Mexico-United States Migration

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Health Issues

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Mexico-United States Migration
Health Issues
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Contents

- Foreword / 5
- Selected trends in Mexico-United States migration / 7
  - Increasing magnitude and dynamism / 7
  - Undocumented migration and erosion of circulatory migration mechanisms / 8
  - Increasing territorial scope / 10
- Medical insurance coverage / 12
  - Population without access to medical insurance coverage / 12
  - Types of medical insurance coverage / 15
  - Age and medical insurance coverage / 16
  - Medical insurance coverage within households / 18
  - Sex composition and medical insurance coverage / 19
  - Education levels and medical insurance coverage / 20
  - Labor-market participation, occupational level, and medical insurance coverage / 21
  - Poverty and medical insurance coverage / 24
- Health status / 25
  - Diabetes / 26
- Use of health services / 27
  - Usual source of health care / 28
  - Emergency room use / 29
  - Dental care / 30
  - Pap smears and mammography / 31
  - Colorectal exams and immunizations / 32
- Concluding remarks / 33

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Foreword

Mexican migration to the United States has been part of the relationship between the two countries for more than a century. Geographical proximity, increasing regional integration, demand for Mexican workers in the U.S. labor market, as well as the economic asymmetries between the two countries and the inability of the Mexican economy to fully absorb a constantly growing labor supply, have favored the accelerated increase of both the migratory flows and of the Mexican population resident in the U.S.

One of the most worrisome trends of Mexican migration to the United States over recent decades has been the notable increase of undocumented migration. This trend now constitutes the predominant type of migration and has profound implications for both the originating and the receiving communities, and especially for the migrants themselves. The intensity and scale of this phenomenon have led to the recognition that international migration between our countries is among the top priorities on the political agendas of both and in the binational relationship.

The available legal channels for migration are limited, especially compared to the size of the migratory flow generated by supply and demand factors on both sides of the border. These conditions favor increases in undocumented migration as well as increases in the risks and costs associated with border crossing and integration into the receiving society under profoundly disadvantaged and vulnerable circumstances. This situation contributes decisively to limiting immigrant access to medical services and to increasing the risks migrants' health.

Good health constitutes an essential asset for the integral development of an immigrant's capacities, for performing labor, and for social participation. Enjoying good health not only benefits the immigrants themselves and their descendents, both Mexican and American, but also has larger social and economic implications for both the receiving communities and the places of origin. The health of immigrants, particularly the poorest and most mobile among them, is therefore a concern requiring attention from both Mexico and the United States in the form of programs and strategies with a binational perspective.

It is likely that Mexican migration to the United States will continue to be a pressing issue in the bilateral relationship for at least the next 15 years. It is therefore urgent that we delay no further in designing strategies and policy guidelines that address the most pressing needs of the Mexican population residing in the United States.

The Ministry of Health and the National Population Council (Consejo Nacional de Población-CONAPO) of the Government of Mexico, and the University of California through the California-Mexico Health Initiative of the California Policy Research Center, Office of the President, and the UCLA Center for Health Policy Research have produced this document. The fundamental purpose of "Mexico-United States Migration: Health issues" is to present a general overview of the conditions faced by Mexican residents in the United States concerning their health care.

The document begins by describing the volume, trends, and characteristics of Mexican migration to the United States. It then addresses specific questions on migrant health, such as the availability of medical insurance coverage, the main ailments this population suffers, and access to and use of medical services. Finally, some consideration is given to the implications of the prevailing situation, conditions requiring special attention are identified, and the main political challenges are noted.

This report is a binational effort. It offers a good example of the potential for exchange of views, joint analysis, and shared use of diverse information sources that binational collaboration can foster. This document exists within the framework of initiatives that aim to strengthen the bonds of cooperation between the two countries, with the common purpose of contributing to the well-being of the Mexican population in the United States. We have not attempted to be exhaustive; instead this slim report offers an initial approach whose primary purpose is to motivate more thorough multidisciplinary study and institutional attention.

We trust that this report will contribute to shaping further initiatives directed toward promoting greater access to health care, encouraging a culture of prevention and timely attention to illness, as well as contributing to a better state of health for Mexicans and their descendents who reside in the United States.

