HEALTH POLICY fact sheet

Mexican Immigrants are Generally Healthier, but Have Less Access to Needed Health Care

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Immigrant Mexicans in California are in better overall health – according to several key indicators – than U.S.-born Latinos of Mexican ancestry and U.S.-born non-Latino whites, based on data from the 2001 California Health Interview Survey (CHIS 2001). Yet, despite this observed health advantage, when Mexican immigrants do need health care, they often have trouble accessing it.

Health Status

Since health status and health conditions vary with age, we present data for three key health conditions at different ages that are sensitive to appropriate ambulatory care. Asthma among children is a growing public health problem;[1] rising diabetes rates among adults requires increased attention to adequately controlling it and avoiding long-term health consequences;[2] and heart disease is the leading cause of death among the older population.

Exhibit 1 presents data on these conditions for three age groups. For children, Mexican immigrants have the lowest self-reported rates of diagnosed asthma, followed by U.S.-born persons of Mexican ancestry. U.S.-born non-Latino whites have the highest diagnosed rate of asthma. Diagnosed diabetes among nonelderly adults is higher for persons of Mexican ancestry, regardless of birthplace, compared to non-Latino whites. For diagnosed heart disease, Mexican and U.S.-born persons of Mexican descent have similar rates, which are lower than those of non-Latino whites. Low rates of diagnosed chronic conditions may be due to either low prevalence or under-diagnosis of the conditions, the latter potentially related to barriers in accessing health care.

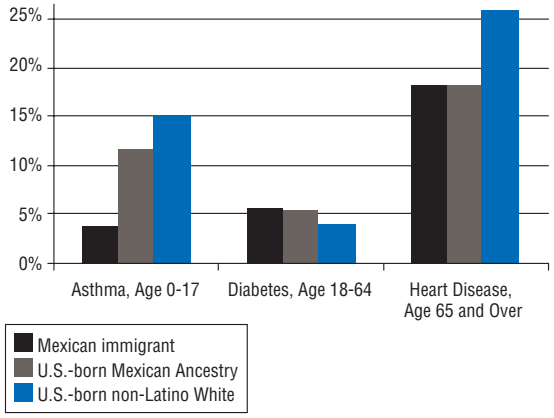


EXHIBIT 1:
Selected Chronic Conditions, Mexican-Origin Latinos and Non-Latino Whites, California, 2001
Source: 2001 California Health Interview Survey

Access to Care

Mexican immigrants commonly experience access to care problems. One barrier to care is not having health insurance. Mexican immigrants have dramatically lower rates of health insurance than U.S.-born persons.[3] Non-Latino whites have the lowest rates of uninsurance (Exhibit 2).

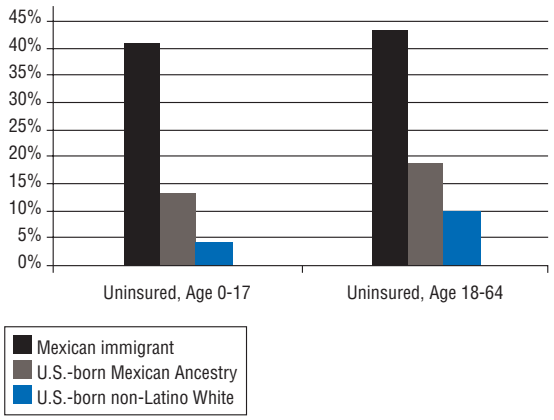


EXHIBIT 2:
Uninsured Any time Past Year, Mexican-Origin Latinos and Non-Latino Whites, California, 2001
Source: 2001 California Health Interview Survey

1 For a further analysis of asthma in California, see ER Brown, YY Meng, SH Babey, and E Malcolm. *Asthma in California in 2001: High Rates Affect Most Population Groups.* Los Angeles: California Health Interview Survey *Policy Brief,* UCLA Center for Health Policy Research, May 2002. *www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=56*

2 For a further analysis of diabetes among Latinos in California, see N Chawla, MA Rodriguez, SH Babey, and ER Brown. *Diabetes Among Latinos in California: Disparities in Access and Management.* Los Angeles: *Fact Sheet,* UCLA Center for Health Policy Research, September 2003. *www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=73*

