No high school diploma	407	376	31
	High school or equivalent	768	705	63
	Some college, less than 4-yr degree	523	476	47
	Bachelor's degree or higher	813	741	72

Source: US Census Bureau (2005).

Table 6. Insurance status for europeans by education attainment in 2004

Not a Citizen	Educational Attainment		Health Insurance Coverage in 2004	
			Insured	Uninsured
Europe	Totals	1,988	1,601	387
	Children under 15	152	142	10
	No high school diploma	251	200	51
	High school or equivalent	523	393	130
	Some college, less than 4-yr degree	387	305	82
	Bachelor's degree or higher	675	561	114

Source: US Census Bureau (2005).

Table 7. Insurance status for citizens by education attainment in 2005

Citizen	Educational Attainment		Health Insurance Coverage in 2005	
			Insured	Uninsured
Europe	Totals	4,340	3,831	510
	Children under 15	170	161	9
	No high school diploma	634	568	67
	High school or equivalent	1,159	972	187
	Some college, less than 4-yr degree	886	749	137
	Bachelor's degree or higher	1,492	1,381	110

Source: US Census Bureau (2006).

Table 8. Insurance Status for naturalized citizen by education attainment in 2005

Naturalized Citizen	Educational Attainment		Health Insurance Coverage in 2005	
			Insured	Uninsured
Europe	Totals	2,563	2,375	188
	Children under 15	53	53	0
	No high school diploma	422	393	30
	High school or equivalent	705	636	69
	Some college, less than 4-yr degree	514	454	60
	Bachelor's degree or higher	869	840	30

Source: US Census Bureau (2006).

Table 9. Insurance status for noncitizens by education attainment in 2005

Not a Citizen	Educational Attainment		Health Insurance Coverage in 2005	
			Insured	Uninsured
Europe	Totals	1,777	1,455	322
	Children under 15	117	108	9
	No high school diploma	212	175	37
	High school or equivalent	454	336	118
	Some college, less than 4-yr degree	372	295	77
	Bachelor's degree or higher	622	542	81

Source: US Census Bureau (2006).

Table 10. Insurance status for foreign born by race in 2005

Foreign Born	Totals	Health Insurance Coverage in 2005	
		Insured	Uninsured
Totals	35,659 (100%)	23,879 (67.0%)	11,781 (33.0%)
White alone	23,778 (66.7%)	14,772 (61.9%)	9,006 (76.4%)
Black or African American alone	3,017 (8.5%)	2,173 (9.1%)	844 (7.2%)
American Indian and Alaska Native alone	269 (0.8%)	149 (0.6%)	120 (1.0%)
Asian alone	7,995 (22.4%)	6,429 (26.9%)	1,567 (13.3%)
Native Hawaiian and Other Pacific Islander alone	234 (0.7%)	171 (0.7%)	63 (0.5%)
Two or more races	366 (1.0%)	185 (0.8%)	181 (1.5%)

Source: US Census Bureau (2006).

Finally, Table 10 depicts the extent of health insurance coverage documented based on foreign born population using race (and ethnicity). It is evident from the data presented in Table 10 that the majority, with a ratio of 2:1 “Whites” seems to have appreciated having the health insurance coverage among all foreign born descendants followed by “Asian” maintaining the same ratio to have the coverage.

Table 11. Insurance status for foreign born by educational attainment in 2005

Foreign Born	Totals	Health Insurance Coverage in 2005	
		Insured	Uninsured
Totals	35,659	23,879	11,781
Children under 15	2,088	1,378	710
No high school diploma	11,476	6,060	5,416
High school or equivalent	8,288	5,335	2,952
Some college, less than 4-yr degree	5,404	3,999	1,405
Bachelor's degree or higher	8,404	7,106	1,298

Source: US Census Bureau (2006).

Table 12. Insurance status for foreign born by family income in 2005

Foreign Born	Totals	Health Insurance Coverage in 2005	
		Insured	Uninsured
Totals	35,659	23,879	11,781
\$0 to \$19,999	7,590	3,886	3,707
\$20,000 to \$39,999	8,928	5,107	3,822
\$40,000 to \$59,999	6,262	4,216	2,044
\$60,000 to \$79,999	4,387	3,288	1,099
\$80,000 to \$99,999	2,736	2,203	535
\$100,000 and over	5,755	5,180	575

Source: US Census Bureau (2006).

In addition, in terms of educational attainment and family income, those with a bachelor's degree or higher or a higher income level of \$100,000 and over seem to have larger proportions of health insurance coverage among foreign born population in the US in 2005. However, those with no high school diploma and a family income level of \$20,000 to \$39,999 have a higher chance of having health insurance coverage due to some unknown reasons as concluded from Tables 11 and 12.

4. Conclusion

It also can be noted that for those among foreign born, educational attainment at high school level wanted to have health insurance coverage compared to those who have some college or have attended less than 4-year degree programs. As identified in terms of the world regions of birth, the higher the educational attainment, the more they would appreciate having health insurance coverage. A popular sentiment among many after the ACA was acted into law, was that it would hurt the economy and kill jobs. Economic growth in the aftermath of the recession of 2009 has been slow and sluggish despite the growing deficit crisis as compared other economic recoveries from previous recessions. Even this improved employment rate could be a sign how bleak the actual employment situation is, as someone would argue that people looking for jobs (labor force participation) have given up hope. Recent Supreme Court decisions on Obamacare would suggest that this law is to stay despite the premium is increasing whilst the subsidies can be problematic. Economists continue to debate the reasons for the slow recovery; however, the evidence continues to grow suggesting that the ACA has been a contributing factor to slow growth.

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