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Selected trends in Mexico-United States migration

Since the early 1970s, the traditional Mexico-United States migration pattern has been transformed in magnitude, intensity, modalities, and characteristics, introducing a new dynamic to the migration pattern.

Magnitude and dynamism

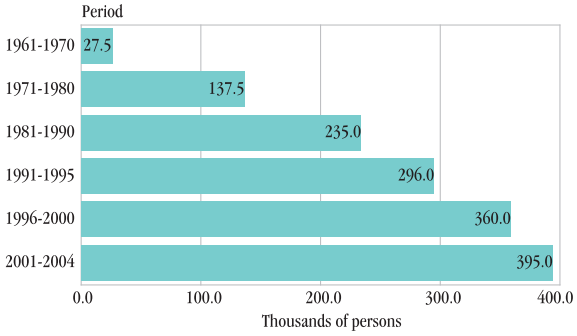
The primary recent trend in Mexico-United States migration is the notable increase in its magnitude and intensity.

- The annual net flow of Mexican migration to the United States increased notably during the final three decades of the 20th century, from an annual average of just under 30 000 people between 1961 and 1970 to close to 400 000 between 2001 and 2004.

- This continuously growing migratory flow has resulted in a large Mexican-origin community in the United States. In 1970, Mexicans who were born in Mexico and living in the United States numbered 879 000; by 2004 the number was 10.2 million. If we include the descendents of immigrants, the Mexican-origin population in the U.S. grew from 5.4 million to 26.8 million in the same period. Of those, 16.6 million were born in the United States.

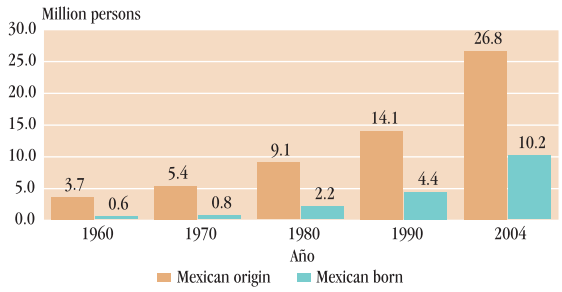
- Mexicans living in the United States represent 3.7% of the total U.S. population and approximately 29% of the country's immigrant population. These figures make Mexico the largest contemporary source of immigrants to the United States.

Net annual population loss due to international migration, 1961-2004



Source: 1961-1995: Reform Commission USA, and Ministry of Foreign Relations (Secretaría de Relaciones Exteriores-SRE) Mexico, 1997, *Estudio Binacional México-Estados Unidos sobre Migración*; 1995-2004: CONAPO, *Proyecciones de Población 2000-2050*, Mexico 2002.

Population of Mexican origin resident in the United States, 1960-2004



Mexican born 2004: 10.2 million
First and second generation 2004: 16.6 million

Source: 1960-1990: CONAPO, data from Corona Vázquez, Rodolfo, *Estimación de la población de origen mexicano que reside en Estados Unidos*, El Colegio de la Frontera Norte (EL COLEF), November 1992; 2004: CONAPO, data from *Proyecciones de Población 2000-2050*, Mexico 2002, and U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

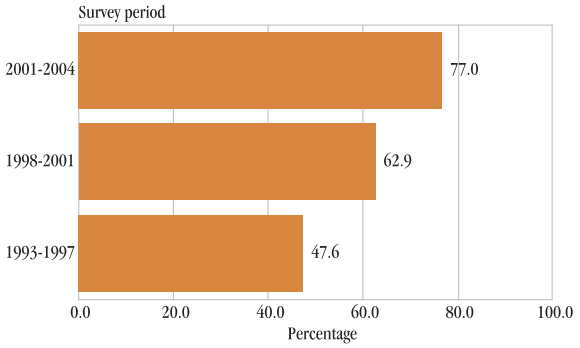
Undocumented migration and erosion of circulatory migration mechanisms

The new profile of Mexican migration to the United States includes increased numbers of undocumented Mexicans, the erosion of mechanisms that allowed for circulatory migration, and a greater propensity for permanent migration.

