Health status

Mexican adult recent immigrants for the most part report being in good health (in fact, the best health of the four groups under study), but higher percentages of long-stay Mexican immigrants and U.S.-born Mexican Americans report being in worse health than do U.S.-born whites.[5]

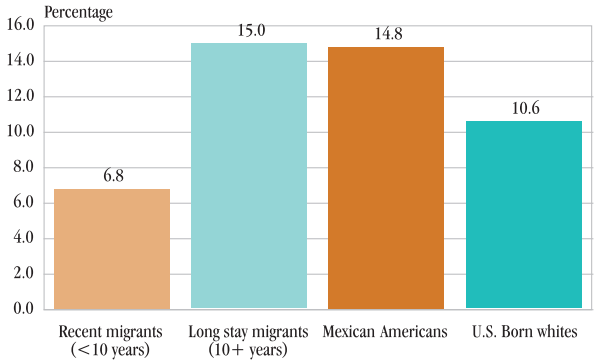
Self-assessed health status is a commonly used measure of health. When people rate their health as fair or poor, it is usually because of illnesses they have.

- Adults who are recent immigrants (in the U.S. less than 10 years) generally report being healthy (less likely to report being in fair or poor health) than are immigrants who have lived in the U.S. for 10 or more years. This difference shrinks when differences in the age and gender of the two populations are taken into account.

- Long-stay immigrants and U.S.-born Mexican Americans report similar levels of fair or poor health, and for both the rate is higher than that reported by U.S.-born whites.

- Without good health, Mexican immigrants cannot work in physically demanding occupations where many are concentrated, such as agriculture and construction. The correlation of decline in health status with length of residence in the U.S. has been found in many studies. It is unknown, however, if worsening health status is a result of years of difficult labor and poverty, changing health behaviors like diet and smoking, or insufficient preventive medical care.

Percentage of adults age 18 and over with self-assessed health fair or poor, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

[5] The rest of this document uses data from the 2000 *National Health Interview Survey* (NHIS), provided by the UCLA Center for Health Policy Research. The NHIS data combines years in the U.S. into 0-9 years, which we refer to as recent immigrants and 10 & over years, which we define as long-term U.S. stays. This is different than the CPS analyses which categorized immigrants into 0-10, 11 & over years in the U.S.

Diabetes

Recent immigrants from Mexico have a low self-reported rate of diagnosed diabetes, but long-stay Mexican immigrants and U.S.-born Mexican Americans have higher rates than U.S.-born whites.

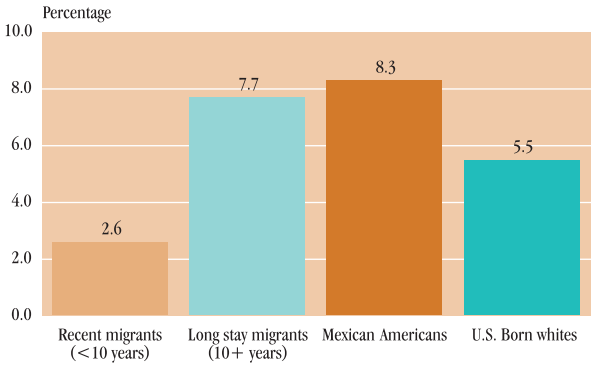
Unlike the case for U.S.-born whites, diabetes is the most common serious illness among Mexican immigrant adults. If not well controlled, diabetes can lead to blindness, heart and kidney problems, and amputations.

- Recent immigrants report a very low rate of physician-diagnosed diabetes. The rate remains lower than those of the comparison groups even after age and gender differences are taken into account. The very low rate may reflect better health among recent immigrants, or it may be due to yet undiagnosed cases of diabetes that reflect impeded access to medical services.

- Long-stay immigrants report a diabetes rate similar to that of U.S.-born Mexican Americans. Both groups report higher rates than U.S.-born whites.

- Diabetes is an important target for public-health actions in the United States. Health-promotion and health-education programs targeting this illness can reduce the costs associated with treatment, as well as the rate of severe complications brought on by diabetes. Since diabetes is more prevalent among the Mexican-origin population than among U.S.-born whites, it is advisable to begin diabetes prevention programs even with recent immigrants. This investment in health will probably pay off in the long run.

