

English Skills and the Health Insurance Coverage of Immigrants

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- Only 67 percent of first-generation immigrants under the age of 65 have health insurance, while 87 percent of natives do
- Potential reason: Many immigrants lack English language skills
 - Language skills are a form of human capital
 - Lack of English skills can be a barrier to Medicaid access
- English skills are correlated with many unobserved variables that are also related to health insurance
- This paper exploits the fact that young children can learn a new language much more easily than older children to estimate the effect of English skills on health insurance coverage

A Critical Period of Language Acquisition

- The first several years of life are a critical period of language acquisition (Lenneberg 1967)
- Strategy:
 - Study how age at arrival relates to English skills
 - Study how age at arrival relates to health insurance coverage
 - Instrument for English skills based on age at arrival
- General strategy used by Bleakley and Chin (2004; 2008; 2010)
- Uses 2008 to 2013 American Community Survey data
- Study childhood immigrants who are now adults and their children

Immigrants and Medicaid

- Prior to 1996, legal immigrants in the U.S. were subject to the same eligibility requirements for Medicaid as natives
- Beginning in 1996, immigrants were banned from federal Medicaid and CHIP coverage until they had been in the U.S. for at least five years
- In 2009, the mandatory waiting period for legal immigrant children and pregnant women ended
 - States can cover these immigrants with federal funds immediately
- Unauthorized immigrants are ineligible for federal Medicaid and CHIP
 - Approximately 11.4 million of the 41.3 million immigrants in the U.S. are unauthorized

Research has focused on identifying factors that affect immigrants' enrollment in Medicaid

- Aizer (2007) finds that non-profit Medicaid outreach organizations have their largest effects on Medicaid enrollment for Hispanics and Asians
- Watson (2014) finds that heightened federal immigration enforcement reduces the likelihood that children of non-citizens receive Medicaid
- Sommers (2009) finds that requiring U.S. citizens to provide citizenship documentation reduces the number of non-citizens on Medicaid

Medicaid matters because immigrants are less likely to have employer-sponsored coverage than natives

American Community Survey

- Asks people who report being immigrants their country of birth and their year of migration
 - Subtract the difference between the survey year and the year of arrival from the individual's age to compute the individual's age at arrival
 - Divide countries of birth into three mutually exclusive language categories
 - Non-English-speaking countries of birth
 - Countries of birth with English as an official language that have English as the predominant language
 - Other countries of birth with English as an official language
- Respondents are asked about how well they speak English and can answer “very well,” “well,” “not well,” and “not at all”
- Health insurance and the source of their coverage

Adults

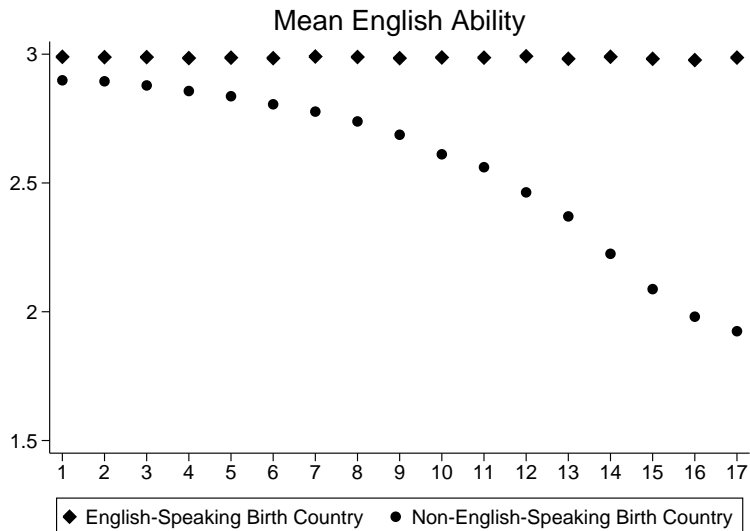
- Childhood immigrants (arrived younger than 18)
- Currently ages 25 to 55
- Arrived to the U.S. at least ten years before the survey year