The Survey on Migration along the Northern Mexican Border (Encuesta sobre Migración en la Frontera Norte de México, or EMIF)[1] provides some understanding of the labor flows taking place by land from Mexico to the United States, estimated at approximately 440 000 people per year in 2001-2004.

- Migration of workers from Mexico has increasingly included undocumented migrants. In 2001-2004, three-quarters of migrants lacked authorization to cross the border, compared with just under half in 1993-1997.

The percentage of immigrants to the U.S. who returned to Mexico who entered the U.S. without legal immigration documents, 1993-2004



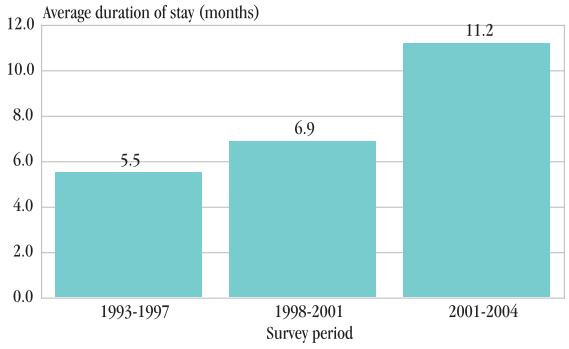
Source: CONAPO, data from STyPS, CONAPO, INM and EL COLEF, *Encuesta sobre Migración en la Frontera Norte de México* (EMIF), 1993-2004.

[1] The *Survey on Migration along the Mexican Border* serves to estimate and characterize the migratory flows between Mexico and the United States, and between border cities and the rest of Mexico. The EMIF, implemented since 1993, is a joint project of the Mexican Ministry of Labor (Secretaría del Trabajo y Previsión Social-STyPS), the National Population Council (Consejo Nacional de Población-CONAPO), and the Colegio de la Frontera Norte (EL COLEF). The National Migration Institute (Instituto Nacional de Migración-INM) joined the project in 1998 and the Ministry of Foreign Affairs (Secretaría de Relaciones Exteriores-SRE) in 2004.

- The increasing barriers and difficulties surrounding entry into the United States, coupled with insufficient stimuli to return to Mexico offered by the Mexican economy, have resulted in the erosion of circulatory migration mechanisms, increasing the tendency toward more permanent settlement in the United States.

- Temporary migrants, most of them undocumented, tend to extend their stays in the United States to the point at which many establish permanent residences. According to information produced by the EMIF, the average length of stay in the United States of temporary migrants has increased from 5.5 to 11.2 months over the past 10 years.

Average duration of stay in the United States of temporary migrants who return from that country, 1993-2004



Source: CONAPO, data from STyPS, CONAPO, INM and EL COLEF, *Encuesta sobre Migración en la Frontera Norte de México* (EMIF), 1993-2004.

Increasing territorial scope

Another novel trait of the Mexico-United States migratory dynamic is its expanding geographic reach in both countries.

All Mexican states and the Federal District (Mexico City) contribute to the migratory flow, to different extents.

- In 2000, only 93 of Mexico's 2 443 municipalities registered no migratory population destined to the United States. These 93 municipalities are located primarily in southeastern Mexico.

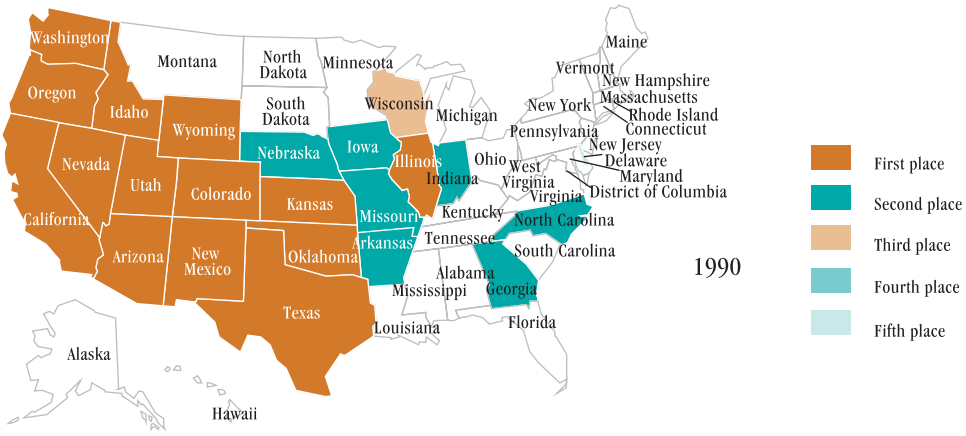
- To greater or lesser degrees, the 2 443 municipalities register some type of contact with the United States, via recent migrations, immigrants returning to Mexico, and monetary transfers to relatives in Mexico from family members in the United States. 492 of them register high or very high migratory intensity; 392, moderate intensity; and 1 466, low or very low migratory intensity.