Percentage of adults age 18 and over with physician diagnosed diabetes, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

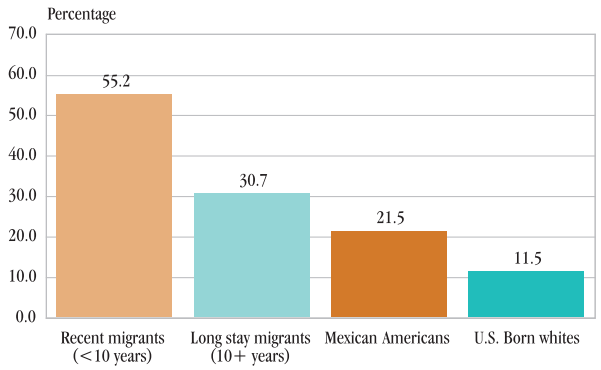
Use of health services

Adult immigrants from Mexico are by far the least likely to have a place they usually go for medical care and the least likely to regularly visit a doctor.

People who do not have a usual place for medical care have no continuity of care and often face other barriers to care when they need to see a doctor. While adults should regularly visit the doctor for preventive services as well as for treating illnesses, this often is not the case, particularly for Mexican adult recent immigrants who are the most likely to have no health insurance and no usual source of care. This situation could increase costs in later years as a result of missed preventive services and delayed treatment of illnesses.

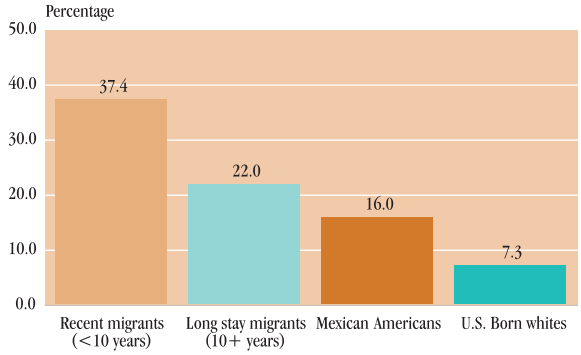
- Over half of recent immigrants have no usual source of care, five times the rate of U.S. born whites. U.S. born Mexican Americans are twice as likely as U.S. born whites to not have a particular place where they usually obtain medical care.
- Over one-third of recent immigrant adults had not seen a doctor in the past 2 years, 5 times the rate of U.S.-born whites.
- Long-stay immigrant adults were more likely to have made a doctor visit than recent immigrants, but less likely than Mexican Americans, who in turn were less likely than U.S.-born whites.
- Recent immigrants are younger than the comparison populations, but even when adjusting for age, gender, health insurance, and health status, recent immigrants are the least likely to have made a doctor visit in the past 2 years. This suggests that recent immigrants to the U.S. face extra barriers to obtaining the medical care they need.

Percentage of adults age 18 and over with no usual source of care, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Percentage of adults age 18 and over with no doctor visit past two years, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Usual source of health care

Adult immigrants from Mexico are the most likely to use a clinic or health center as opposed to a private physician.

Adults whose regular source of health care is a private physician are more likely to get better care than in a clinic or health center, having developed a relationship with that practitioner and having their records in one place.

- Recent immigrants with a usual source of care are the most likely to report that it is located in a clinic or health center. They are more than twice as likely as U.S.-born whites to rely on health-care delivery of this kind.

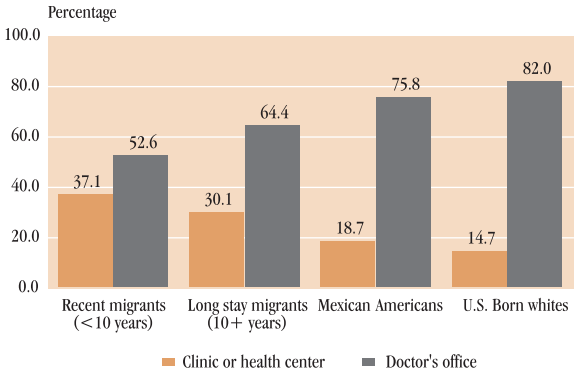
- About half of recent immigrants report a doctor's office as their usual source of care, compared to four-fifths of U.S.-born whites.

- The distribution pattern for the usual sources of care for U.S.-born Mexican Americans is similar to that of U.S.-born whites. Long-stay immigrants have a pattern in-between that of recent immigrants and Mexican Americans.

- The heavy reliance of immigrants on clinics makes government support for community health centers especially important.

- The large differences in the source of medical care utilized by adults of Mexican origin, whether born in the U.S. or Mexico, indicates a significant difference in health care utilization that reflects and reinforces other ethnic-based social inequities in the United States.

