

Going Home for Health Care? Older Women and the Lack of Coverage

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Extended Abstract

Introduction and Motivation

Return migration patterns and dynamics have been fluctuating over time. According to recent data, Mexico is currently experiencing unprecedented levels of return migration. A Pew Research Center report found that since the end of the Great Recession, more Mexican immigrants have returned to Mexico from the U.S. than have migrated to the U.S. Furthermore, it has also been argued that with the growing Mexican economy and changes in U.S. immigration policies, the composition of who is choosing to return home has also been altered significantly throughout the years (Masferrer & Roberts, 2012). While scholarly literature is increasingly looking at age-health related (Angel and Angel, 2015) and healthcare (Wassink, 2016) push and pull factors for return migration, the existing literature remains inconclusive about the extent to which Mexican immigrants are more likely to return to Mexico due to health issues (Palloni and Arias, 2004; Ullman et al., 2011; Wilson et al., 2014; Arenas et al., 2015; Diaz et al., 2016, Mudrazija et al., 2016) This raises the question of whether voluntary-return migration patterns have changed in response to the health needs of returnees and if so, of who bears the healthcare costs of return migration.

These questions will be addressed in two stages. First, we create a typology of return migrants to estimate the risk of developing a health condition and the likelihood of being uninsured among immigrants with similar socio-demographic characteristics. Second, we complement our initial findings by conducting ancillary analysis to compare the likelihood of being disabled and uninsured among returnees and the Mexican non-migrant population.

Data and Methods

This study employs data from two sources. First, to assess the age-related health and healthcare utilization patterns of Mexican voluntary-return migrants, we use data from the Survey of Migration at Mexico's Northern Border (EMIF Norte) for the 2014-2017 period. We pool these four waves of data to analyze EMIF's border crossings and airports questionnaires and look for evidence of health-related risks and lack of healthcare coverage among different groups of return migrants. The sample consisted of 15,592 Mexican-born individuals that returned-voluntarily (those that returned for reasons other than deportation) from the U.S. to Mexico. Second, to compare age-related health outcomes and health insurance coverage between voluntary-return

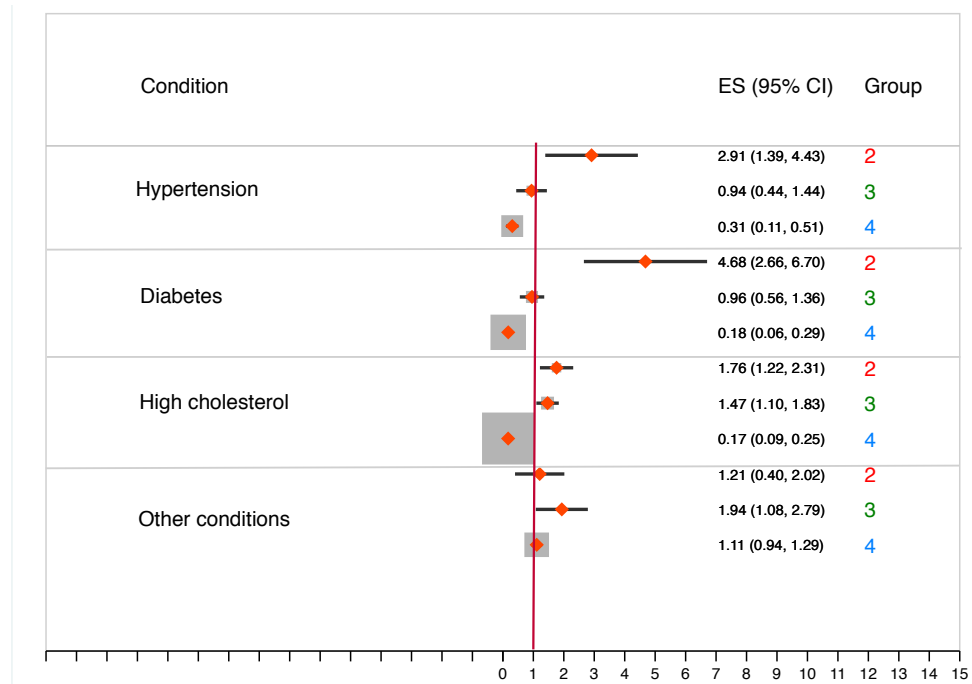
migrants and the Mexican non-migrant population, an ancillary analysis is conducted using data from Mexico's 2014 National Survey of Demographic Dynamics (ENADID).

The methodology employed in this study is threefold. We use a K-means classic clustering algorithm to classify returnees across a range of key characteristics linked to returning home to Mexico, namely, socio-demographic characteristics, social network, and migratory experience. Analyses revealed the existence of four groups of Mexican-origin U.S. immigrants returning to Mexico: 1) Middle-aged migrants (36-55 years) who migrated to the US in the early 2000s, 2) Older 'left-behind' women (aged 55 years and older) who migrated to the US to join their partners in the early 2000s, 3) Male circular migrants (36-55 years) who migrated for the first time to the U.S. during the mid-1990s, and 4) Young new migrants (ages 18-35 years) who migrated for the first time in the late 2000s. We then estimate multivariate models for health-related risk factors and access to health insurance in the United States and Mexico across these four return-migrant categories. Finally, to assess whether return migrants have a higher likelihood of being disabled or uninsured than the Mexican non-migrant population, we use data from the 2014 ENADID to perform logistic regression analysis of self-reported physical disabilities and health insurance coverage in Mexico.

Findings and Conclusion

Findings from this study show that compared to middle-aged migrants (36-55 years) who migrated to the US in the early 2000s, older women reported having worse health than other return migrants. Furthermore, as shown in the figure below, older women (type 2) are nearly 2 times more likely to report having high cholesterol, nearly 3 times more likely to report having hypertension and 4.68 times more likely to have diabetes, when compared to middle-aged returnees. In addition, we find that older women tend to seek healthcare in Mexico due to a lack of health coverage in the U.S. while the majority of middle-aged returnees that first migrated to the U.S. during the early 1990s lack health insurance coverage in Mexico. In line with the literature, we also show that when compared to Mexican non-migrants, voluntary-return migrants are more likely to be physically impaired and uninsured. Finally, our results indicate that there is little awareness regarding policy initiatives aimed at improving the physical and mental well-being of returnees. Taken together, these results highlight the need for comprehensive policies that take into account migrant-specific trajectories and seek to improve both health outcomes and healthcare access for returnees.

Figure 1: Multinomial logistic regression of health risk factors by voluntary-return migrant groups



Source: Author's estimations based on the EMIF 2014-2017.

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