3 For an extensive analysis of health insurance, see ER Brown, N Ponce, T Rice, SA Lavarreda. *The State of Health Insurance in California: Findings from the 2001 California Health Interview Survey.* Los Angeles, CA: UCLA Center for Health Policy Research, 2002. *www.healthpolicy.ucla.edu/pubs/publication.asp?pubID=28*

Another indicator of access problems is not having a usual source of care. Mexican immigrants are less likely to have a usual source of care compared to the other two groups in this fact sheet. Mexican immigrants under age 65 are more likely to not have a usual source of care compared to U.S.-born persons of Mexican ancestry and non-Latino whites (Exhibit 3). U.S.-born non-Latino whites have the best rates for all ages.

EXHIBIT 3:
No Usual Source of Care, Mexican-Origin Latinos and Non-Latino Whites, California, 2001
Source: 2001 California Health Interview Survey

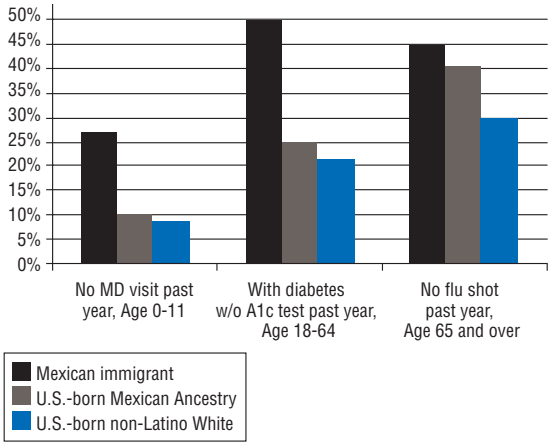
	Age 0-17	Age 18-64	Age 65+
Mexican immigrant	24.8%	28.7%	7.7%
U.S.-born Mexican ancestry	6.8%	17.3%	7.2%
U.S.-born non-Latino White	3.6%	11.6%	2.5%

Having a usual source of care is important for continuity of care and is associated with better control of ambulatory sensitive conditions. The lack of a usual source of care can be the result of not having health insurance or other resources to establish a *usual* source, as well as recent moves that disrupt previous care patterns.

Use of Services

The impact of access barriers can be seen in the use of clinical preventive services. This includes seeing a physician for children, having an A1c (hemoglobin) test for adults with diabetes, and having an influenza immunization for older adults (Exhibit 4). In each case immigrant Mexicans have the lowest levels of service use while U.S.-born non-Latino whites have the highest.

EXHIBIT 4:
Preventive Service Use Past Year, Mexican-Origin Latinos and Non-Latino Whites, California 2001
Source: 2001 California Health Interview Survey



Policy Implications

Since Mexican immigrants are the least likely to have health insurance, they and their families are more likely to experience problems when they need access to care. Immigrants with insurance are more likely to have doctor visits and diabetes tests than immigrants without insurance. Similarly, elderly adults with Medicare supplemental insurance are more likely to have flu shots than those without supplemental insurance. Reducing the barrier of uninsurance is an important step in improving access to care for all persons, including Mexican immigrants. Improved access to preventive services would help reduce the burden of diabetes, which is an exception to the generally favorable health profile of Mexican immigrants. Improving access would also help immigrants maintain their generally favorable health profile.

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Data Source

This fact sheet is based on findings from the 2001 California Health Interview Survey (CHIS 2001). CHIS 2001 is the largest health survey conducted in any state and one of the largest in the nation. CHIS 2001 completed interviews with 55,428 adults, 5,801 adolescents age 12-17, and 12,592 parents of young children age 0-11. The data were weighted based on the 2000 Census. CHIS 2001 is a collaboration of the UCLA Center for Health Policy Research, the California Department of Health Services, and the Public Health Institute. Funding for CHIS 2001 was provided by the California Department of Health Services, The California Endowment, the National Cancer Institute, the California Children and Families Commission, the Centers for Disease Control and Prevention (CDC), and the Indian Health Service. For more information on CHIS, visit www.chis.ucla.edu. *The development and publication of this fact sheet were funded by a grant from The California Endowment.*

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