POLICY brief

California Immigrants Have Mostly Lower Rates of Disability and Use of Disability Services than State's U.S.-Born Residents

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California's immigrant population has a disability rate lower than or equal to that of the state's U.S.-born residents. The favorable disability pattern is surprising because California immigrants have, on average, lower levels of education, lower incomes, and lower rates of health insurance coverage — factors associated with higher disability rates in the general population.

Among adults who report disabilities, immigrants' use of medical and support services is roughly equivalent to that of native-born adults with similar needs and socioeconomic characteristics.

Federal welfare reform in 1996 eliminated Medicaid (Medi-Cal in California) eligibility for immigrants during their first five years in the country. This exclusion was based, in part, on a fear that health and welfare benefits acted as a "magnet" to foreigners in need of these services.

States that choose to cover these recent immigrants must do so without federal matching funds. California continues to provide Medi-Cal eligibility to immigrants regardless of when they entered the United States, and thus California bears the entire cost of this program.

These new findings on the levels of disability and use of disability services among California's adult immigrants and their U.S.-born counterparts suggest that such "magnet" concerns are unfounded. Restoring full federal participation in Medicaid services for new immigrants, services currently provided by 100% state funds in California, is not likely to draw more disabled immigrants to the U.S.

Immigrants Less Likely to Report Disability

California immigrants are less likely than U.S.-born non-Latino whites to report disability as measured in several different ways, even after accounting for differences in age, gender, marital status, education and income.

One in five native-born non-Latino white adults in California (20%) reports an activity limitation — defined as a long-term reduction in a person's capacity to perform the usual type or amount of activities associated with his or her age group.

In contrast, after controlling statistically for differences in population characteristics, immigrant Latinos report activity limitations at about one-third the rate of native whites (0.36) and immigrant Asians report about two-fifths as much activity limitation (0.40; Exhibit 1).

Difficulty with one or more instrumental activities of daily living (IADLs) is much less common. Only 7% of native non-Latino white adults report IADL difficulties. Compared with this rate, immigrant rates are even lower. The immigrant Latino rate of IADL difficulties is just over half (0.57) and the immigrant Asian rate is just over one-

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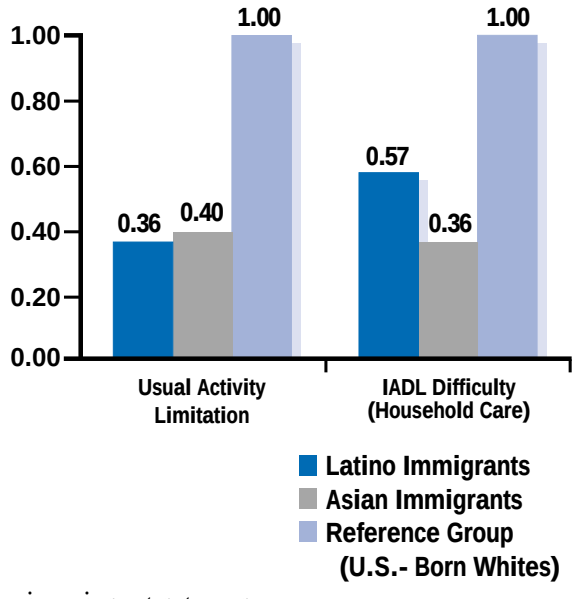
*Exhibit 1: Relative Risk of Disability for Immigrants versus U.S.-Born nonLatino Whites, California**

**Controls for differences in age, gender, marital status, education and income.*



third (0.36) that of native non-Latino whites. IADLs include household care such as shopping for groceries, preparing meals, taking medication, handling personal finances, using the telephone, and going places outside the home to do necessary business.