Percentage of adults age 18 and over by type of usual source of care, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

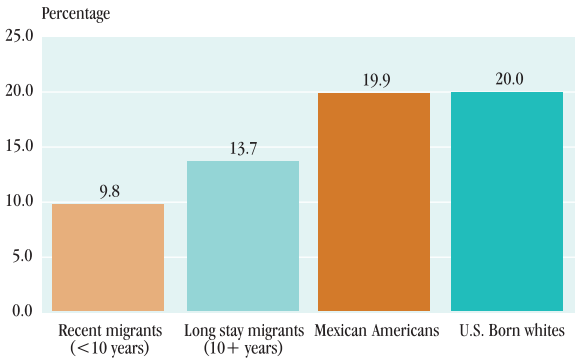
Emergency room use

Recent Mexican immigrants are the least likely to use an emergency room.

Emergency rooms in many large cities are overcrowded. Some officials are concerned that people without insurance and those without a usual source of care are placing a burden on emergency rooms.

- Immigrants from Mexico use emergency rooms about half as often as the U.S.-born, whether white or Mexican American.
- The less frequent recourse to emergency rooms by immigrants remains when adjusting for the different gender and age characteristics of the different populations.
- Given the occupations that Mexican immigrants are most likely to hold, they are likely to experience more accidents or illnesses that require emergency room use. Nonetheless, the costs of emergency room use by immigrants appear relatively low, despite their occupational risks and low rates of having a usual source of care.

Percentage of adults age 18 and over with emergency room visit past year, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

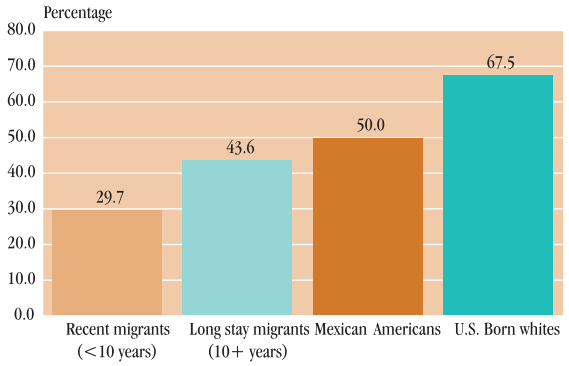
Dental care

Recent Mexican immigrants are the least likely to receive regular dental care.

Regular dental examinations are an important preventive service. Although people should have a dental exam at least once every year, health insurance is less likely to cover dental care than other services.

- The dental care annual rate of recent immigrants is extremely low (30%).
- About half of long-stay immigrants and U.S.-born Mexican Americans have had a dental visit in the past year. This rate is considerably better than that of recent immigrants, but considerably worse than the rate for U.S.-born whites.
- This pattern is similar to the low use by immigrants of other preventive services. Since many dental problems do not cause immediate incapacity, recent immigrants appear to postpone non-urgent dental care. By not obtaining preventive services and early treatment, cavities and other oral-health problems require extensive treatment later. This pattern is also observed in Mexico. Improving access to dental care for these populations should be a high priority.

Percentage of adults age 18 and over with dental visit in past year, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Pap smears and mammography

Mexican immigrant women have the lowest rates of obtaining pap smears and mammography exams.

Regular pap tests allow the early identification and treatment of cervical cancer. Regular mammography allows the early detection and treatment of breast cancer. Breast cancer remains the second most common cause of cancer deaths among women in the U.S.

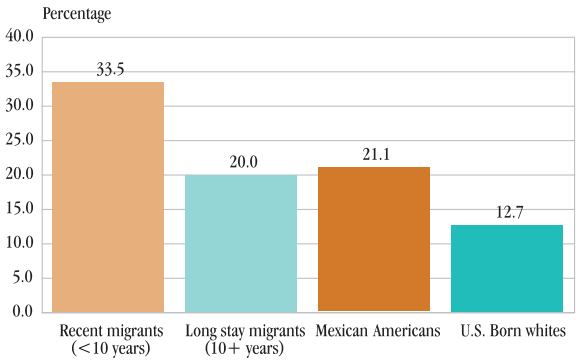
- Recent Mexican immigrants have the lowest rate of obtaining pap smears: one-third of women age 18-64 did not have the test in the previous 3 years, the recommended period. Long-stay immigrants and U.S.-born Mexican American women have similar rates of pap smear tests (about 80%), significantly lower than the rate for U.S.-born whites (about 87%).

