The Role of ICE in Explaining Immigrant Health Disparities in Historical and New Immigrant Destinations in the US

1. Introduction

- Health disparities exist among immigrants in the US
- Dramatic increase in the number of ICE arrests since 2009
- Recent population growth in new immigrant destinations
- Lack of adequate resources in new immigrant destinations
- Few ethnic enclaves and limited resources may hinder the health of new residents

2. Research Questions

1. How does immigrant self-reported health differ across immigrant destinations?
2. Does controlling for ICE arrests explain noted health disparities between historical, low-immigration, and new-immigration destinations?

3. Data and Sample


4. ICE Arrests per 100,000 Over Time

5. Statistical Methods

- Multivariate Ordered Logistic Model
  - Dependent Variable: Self-Reported Health Status
  - Reversed coding: (1) poor (2) good (3) good (4) very good (5) excellent
  - Key Variables:
    - Immigrant Destinations (gateways), Hall et al. 2011
    - Simplified: Historical, New and Low Immigrant Destinations
    - ICE Arrests
    - Number of ICE arrests: New immigrant destinations/
    - Additional variables: Continent Origin, Age, Gender, Educational Attainment, Employment Status, and Year (Fixed Effects)

6. Results

- Figure 1: ICE Arrests per 100,000 Foreign-Born (2008-2011)
- Figure 2: ICE Arrests per 100,000 Foreign-Born (2012-2017)

- Table 1: % Foreign-Born Individuals (2008-2017)

<table>
<thead>
<tr>
<th>Immigrant Destinations</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical</td>
<td>57.96%</td>
</tr>
<tr>
<td>New</td>
<td>23.29%</td>
</tr>
<tr>
<td>Low</td>
<td>18.75%</td>
</tr>
</tbody>
</table>

- Table 2: Multivariate Ordered Logit Regression of Self-Reported Health across 3 immigrant Destinations (all control variables not shown)

<table>
<thead>
<tr>
<th>Immigrant Destinations (Ref: Historical)</th>
<th>New Immigrant Destinations</th>
<th>Low Immigrant Destinations</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Indicators</td>
<td>1.245***</td>
<td>1.119*</td>
<td></td>
</tr>
<tr>
<td>Metropolitan Areas</td>
<td>0.967*</td>
<td>0.931**</td>
<td></td>
</tr>
</tbody>
</table>

- Model A: Controls for continent of origin, age and gender
- Model B: Controls for educational attainment and employment status
- Model C: Controls for ICE arrests within the different metro areas

7. Conclusions

- Immigrants in New and Low-immigration destinations are more likely to report excellent health.
- Immigrants in historical destinations are more likely to report having fair health.
- Differences between Low-immigration destinations and new destinations are not significant

8. Acknowledgements

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ICE arrests per 100,000

- Immigrants living in low-immigration and new immigrant destinations report better health than immigrants living in historical immigrant destinations.
- Immigrants living in low-immigration and new immigrant destinations report better health than immigrants living in historical immigrant destinations (controlling for compositional differences).
- Immigrants living in places with high levels of ICE arrests report worse health than immigrants living in places with low levels of ICE arrests.

ICE arrests per 100,000

- Immigrants in metro areas that have 0-14 per 100,000 ICE arrests are more likely to report excellent health.
- Differences in self-reported health between metro areas that have >270 per 100,000 arrests and areas that have 44-270 per 100,000 arrests are not significant.