Preventive Medicine 100 (2017) 3–9

Contents lists available at ScienceDirect

Preventive Medicine

journal homepage: www.elsevier.com/locate/ypmed

Reports of self-rated health by citizenship and homeownership, United States 2000–2010

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ARTICLE INFO

Article history:
Received 27 September 2016
Received in revised form 26 February 2017
Accepted 11 March 2017
Available online 18 March 2017

Keywords:
Homeownership
Citizenship
Self-rated health
Immigration
United States
Fundamental causes of health
Health disparities

ABSTRACT

Citizenship facilitates home ownership, which promotes access to additional resources and structures social context, factors that improve the health of individuals and communities. The objective of this study was to examine whether citizenship moderated the association between homeownership and self-rated health. We used multivariate logistic regression models and propensity score matching techniques to examine this association using pooled years 2000–2010 of the Medical Expenditure Panel Survey data linked with the National Health Interview Survey to examine U.S. adults aged 18 and older ($N = 170{,}429$). Rates of fair/poor health among homeowners vs. non-homeowners were comparable for foreign-born non-citizens. However, native- and foreign-born citizen non-homeowners showed significantly higher rates of reporting fair/poor health, with native-born citizens having the highest rates of poor health. While homeownership is protective for self-rated health, not meeting the "American Dream" of home ownership may be embodied more in the health of native-born citizens as "failure" and translate into poorer self-rated health. However, the economic privileges of homeownership and its association with better self-rated health are limited to citizens. Non-citizens may be disadvantaged despite socioeconomic position, particularly wealth as considered by homeownership, placing citizenship at the forefront as the most proximate and important burden besides socioeconomic status that needs further investigation as a fundamental health determinant.

1. Introduction

Higher levels of socioeconomic status (SES) are associated with better self-rated health, a reliable predictor of mortality and many morbidities (Bratter and Gorman, 2011; Idler and Benyamini, 1997). The association between SES and health is consistent and robust (Braveman et al., 2005; Braveman et al., 2011; Link and Phelan, 1995), however, most studies are limited to examining associations between education or income and self-rated health (Braveman et al., 2005; Oakes and Rossi, 2003; Pollack et al., 2007). Yet, it is widely known that these SES indicators have important limitations, and while associated, have distinct associations with separate health outcomes (Conley and Lareau, 2008; Pearson, 2008). Likewise, results from previous studies have indicated that SES functions differently across race/ethnicity in regard to health (Hudson et al., 2012; Williams, 2003). Increasingly, researchers have highlighted the importance of considering and including stratification of SES measures, such as home ownership, into health studies (Burr et al., 2011), and the potential of these more comprehensive, contextually relevant measures for explaining health disparities across and within ethnic/racial groups (Pollack et al., 2013). Further, although important race/ethnicity patterns in self-rated health have emerged in previous studies (Borrell, 2006; Borrell et al., 2006; Borrell and Dallo, 2008), these studies do not typically examine differences by citizenship, which offers a relatively unexplored and important perspective on the role of economic disparities and health, particularly for populations with high numbers of immigrant families.

Among Latino populations, the mechanisms between SES and health are not well understood. For example, there have been mixed findings

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http://dx.doi.org/10.1016/j.ypmed.2017.03.006
0091-7435/

for support of the "Hispanic paradox" which indicates better health status and outcomes for even low SES Latino groups (Markides and Coreil, 1986; Markides and Eschbach, 2005). Further, few studies have thoroughly examined the association between SES indicators beyond income, education, immigration status, and self-rated health. Within the U.S. Latino population, there are notable limitations associated with income and education, which could affect previous study findings. For example, the educational credentials and previous work experience of immigrants may not translate to occupations with greater prestige or higher income earning positions (Rabben, 2013). Similarly, the household size for some immigrant groups is larger, on average, than non-Hispanic whites (Barringer et al., 1990; Bratsberg and Terrell, 2002; Friedberg, 2000), shrinking per-person resources. Therefore focusing on education, for instance, might not provide an accurate depiction of the association between SES and health in immigrant populations.

Researchers have recently underscored the importance of measuring wealth in addition to traditional measures of SES in health studies (Pollack et al., 2007). While income is a measure of cash flow, wealth accounts for real net assets. Indices of wealth, such as homeownership, represent a more accurate, long-term picture of individuals' economic status than income (Keister and Moller, 2000). Further, homeownership represents a health resource, as homeowners have a significant health advantage compared to renters (Finnigan, 2014). Homeownership is a key component of the American Dream and structures the social context, including the resources and opportunities, which Americans enjoy, and may become a valuable intergenerational asset; parental net worth is one of the strongest predictors of future life chances, including cultural and social capital, future earnings, and the ability to generate wealth, among African Americans and Whites (Conley, 1999).