- The economic and human costs of cervical cancer are unjustifiable since almost all cases that are detected early can be successfully treated.

- About half of all immigrant women age 40 and older did not receive a mammogram in the recommended 2-year period. The data do not allow a separate analysis of recent and long-stay immigrants. Mexican-American women have a better rate of obtaining mammography than immigrants, but it is worse than that of U.S.-born whites.

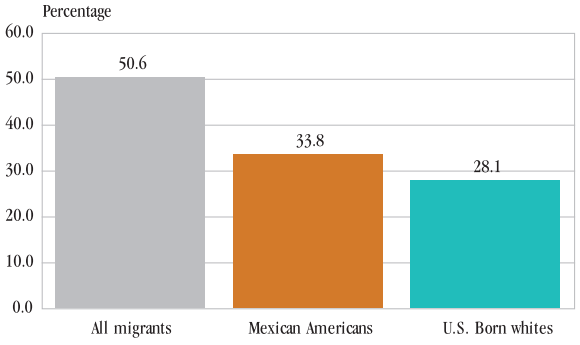
- Reducing the disparity in mammography rates requires linguistically and culturally competent public programs that promote and facilitate regular screening.

Percentage of women age 18-64 with no pap smear past three years, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Percentage of women age 40 and over with no mammogram past two years, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Colorectal exams and immunizations

Immigrants from Mexico are the least likely to have had a colorectal exam or an influenza immunization in the past year.

Colorectal cancer is the second most common cancer among Latinos in the United States. Colorectal exams, starting at age 50, allow the early detection and treatment of colon cancer.

Older people are the most at risk of dying from influenza. Annual influenza vaccinations greatly reduce the chance of catching the flu and the number of deaths from this disease.

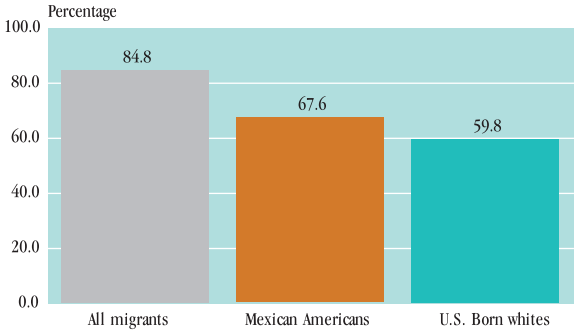
- The great majority of all immigrants age 50 and older have never had a colorectal exam. This rate is even higher than the high rate for U.S.-born Mexican Americans, which itself is even higher than that of U.S.-born whites.

- This type of exam is relatively new to immigrants, and it is possible that they are unaware of the importance of colorectal exams. It is important to promote this screening given its ability to reduce cancer deaths. This group also needs information on the role of diet in lowering the risk of cancer.

- Over half of immigrants age 65 and older did not have an influenza immunization in the past year. This rate is worse than that of U.S.-born Mexican Americans. U.S.-born whites have the best immunization rate, although one-third do not receive the recommended vaccination.

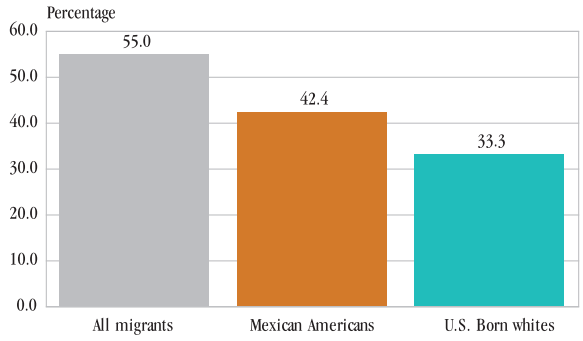
- Annual flu vaccine initiatives are not adequately reaching Mexican immigrants. Programs need to make a special effort to vaccinate immigrants as well as U.S.-born Mexican Americans.

Percentage of adults age 50 and over who have never had a colorectal exam, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Percentage of adults age 65 and over with no influenza immunization in past year, 2000



Sourse: UCLA, Center for Health Policy Research, analysis of data from the *2000 U.S. National Health Interview Survey*.

Concluding remarks

The data presented in this report illustrate the importance of addressing the health insurance and health-care use disparities between Mexican immigrants and U.S.-born whites. The more than 10 million Mexican immigrants in the United States make Mexico the U.S.'s leading source of immigrants. Mexican immigration has extended to most states, tends toward permanent settlement, and is increasingly family-based.