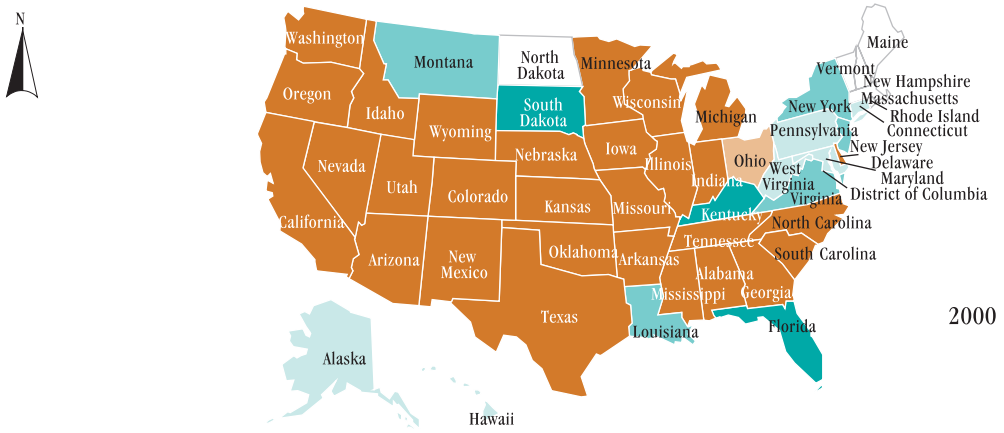
In the United States, the notable increase of U.S.-born Mexicans is no longer restricted to traditionally receiving states (California and Texas) but rather has expanded throughout the entire country.

- In 1970, California and Texas were home to 79% of U.S.-born Mexicans in the United States. This proportion held more or less constant until 1990; by 2000 it had decreased to 63%.

- The Mexican population is among the five largest immigrant groups in practically every U.S. state. In 2000, Mexicans were one of the five most common immigrant populations in 42 states, while 10 years earlier this was the case in only 23.

U.S. states in which Mexican immigrants were one of the top five immigrant groups, 1990 and 2000.





Source: CONAPO data from the U.S. Census Bureau, *5-percent sample*, 1990 y 2000.

Medical insurance coverage

Health is a central element of well-being and an indispensable condition for the development of a person's productive potential. The degree of access to health services experienced by immigrants is shaped by their social and economic integration in the receiving society.

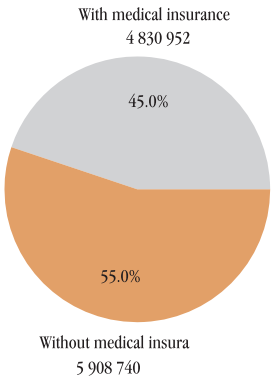
This section analyzes differences in access to private and public health services among Mexican immigrants to the United States (recent immigrants and those of longer residence) and key native population groups in the United States (Mexican Americans and whites). The 2004 U.S. Bureau of the Census *Current Population Survey* (CPS) is the source of the information provided.[2]

Population without access to medical insurance coverage [3]

The Mexican population in the United States has limited access to health services.