Children of immigrants

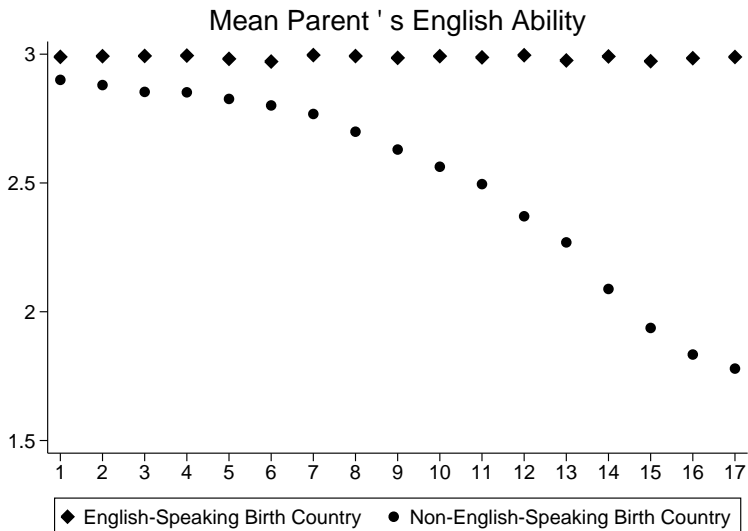
- Age 0 to 18
- At least one parent in the adult sample

I match the child to the characteristics of the immigrant parent

English Ability by Age at Arrival



Parent's English Ability by Parent's Age at Arrival



The Effect of Arriving an Additional Year Past Nine

To provide estimates of the effect of arriving an additional year after age nine, I estimate the following:

$$eng_{ija} = \delta_a + \lambda_j + X_{ija}\alpha + \pi d_{ija} + \epsilon_{ija}$$

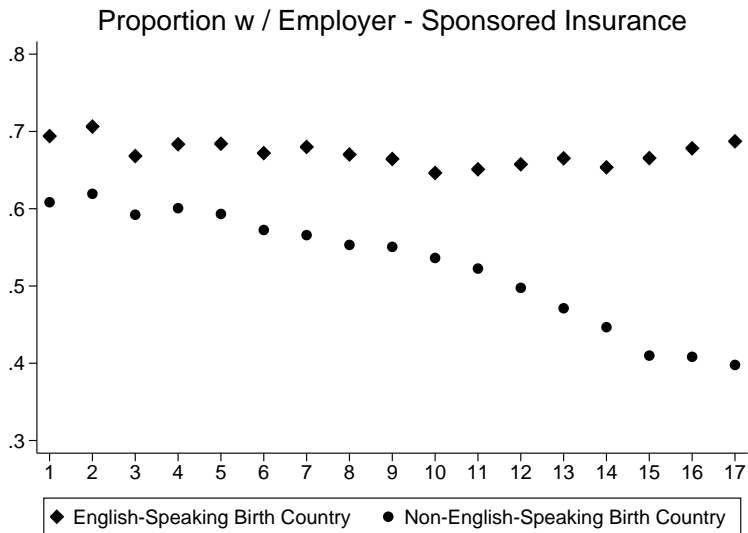
- i indexes the individual
- j indexes the country of birth
- a indexes the age at arrival
- eng is the ordinal measure of English skills
- X is a set of exogenous explanatory variables
- δ is a vector of age-at-arrival fixed effects
- λ is a vector of country-of-birth fixed effects
- $d_{ija} = \max(0, a - 9) * I(j = \text{non-English-speaking country})$

The π coefficient is how the difference in English ability between the treatment and control groups changes for each additional year after an age at arrival of nine compared to the difference for those who arrived before age nine

