Citizenship as a Social Determinant of Health:

Healthcare Access and Utilization in the Wake of the Public Charge Policy Change

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Research shows that many non-medical factors, called social determinants of health, impact health outcomes. These social determinants include both socioeconomic factors, such as income and education, and public policies, such as laws and regulations affecting access to healthcare. This study proposes that citizenship status is also a social determinant of health and supports this proposition by examining the impact of citizenship status on healthcare access and usage in New York City. The study data consist of consumer enrollments, disenrollment, and paid medical expenses incurred by patients enrolled in Medicaid or other government-sponsored health plans.

In addition to studying differences between citizens and immigrant populations, the study leverages a 2019 policy change in U.S. immigration regulations, known as the Public Charge rule, as a natural experiment. The change in the Public Charge rule explicitly tied the use of government-sponsored health plan benefits to non-citizens’ ability to remain in the United States.

Compared with U.S. citizens, non-citizens were more likely to disenroll from healthcare coverage after the implementation of the rule change. Non-citizens were also more likely to use less healthcare services after the announcement of the rule change. The change in policy linking immigration to healthcare appears to have created a new barrier for non-citizens to access healthcare service.