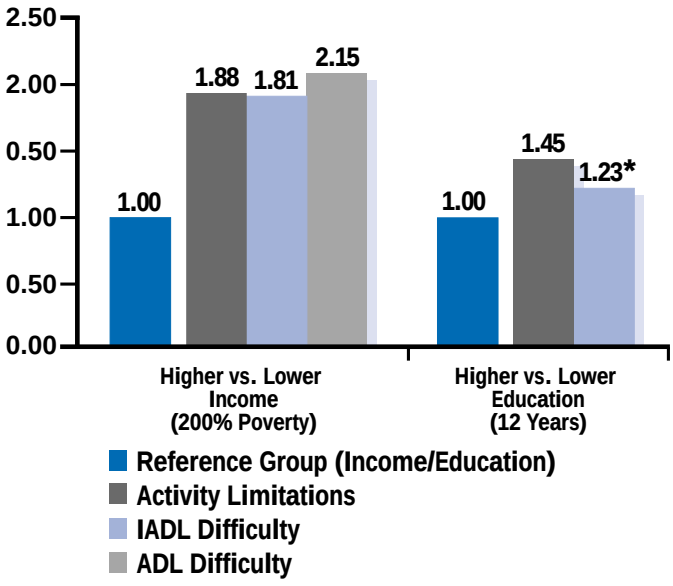
The favorable levels of disability for California immigrants compared to native-born residents are surprising because the state's immigrants are at a disadvantage in at least two socioeconomic categories that predict disability: income and education.

Low Income and Low Education Associated with Higher Disability Rates

Among immigrants and non-immigrants alike, low income is associated with a greater likelihood of having a disability. We defined low income as below 200% of poverty (the federal poverty level at the time of this study was $14,763 for a family of four). Immigrant and U.S.-born adults with low incomes are nearly twice (1.88 times) as likely as those with higher incomes to have some activity limitation and to report difficulty with one or more ADLs (personal care activities such as bathing and dressing) and IADLs (Exhibit 2). This is important because nearly three in five (58%) immigrant adults in California have family earnings less than 200% of the poverty line, in contrast to 27% of the state's U.S.-born residents.

*Exhibit 2: Relative Risk of Disability for Low versus High Education and Income, California**

**Controls for differences in age, gender, marital status, immigration, race/ethnicity, and education or income.*



*All differences significant at p<0.05, except for * is p<0.1.*

Similarly, lower education increases the likelihood of disability for immigrants and non-immigrants alike. Individuals with fewer than 12 years of education are more likely (1.45 and 1.23 times) to have limitations in activity and IADLs (Exhibit 2). In this area, too, California immigrants are at a disadvantage. More than a third of immigrants (38%) have less than 12 years of education, whereas only 13% of those born in the U.S. are not high school graduates.

Immigrant Status Minor Factor in Supportive Service Use

A number of health and community long-term care services are designed to assist those with disabilities. Disabled adults have high medical care needs, including an average of 21 doctor visits per year in California compared with 4.5 visits per year by the nondisabled. Those with a disability in California are twice as likely as those without that type of disability to have been seen by a physical therapist, visiting nurse, and/or a social worker in the past year. They are almost five times as likely to use a personal attendant. These home care visits involve services such as nursing care for people who are dependent on respirators, and personal care to attend to the needs of those with quadriplegia or stroke-induced disabilities. The services assist people in caring for themselves — and prevent further disability and complications due to chronic disease.

Immigration has no effect on four of five different services used by adults in California when they have similar characteristics as native-born nonLatino whites (Exhibit 3). In addition to disability, a number of other characteristics of the population affect service use. Being covered by Medi-Cal (California's Medicaid program) and being in poor health increase the chances of using most disability-related services, while being married decreases use. Being married reduces most service use by one-third or more compared to the unmarried. The uninsured have about half the chance of using disability-related services as those with similar levels of disability who have insurance. This means that factors commonly known to increase medical service use also apply to disability services, while immi-

gration has no significant independent effect. The exception is physician care, where immigrants have a lower average number of visits even after adjusting for other medical need and socioeconomic factors.