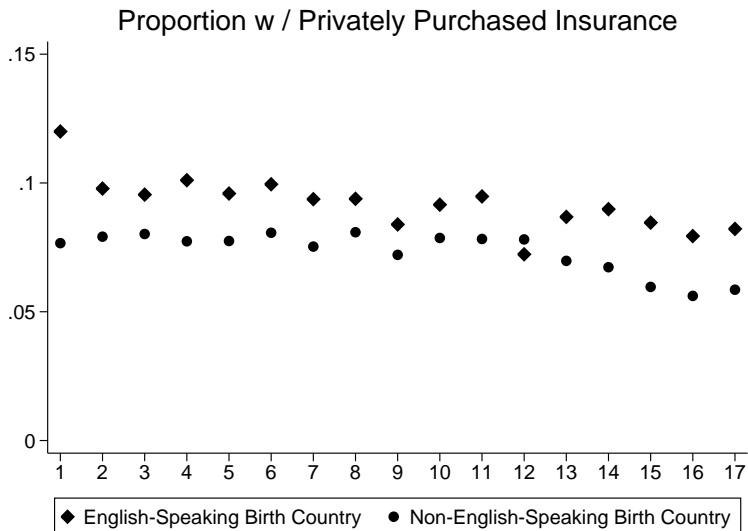
The Effect of Arriving an Additional Year Past Nine

Adult Sample				
Ordinal Measure of English Ability	Speaks No English	Does Not Speak English Well	Speaks English Well	Speaks English Very Well
-0.100*** (0.021)	0.007** (0.003)	0.026*** (0.007)	0.026*** (0.002)	-0.059*** (0.008)
Child Sample				
Parent's Ordinal Measure of English Ability	Parent Speaks No English	Parent Does Not Speak English Well	Parent Speaks English Well	Parent Speaks English Very Well
-0.119*** (0.021)	0.010*** (0.004)	0.032*** (0.007)	0.024*** (0.003)	-0.067*** (0.008)