- 5.9 million Mexican immigrants in the United States (55%) do not have medical insurance.
- This lack of access to medical coverage is more acute among recent immigrants (those with 10 years or less in the United States), with almost seven out of every 10 lacking this social benefit. Among long-stay immigrants (10 years or longer in the United States), the situation is more favorable (45% without insurance), although the uninsured population remains very numerous (2.7 million).
- Compared with U.S.-born groups, the disparity in medical coverage among Mexican immigrants (recent and long-stay) becomes more evident. Health insurance coverage

Medical insurance coverage among Mexican-born population resident in the United States, 2004



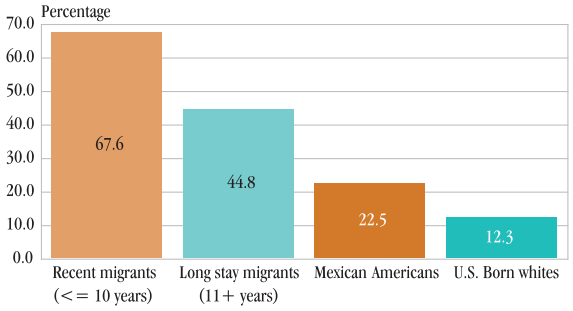
Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

[2] The specified populations are defined as follows: a) *mexican immigrants*: born in Mexico, resident in the United States; b) *mexican americans*: born in the United States with one or both parents born in Mexico, or population born in the U.S. who declares itself of mexican origin; c) *U.S.-born whites*: caucasian population born in the United States.

[3] A person is considered to have medical coverage when he or she is registered in a public medical assistance program —Medicare or Medicaid— or when he or she has a private medical insurance policy program.

is more common among U.S.-born Mexican Americans than among immigrants. Under one-fourth (22.5%) of U.S.-born Mexican Americans are uninsured, a figure 60 percent lower than that for Mexican immigrants, but still almost double than that of the U.S.-born white population (12%).

Percentage of population without medical insurance, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

The undocumented status of a large percentage of Mexican immigrants contributes to their disadvantaged situation.

The high rate of undocumented[4] status and the low levels of citizenship via naturalization among the Mexican population resident in the United States have a negative impact on their social and economic integration, and to a large degree explain their lack of access to medical insurance.

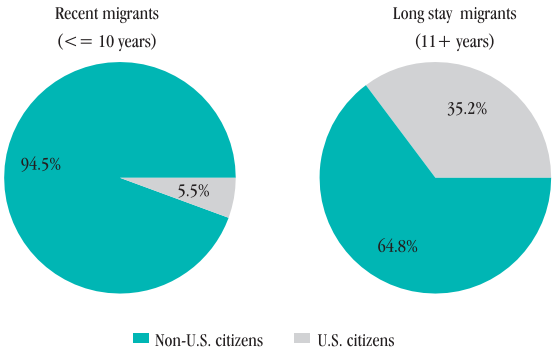
- Mexican immigrants exhibit very low citizenship rates compared to other immigrants, even considering similar dates of arrival. Overall, only about one out of five Mexican immigrants, ages 18 and over, has been naturalized as a U.S. citizen. This figure jumps to more than one out of three among long-stay immigrants, and drops to barely one out of 18 (5.5%) among those who arrived 10 years ago or less.

- The proportions of naturalized Mexicans, long-stay immigrants, and Mexican Americans with health insurance are similar in many ways. However, while the naturalized immigrant population coverage rate (70%) is only slightly lower than that of Mexican Americans (73%), coverage for both groups is far behind that of the U.S. born-white population (87%).

- For naturalized immigrants, a longer length of residence in the country is associated with higher rates of health insurance coverage.

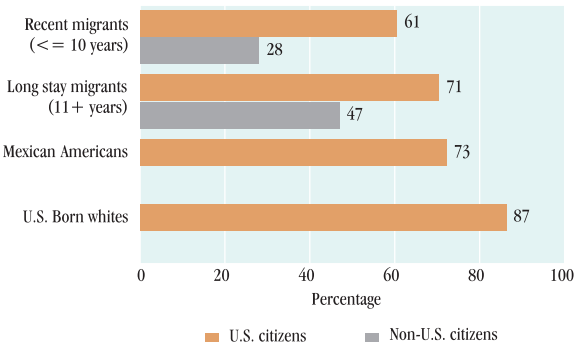
- The situation for Mexican immigrants without United States citizenship, which includes a significant proportion of undocumented immigrants, is very different than for the above- mentioned groups. Access to medical coverage, public or private, is significantly lower, around 28% among those who arrived 10 years ago or less, and 47% among those with longer stays in the United States.