Lack of Health Insurance Poses Barrier to Needed Services

While there are few differences in use of services for disabled immigrant and U.S.-born populations of similar need and socioeconomic characteristics, the fact that California's immigrant adults have much higher rates of uninsurance than U.S.-born residents makes it more likely that they will not get the services or medical care that they need. Immigrant adults in the state have more than double the rates of uninsurance (36% vs. 16%) as the state's native-born adults, a discrepancy largely attributable to the lower likelihood that they are covered through their jobs (43% of the state's immigrants have employer-based insurance, vs. 62% of native-born residents).

Policy Implications

One in five Americans has some form of disability, and of that group, one in 10 has a severe disability that requires some assistance from others. Disability can have a major impact on one's ability to work, and thus have consequences for lifetime earnings, income, health, and access to health care. Given California's large immigrant population — 26% of the state's population was born outside the United States — our knowledge about disability and immigration has been insufficient.

Previously, researchers have noted the paradox of immigrants experiencing a number of known risks for poor health while at the same time exhibiting lower death and disease rates than predicted. We have found essentially the same pattern as it relates to disability: despite lower levels of income and education, Latino and Asian immigrant adults in California are less disabled than native-born non-Latino whites. There are several likely explanations. The primary reason most immigrants come to the United States is employment related. Disabled or frequently ill individuals face added barriers when trying to find and hold employment, discouraging their migration to the United States. For immigrants who become disabled after arriving in the United States, there may be an incentive to return to their native country where family members may be better able to provide needed personal assistance.

Whatever the reasons, the better-than-expected disability profile of California immigrants contradicts the assumption of some that immigrants place a disproportionate burden on publicly financed health services. There is no evidence in this analysis that disability-related health benefits have served as a "welfare magnet" for immigrants.

In addition, disability-related service use for immigrant and native-born Americans appears similar or lower when sociodemographic and need factors are similar. This suggests that immigrant and native adults face similar issues of affordability when they need disability-related supportive services. By focusing on any use versus no use of most services, this study does not provide information about barriers to receiving an appropriate quantity or quality of care. The one service where quantity was measured, physician visits, found that immigrants receive a lower volume of care. Immigrants and native-born adults thus may differ on *quantity* or *quality* of services received since factors such as cultural competency and language barriers may have a greater effect on quantity or quality than the simple receipt of any care.

These findings represent a snapshot of the population. Previous studies have found that immigrants' health advantage declines with time in the U.S. Community development that

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Exhibit 3: Disability Services Use Among Immigrant Latinos and Immigrant Asians Compared to non-Latino White California Residents, Controlling for Demographics and Socioeconomic Factors, California, 1994.

	MD Use	Physical Therapy Use	Visiting Nurse Use	Personal Attendant Use	Social Worker Use
Immigrant Latino Compared To U.S.-Born Non-Latino White	Lower	No Difference	No Difference	No Difference	No Difference
Immigrant Asian Compared To U.S.-Born Non-Latino White	Lower	No Difference	No Difference	No Difference	No Difference
All Disabled Compared To All Nondisabled	Higher	Higher	Higher	Higher	Higher

NOTE: Results control for differences in age, gender, marital status, education, income, health insurance, disability level, and self-assessed health status.

There is no evidence in this analysis that disability-related health benefits have served as a "welfare magnet" for immigrants.

improves housing, provides employment mobility, and reduces environmental pollution could contribute to maintaining the healthy status of these immigrant groups.

In summary, being an immigrant — independent of other social and economic characteristics — reduces the likelihood of having disabilities. Among the disabled, being an immigrant does not by itself increase service use. As with all Americans, immigrants with disabilities experience barriers to appropriate service use when they have no health insurance, while Medicaid serves to improve access to care. This profile suggests that there is no need to limit Medicaid service use by new immigrants, and that there should be full federal financial participation in California's coverage of recent immigrants. The best strategy overall for assisting disabled immigrants in California is the same strategy that applies for the general disabled population: extending Medi-Cal and Healthy Families outreach programs and ensuring that all Californians have health care coverage.

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Data Source

The data for this analysis came from the 1994 National Health Interview Survey and its Disability Supplement. The advantage of data from this time is that it provides patterns from before welfare reform when being an immigrant did not potentially affect public assistance.

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