With home ownership rates currently estimated at 65%, the United States has one of the highest home ownership rates in the western world. While homeownership has increased over time across all ethnic/racial groups, whites have consistently held the highest rates of homeownership (Coulson and Dalton, 2010), and Hispanics have moved to the lowest rates of homeowners (Haurin and Rosenthal, 2009), behind Asians and Blacks respectively, with these differences sometimes explained by education or income (Coulson and Dalton, 2010). Trajectories of home ownership have been steeper for Asian immigrants compared to Hispanic immigrants (Myers and Lee, 1998); while rates of homeownership among immigrants have risen since the Immigration and Nationality Act of 1965 (Allen, 2011b), homeownership rates of immigrants (50%) are significantly lower than non-immigrants (70%) (Myers and Liu, 2005). A previous study of households in Minneapolis, Minnesota showed native-born minorities (Allen, 2011a), particularly African Americans (Allen, 2011b), to have significantly higher odds of having a foreclosed home or refinanced mortgage compared to native-born non-minorities. Mortgage debt is a previously discovered enhancer of the association between unemployment and poor health; perhaps increased levels of unemployment observed in these most vulnerable populations contribute to the decision against homeownership, even if an opportunity were present (Lau and Leung, 2014). Among individuals of Mexican-origin, having U.S. citizenship increases odds of being a homeowner (Bradley et al., 2007), but foreign-born Hispanics were shown to have a higher odds of having a foreclosed home or refinanced mortgage, except after accounting for adjustable rate mortgages (Allen, 2011a), suggesting the vulnerable immigrant population was a prime target for these former loans now under scrutiny.

Using the theory of fundamental causes (Link and Phelan, 1995), these disparate benefits from homeownership are a reflection of "upstream" structural determinants of health, and underscore the importance of access to health-promoting resources, often enacted through policy. The benefits of homeownership have been recognized as including increased participation in civic activities, even among immigrant populations (Arbel et al., 2012). For instance, homeownership significantly increases the odds of going to college among Hispanic immigrants (Song and Elliott, 2011). Homeowners are more likely to invest in their local communities, both financially and through exchanges in social capital (DiPasquale and Glaeser, 1999). In addition to greater social integration, homeowners benefit from a greater sense of control that may buffer against stressful events (Manturuk, 2012). Therefore, the expected hypothesis would be that homeownership's benefit to health status is supported by both formal and informal access to additional resources (e.g. loan collateral if necessary, the instrumental support from a neighbor whose children go to the same school as the homeowner's children).

However, the explicit benefits of homeownership on health for racial and ethnic minorities remains elusive, where it has been hypothesized that the underlying mechanisms that allow homeownership to benefit health status observed in non-Hispanic whites may be overshadowed by greater barriers at the individual or neighborhood level, such as housing insecurity (Ortiz and Zimmerman, 2013). The benefits of government housing policy for some minority groups, specifically Latinos and Asians have not been clear (Narine and Shobe, 2014). Moreover, there are racial and ethnic disparities in homeownership's significance as a health resource: white homeowners show the largest health benefit compared to white renters, whereas black homeowners had a smaller health benefit over black renters, and it remains unclear if Latino and Asian homeowners have a health advantage over their respective renting counterparts (Finnigan, 2014). A number of barriers may prevent immigrants from becoming homeowners (McConnell and Marcelli, 2007). Establishing accounts if one doesn't have legal documentation, and a solid credit score with a recent arrival to the U.S. are both difficult to obtain (Bauer et al., 2011). Thus the association between homeownership and health among immigrant groups remains elusive.

Previous studies that have examined the role of citizenship in understanding disparities in self-rated health have had conflicting results in the immigrant health context. The same health advantages for U.S. Latinos who are citizens have not been observed for non-citizens when examining economic contributions to health differences (Campbell et al., 2012). Non-citizens face additional barriers to health, including more limited health care access as well as more limited economic resources (Derose et al., 2009). However, the resources gained through homeownership may offset disadvantages faced by non-citizens by proving greater social integration, housing stability, and sense of control. While previous studies have shown that differences in wealth explain observed ethnic/racial differences in health (Pollack et al., 2013), and whereas nativity, citizenship, and legal status are strongly important factors determining homeownership among Latino immigrants in Los Angeles (McConnell, 2015), no previous national studies have examined the role of citizenship in the association of wealth and self-rated health. The goal of the current study was to examine whether citizenship moderated the association between homeownership and self-rated health.

2. Methods

2.1. Sample

We examined adults aged 18 and older from the Medical Expenditures Panel Survey (MEPS) linked with the National Health Interview Survey (NHIS) years 2000–2010. The Medical Expenditures Panel Survey is a nationally representative survey and has a complex survey design that used the NHIS as its sampling frame, allowing the MEPS participants to be linked to a subset of the NHIS (Ezzati-Rice et al., 2008). By pooling years we were able to have a larger sample giving us more statistical power to examine more detailed subgroups ($N = 170{,}429$).

2.2. Measures

Self-rated health was a dichotomous indicator of fair or poor health coded as 1, and good, very good health or excellent health coded as 0, consistent with previous research (Avendano et al., 2009; Manor et al.,