Distribution of adults ages 18 and over, according to citizenship status, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Medical insurance rate of adults ages 18 and over, according to citizenship status, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

[4] In 2004, an estimated 5.9 million undocumented Mexicans lived in the United States (see Passel, Jeffrey (2005), *Estimates of the size and characteristics of the undocumented population*. WEB PAGE: www.pewhispanic.org).

Types of medical insurance coverage

U.S. health care is fundamentally based on both private medical insurance (acquired primarily through one's employment and income) and the public medical assistance systems, Medicaid and Medicare. For Medicaid, access to health services depends primarily on poverty status, immigration status, and duration of residence in the country. Medicare is provided to all elderly and disabled people with 10 or more years of eligible employment in the United States, and their spouses.

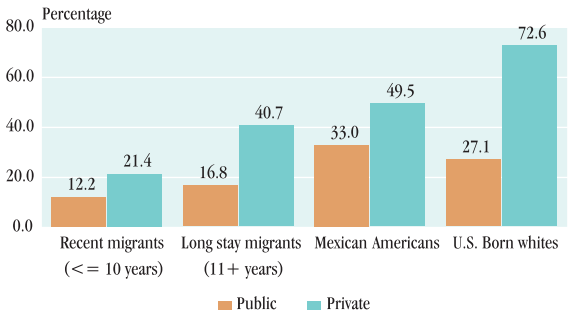
- Health insurance coverage for the Mexican immigrant population is most commonly obtained through private insurance (32%). Almost 15% of this population participates in governmental health insurance programs, and these 1.6 million people represent 3% of the U.S. population using these programs.

- Length of residence for Mexican immigrants in the United States does not significantly influence their use of public health insurance. There are, however, increased disparities in the availability of private insurance for recent Mexican immigrants who have resided 10 years or less in the U.S., only 21% of whom are covered by private insurance. This figure is about half of that found among immigrants with longer residence periods (41%), which suggests better social integration among the population with longer stays in the United States.

- Although long-stay immigrants (those in the U.S. over 10 years) are able to improve their situation in comparison with recent immigrants, significant disparities persist in comparison with Mexican Americans as well as U.S.-born whites.

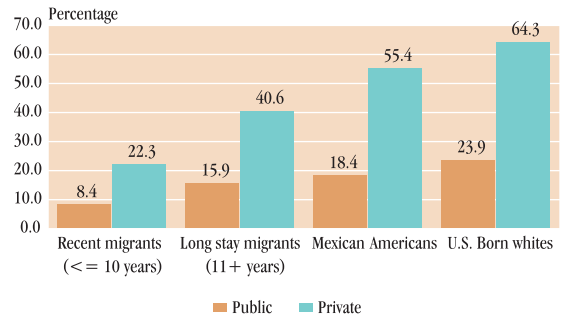
- Of the Mexican-origin groups, Mexican Americans have the greatest access to public health insurance in the U.S.: one out of three is covered. However, over half of this group (54%) is made up of children and adolescents under age 18. This situation explains, in part, their greater participation in the public medical assistance programs, as there are many programs for children. When the analysis is restricted to the population over 18, only 18% of U.S.-born Mexican Americans have public-based health insurance, while more than half (55%) have private insurance.

Percentage of population with public or private medical insurance, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Percentage of adults ages 18 and over with public or private medical insurance, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

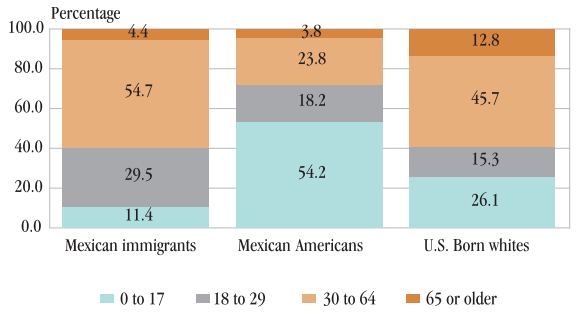
Age and medical insurance coverage

Mexican immigrants are concentrated in the economically active age groups.

