

Immigrants and Health in California

APRIL 2019

Paulette Cha

➤ Immigrants are less likely to have health insurance.

Immigrants, who make up **about 27% of Californians**, face a more complex health care landscape than US-born residents. While 95% of US-born residents in California have health insurance coverage, 86% of immigrants do. The gap in coverage between US-born children (97%) and immigrant children (89%) is especially notable, since California allows low-income children to participate in Medi-Cal regardless of immigration status. Immigrants are also less likely to have private insurance, which partially reflects differences in employment industries and income.

➤ Immigrants tend to be healthier than expected ...

Although immigrants—especially children and other vulnerable groups—tend to have social and economic characteristics associated with negative health outcomes, they in fact tend to be healthier than comparably disadvantaged US-born residents. For example, poverty rates for immigrant children (28%) and young adults under age 26 (26%) are greater than poverty rates for their US-born counterparts (20% in each case). But immigrants have less likelihood of low birth weight for newborns and lower rates of asthma for children. Some of this “healthy immigrant paradox” could be due to higher concentrations of younger individuals among immigrants and the fact that healthier individuals are more likely to migrate in the first place.

➤ ... and are less likely to use health services.

A quarter (25%) of immigrants in California reported not seeing a doctor in the past year, compared with 16% of US-born residents. Lower health care utilization among immigrants may be the result of relatively good health, barriers to accessing care, or other factors. Among low-income individuals who seek care, immigrants are more likely than US-born residents to rely on safety net providers such as community clinics or community hospitals; very small shares of both groups consider emergency rooms their main source of care.

➤ Most documented immigrants have options for health care coverage.

There are overlapping federal, state, and local policies that affect health care for immigrants. Documented immigrants—including those on green cards and visas—may qualify for Medi-Cal, the state’s version of Medicaid, without the five-year waiting period required by federal law. They are also eligible to purchase private health plans on Covered California, the state’s health insurance exchange under the Affordable Care Act (ACA). However, most recently arrived elderly immigrants are not eligible for Medicare because they lack a sufficient history of paying Medicare taxes through employment.

➤ The health care landscape for undocumented immigrants is more fragmented.

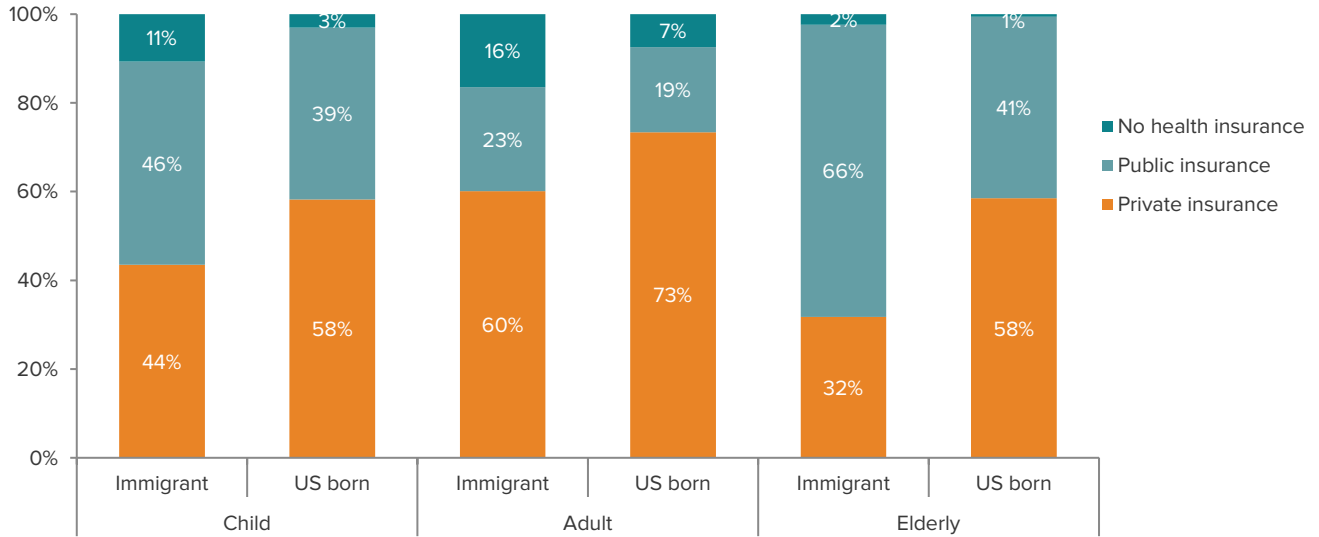
Undocumented immigrants, including young adults with Deferred Action for Childhood Arrivals (DACA) status, are not eligible to purchase health insurance on Covered California. While the ACA does not aim to cover undocumented immigrants, California offers a patchwork of health care options for this group. For instance, low-income children and pregnant individuals are eligible for Medi-Cal regardless of immigration status, and some counties include undocumented immigrants in their programs for those who cannot afford medical care. Additional options for undocumented immigrants include community clinics, rural health clinics, emergency rooms, or a limited version of Medi-Cal for medical emergencies.