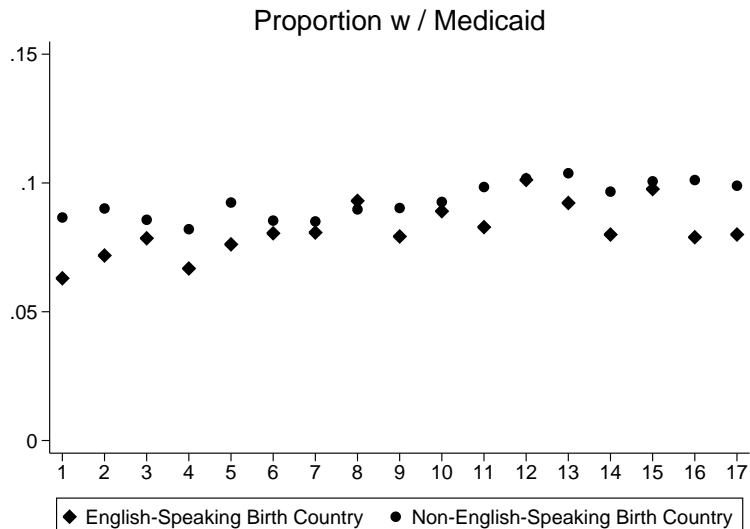
Adult Outcomes by Age at Arrival



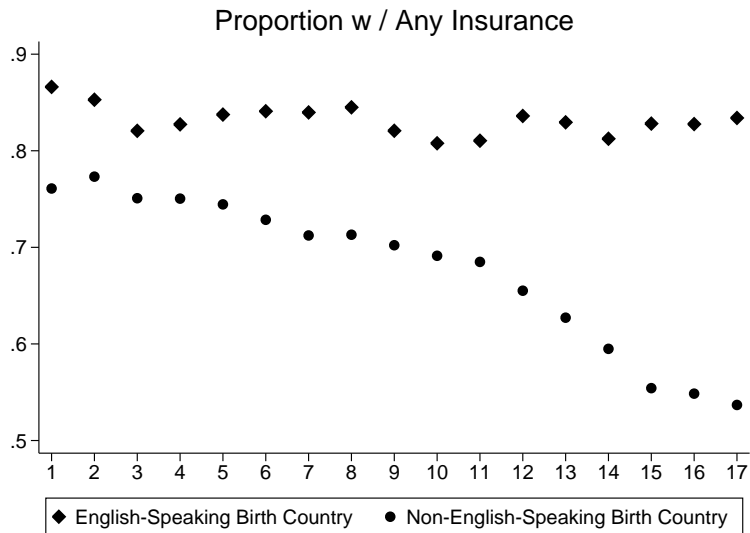
Adult Outcomes by Age at Arrival



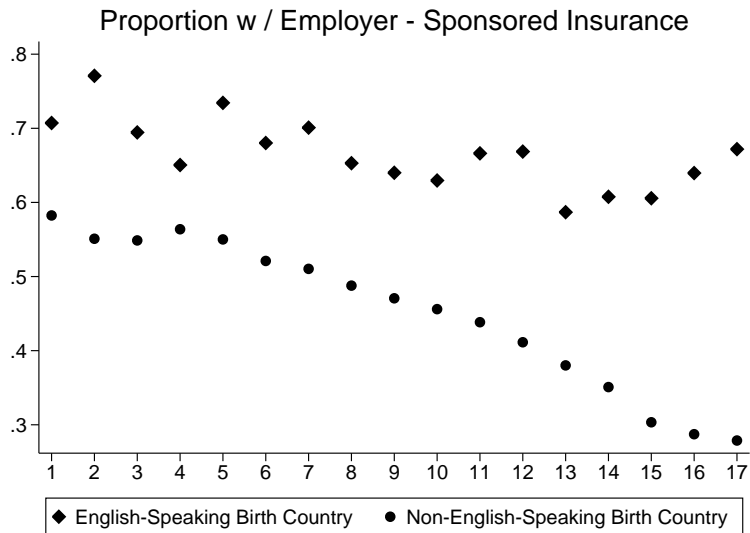
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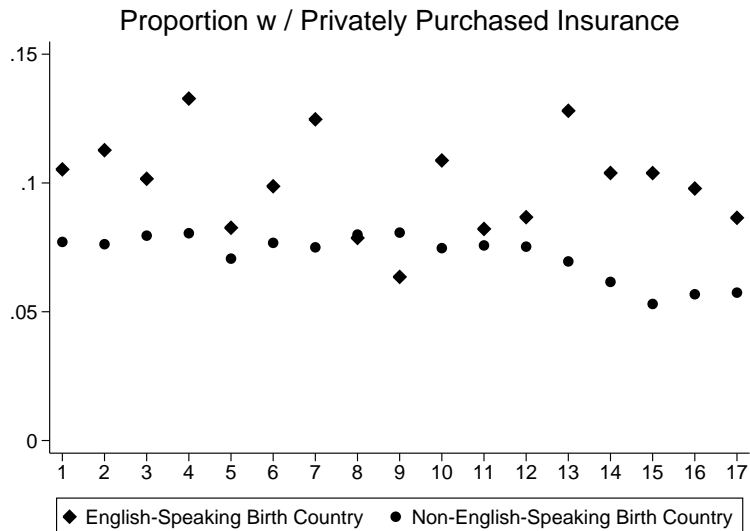
Adult Outcomes by Age at Arrival