- Five out of six Mexican immigrants are between 18 and 64, giving the group a predominantly active economic profile. This reflects the fact that young adults are those who are most likely to participate in Mexico-United States migration, while the very young and older age groups are less likely to migrate.

- Among the Mexican American population, children and youth predominate, with just over half of this population group under the age of 18. These numbers contrasts sharply with the population structure among Mexican immigrants and U.S.-born whites, whose proportions of minor populations are approximately one out of 10 and one out of four, respectively.

Age distribution of U.S.-resident population for selected groups, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

- U.S.-born whites have the oldest age structure, with one out of eight over the age of 64. This proportion is about triple that found among Mexican immigrants and Mexican Americans (4.4% and 3.8%, respectively).

- With higher insurance coverage rates across age groups, the U.S.-born white population is relatively homogeneous when compared to others; even so, their access to medical insurance varies significantly by age. Adults over age 64 and those under 18 have the highest health insurance coverage rates (100% and 91%, respectively). In contrast, the young adult group (ages 18 to 29) exhibits the lowest coverage rate (75%), followed by that between 30 and 64 (87%).

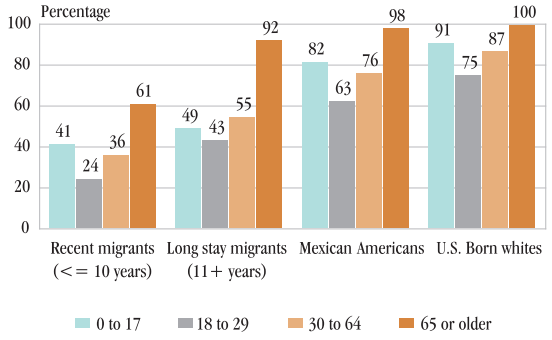
- Mexican Americans exhibit a pattern similar to that of the U.S.-born white population but with lower coverage levels in all age groups.

- In the Mexican immigrant groups, the lack of health insurance is more pronounced in all age groups compared to the coverage rates of the U.S.-born Mexican American and white populations.

- The only Mexican immigrant group with relatively high medical insurance rates is that of long-stay immigrants over 64 (92%).

- The greatest deficiencies in health insurance are found among the Mexican immigrant populations, particularly in the 18 to 29 age group. Among recent immigrants, the lowest coverage rates are found among people of working age, while among those of longer residence, children and young adults are those most unprotected by the health system.

Medical insurance rate by age groups, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Medical insurance coverage within households

Social inequalities in regard to health insurance coverage are found within many Mexican-headed households in the United States, due to the fact that they are often comprised of a mixture of immigrant and Mexican American residents.

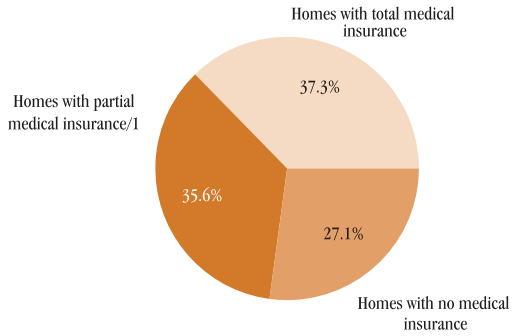
According to the 2004 U.S. *Current Population Survey*, the United States has more than 112.1 million households, of which 3.9 million (3.5%) are headed by someone born in Mexico. Households may be classified in three types according to their health insurance coverage: those with total, partial, or no coverage.

- Total medical coverage. Only 37% of Mexican-headed households in the United States have medical coverage for all household residents.
- Partial medical coverage. In close to 36% of Mexican-headed households in the U.S., only some household residents have coverage.
- No medical coverage. Among Mexican-headed households in the United States, 27% live in the extremely vulnerable position of having no household residents covered by medical insurance.