➤ Californians increasingly support health care access for undocumented immigrants.

About two-thirds (64%) of California residents in March 2019 supported Governor Newsom’s proposal to expand Medi-Cal access for low-income young adults up to age 26, regardless of immigration status. In comparison, 54% of Californians supported the idea of providing health care coverage to undocumented immigrants in 2015. While young adults tend to be a relatively healthy and inexpensive group to insure, coverage for older and more costly undocumented immigrants is likely to remain a policy challenge.



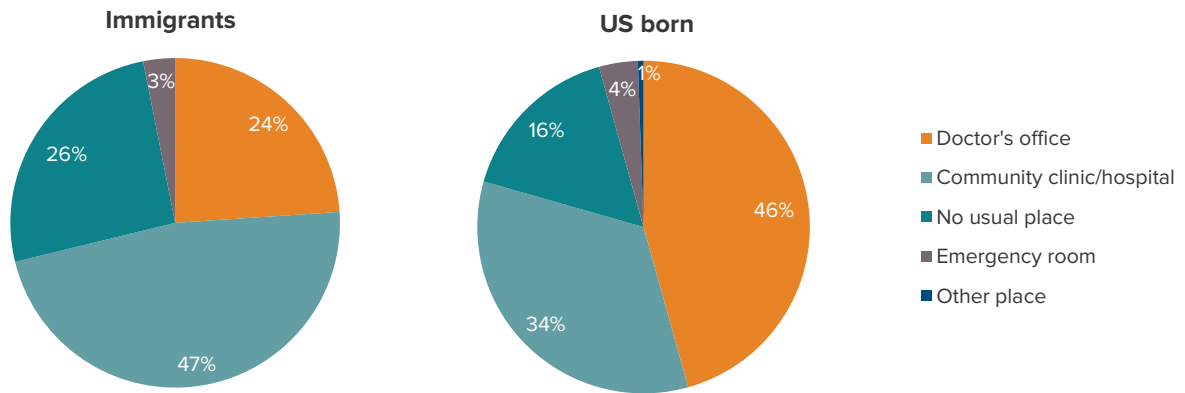
Immigrants in California have lower health care coverage rates across age groups



Source: American Community Survey, 2017.

Notes: Immigrants are foreign-born individuals. Public insurance includes Medicare, Medi-Cal, Veterans Affairs coverage, and other public programs; private insurance includes employer- or union-supplied insurance, plans purchased directly (e.g., Covered California), and Tricare or other military plans. Individuals reporting both public and private coverage are considered to have private coverage. The child group includes ages 0–19, the adult group includes ages 20–64, and the elderly group includes ages 65+.

Community clinics and hospitals are important resources for low-income immigrants



Source: California Health Interview Survey, 2017.

Notes: Low-income is defined as below the federal poverty level; immigrants are foreign-born individuals.

Sources: Castañeda et al., "Immigrants as a Social Determinant of Health" (*Annual Review of Public Health*, 2014); Cagney, Browning, and Wallace, "The Latino Paradox in Neighborhood Context: The Case of Asthma and Other Respiratory Conditions" (*American Journal of Public Health*, 2007); Villalonga-Olives, Kawachi, and von Steinbüchel, "Pregnancy and Birth Outcomes among Immigrant Women in the US and Europe" (*Journal of Immigrant and Minority Health*, 2017).

Contact: cha@ppic.org

