Location, Location, Location: State and Community Contexts that Improve Health Care Access For Children of Mexican Immigrants

Extended abstract

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The focus of this paper is on how destination area contexts constrain or facilitate the use of medical care by children of Mexican immigrants. This issue has taken on greater importance since one of the most dramatic U.S. demographic changes in the early 21st Century; the number of children with immigrant parents has more than tripled over the past 35 years to where the share of children with at least one immigrant parent is now over 20 percent (Capps and Fortuny 2006). Among these children Mexicans contribute the largest single national origin group, composing 37 percent of the 5.7 million immigrant children age 10 or younger in 2004 (Waldinger and Reichl 2006). Accompanying the rapid increase in Mexican-origin immigrant children has been the redistribution of the Mexican immigrant population from traditional destination states and cities to new and emerging immigrant receiving areas. These immigrant child population recomposition and redistribution trends take on increased health significance because Mexican children have been shown to have low rates of health care access and utilization compared to other children (Brown et al. 2008).

While contextual explanations for improving health and reducing disparities have received increased emphasis in recent population health literature (cf. review by Hillemeier, Lynch,

Harper, and Casper 2003; Frohich et al. 2007), we argue that a major gap in this research literature is the conceptualization and measurement of contextual factors that are uniquely targeted at and applicable to the health care of immigrant children. This research thus responds to Entwisle's (2007) Population Association of America presidential address calling for demographic scholarship that integrates multiple dimensions of local spatial context with individual and household health behaviors and outcomes. We advance the demographic literature that seeks to identify and test structural and organizational mechanisms by which spatial contexts impacts population outcomes (Sastry and Pebley 2010; Van De Poel, O'Donnell and Van Doorslaer 2009).

Our emphasis on contextual analysis in population health is based on addressing the question: Does your health depend on where you live? (Kawachi and Subramanian 2005:793). Macintyre (1997) provides a useful distinction between collective and institutional contextual place effects. Collective effects refer to aggregated population group properties (i.e. poverty, race, etc.) that exert an influence on health over and above individual characteristics, while institutional contextual effects reflect the broader social, political, and economic structural characteristics of places. In this research we test explanations which tap both of these conceptualizations of population health context. Three institutional place characteristics that are uniquely applicable for immigrant children's health are 1) the impact of state-level policy concerning immigrant child eligibility for state health insurance programs, and 2) the availability of community health care clinics, which have been identified as front-line institutional services for immigrant health needs (Arcury and Quandt 2007; Ku and Matani 2001), and 3) community health system language translation services. An important collective effect for immigrant population health is residence in a new versus traditional immigrant destination area. Addressing

these contextual effects has important public health policy implications as they provide evidence on alternative approaches for enhancing preventative health care utilization by immigrant children through 1) expanding state health insurance program eligibility criteria regarding immigrant children, and/or 2) increasing the number of and services provided by community health clinics which target immigrant population groups in new versus traditional immigrant destination areas.

We integrate originally-collected data on state Child Health Insurance Program (CHIP) immigrant children eligibility policies and county-level data on health clinic availability and services with pooled individual-level longitudinal data from the nationally-representative Survey of Income and Program Participation (SIPP) panels for 1996-1999 and 2001-2004 to address the following research questions:

1. What are the effects of contextual variations in state health service eligibility policies for immigrant children and variations in the availability of community health clinics and community health system language translation services on regular physician care for children of Mexican immigrants, controlling for the health status of the child?

2. Do the effects of state health service eligibility policies and community health clinic availability and health system language translation services on regular physician care differ for Mexican immigrant children living in traditional versus new immigrant destination metropolitan areas?

3. Do these state and community contextual impacts on regular physician care for children of Mexican immigrants continue to matter when individual and household-level attributes (i.e., household health insurance, household income/poverty, parent's limited English

language proficiency, parent's assimilation into the US) are introduced as mediating variables in the analysis?

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