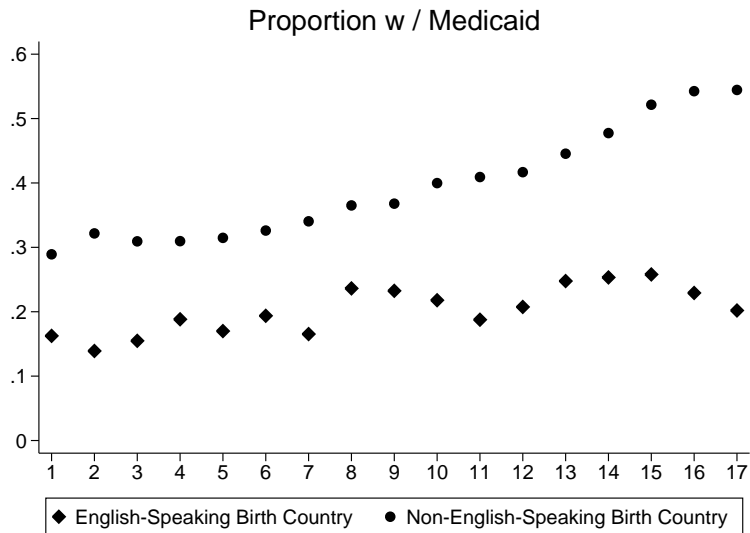
Child Outcomes by Parent's Age at Arrival



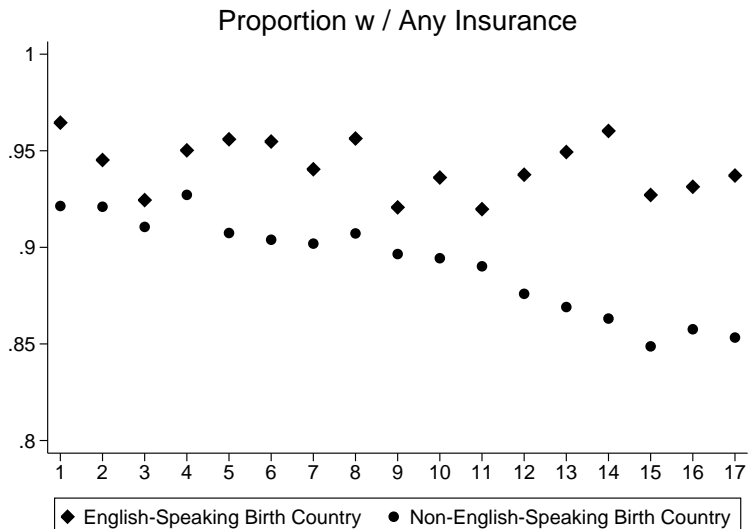
Child Outcomes by Parent's Age at Arrival



Child Outcomes by Parent's Age at Arrival



Child Outcomes by Parent's Age at Arrival



The Effect of Arriving an Additional Year Past Nine

Employer-Sponsored Insurance	Privately Purchased Insurance	Medicaid	Any Insurance
Adult Sample			
-0.022*** (0.004)	-0.001 (0.001)	0.003*** (0.001)	-0.021*** (0.005)
Child Sample			
-0.023*** (0.003)	-0.003* (0.002)	0.022*** (0.002)	-0.004*** (0.001)

The Effect of English Skills on Health Insurance

Employer-Sponsored Insurance	Privately Purchased Insurance	Medicaid	Any Insurance
Adult Sample			
0.225*** (0.022)	0.007 (0.007)	-0.035** (0.017)	0.212*** (0.018)
Child Sample			
0.195*** (0.025)	0.023* (0.012)	-0.186*** (0.022)	0.031*** (0.008)

F-statistic for adults: 23.5

F-statistic for children: 31.3

Targeting Medicaid outreach to immigrants with poor English skills may not crowd out private coverage

- Borjas (2003) finds that taking Medicaid access away from immigrants had no effect on their overall health insurance coverage because they were all able to switch to employer-sponsored health insurance
- Many immigrants without insurance lack necessary human capital for insurance through an employer

Policies to increase English skills may reduce uninsured rates and result in immigrants' children being less reliant on Medicaid

- Could expand tools for learning English
- Expedite immigration requests for foreigners with young children

I use immigrants' age at arrival to understand the effect of English skills on health insurance coverage

Three Main Results

- 1 English skills have a large impact on access to employer-sponsored health insurance
- 2 Medicaid does a relatively good job of covering immigrants' children
- 3 English skills are an important determinant of whether or not adult immigrants have health insurance