Many factors contribute to Mexican immigrants obtaining only limited access to medical insurance, less frequent preventive care, and less timely treatment of illnesses. Perhaps the foremost is that immigrants, who come primarily to obtain work, more and more often enter the U.S. undocumented. By virtue of this status, and by the limited work environment it places them in (often not providing health insurance), the type of work they obtain limits their access to medical insurance, their ability to obtain preventive services, and their overall connection to the health-care system.

Increased social integration of Mexican immigrants in the United States contributes to reducing medical insurance disparities they experience relative to other, more affluent groups. In this respect, U.S.-born Mexican Americans are shown to be better off than long-stay Mexicans, while this latter group does better than recently arrived immigrants.

Social inequalities vis-à-vis access to medical insurance are also found within Mexican families. This inequality is particularly striking in households of immigrant parents who have U.S.-born children with the rights and privileges of citizens. This highlights the fact that those with health insurance tend to be U.S.-born, while those born in Mexico often lack coverage.

This document reveals the profound vulnerability of Mexican immigrants when it comes to health care. Given that the United States health insurance system relies fundamentally on private insurance, primarily obtained through employment, the low rate of enrollment in health insurance plans among Mexican immigrants is largely explained by their concentration in low-skill and low-paid jobs, which often do not include employee benefits such as health insurance.

Many factors contribute to the over representation of Mexican workers in the lowest ranks of the occupational ladder, and the corresponding low levels of medical insurance coverage. These factors include the high prevalence of undocumented migration (especially among recent immigrants), the low levels of U.S. citizenship (even among long-stay immigrants), and low educational attainment. This situation is further exacerbated by the fact that mexican culture fails to make a priority of long-term investments in preventive medical care services and universal health insurance coverage.

In comparison with U.S.-born populations, Mexican immigrants who live in poverty have reduced access to governmental health programs designated for low-income families. The U.S. Welfare Reform Act, in place since 1996, has created new obstacles that limit immigrants' access to public health programs. This only adds to the health insurance disparities experienced by the Mexican immigrant population in the U.S.

The lack of documentation that would enable Mexican immigrants to live and work in the U.S. legally, in addition to the short stays that characterize many of the Mexicans living in impoverished conditions, also contributes to severely restricting their eligibility for even turning to public health-care programs.

The available health data reveal the difficulties faced by Mexican immigrants in maintaining their health and well-being. While recent arrivals report good health, even better than that of Mexican Americans and native white populations, long-stay migrants report worse health in a number of indicators.

For the Mexican immigrant population, the low participation in and, in many cases, restriction on private or public medical insurance coverage, coupled with the lack of information on free or low-cost medical services, compounded by language, cultural, and legal barriers, contribute to postponed medical treatment and less frequent use of health services. Many immigrants, and even Mexican Americans, avoid the public programs despite being eligible, out of fear they might jeopardize other family members who lack immigration documents. Other elements also come into play: the fear of being stigmatized, and the difficulty of understanding the American health-care system all inhibit immigrant access to health services. These same factors are likely to be contributors to the worsening health observed among the Mexican-origin U.S. population, and they generate potential financially catastrophic situations for those whose serious illnesses require hospital care.

Poor health generates ill effects beyond the sufferer: it affects the communities where immigrants originate and within the United States. From this perspective, and for the reasons we have enumerated above, initiatives need to be developed to address health disparities affecting the Mexican-origin U.S. population: linguistically and culturally adequate programs that encourage the Mexican-origin population to take up preventive health-care practices and timely use of medical services, for example, and new strategies to increase access to low-cost medical coverage for this population group. Because health problems do not have borders, they involve solutions that draw on many resources: communities, private and public institutions, states, and national governments.

Despite basic shortcomings in services and other difficulties immigrants face, the notable growth in the U.S. Mexican population in recent years suggests that the restriction of rights and social benefits, including health-care insurance, for immigrant populations has not deterred migration. This report points to some of the tie-in between the job-related aspects of migration and limited use of social benefits among immigrants, and how the situation might be improved.

Some of the evidence we have presented further suggests that increased legalization and naturalization of Mexican immigrants established in the United States would generally contribute to a more adequate integration for them, both socially and economically, into American society. Concretely we would expect this integration and adaptation to lead to better provision of social and health service benefits for this population group and their descendents.