Of the 3.9 million Mexican-headed households, 2.7 million (69%) include members under 18 years of age. The lack of medical coverage is particularly worrisome in homes shared by minors. Available data on the subject indicate the following:

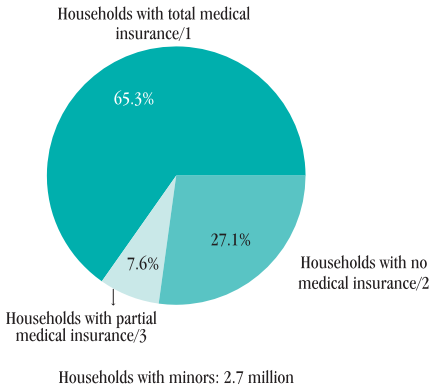
- In 27% of Mexican-headed households, none of the minors are insured.
- In one out of 12 Mexican-headed households (8%) there is medical coverage for at least one of its minors. Insured children tend to be those born in the United States, while often those without coverage were born in Mexico.

Distribution of Mexican-headed households established in the United States, by medical insurance status, 2004



Note: 1/At least one but not all household members are registered in a public medical assistance program or covered by contracted private medical insurance.
Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Distribution of Mexican-headed households with members under the age of 18, by medical insurance coverage of the minors, 2004



Notes: 1/All the minors are covered by some medical insurance system, private or public.
2/No minor is covered by any medical insurance system, private or public.
3/At least one minor is a beneficiary of a public medical assistance program or private medical insurance.
Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Sex composition and medical insurance coverage

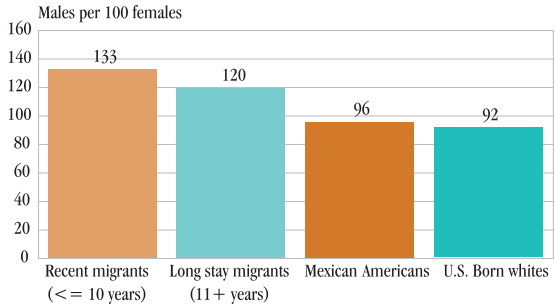
The male population predominates among recent Mexican immigrants.

- The population of Mexican immigrants over age 18 is disproportionately masculine. There are 133 men for every 100 women among recent immigrants. As the duration of residence has increased, the proportion of women has also risen but remains lower than that of men.

- Among Mexican Americans in the United States there are more females than males. Among Mexican Americans there are 96 males for every 100 females, compared with 92 males for every 100 females in the white population. The higher number of females among U.S.-born whites is explained by females having longer life expectancies.

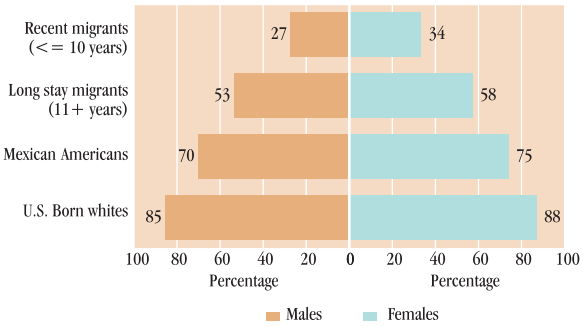
- In all the population groups, differences in health insurance coverage between men and women are small. In general, women exhibit higher coverage rates than men. This situation is more pronounced among Mexican Americans, and more so among recently immigrated Mexicans.

Ratio of males to females in ages 18 over, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Percentages of medical insurance for males and females, ages 18 and over, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Education levels and medical insurance coverage

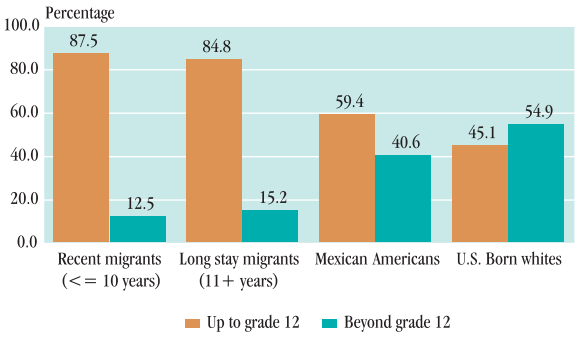
Mexican immigrants lag far behind other groups in education levels, contributing to their disadvantaged situation in the U.S.

- More than 80% of Mexican immigrants ages 18 and over (both recently arrived and those of longer residence) completed 12 years of school or less.

- In contrast, among U.S.-born Mexican Americans and whites this proportion is 59% and 45%, respectively.

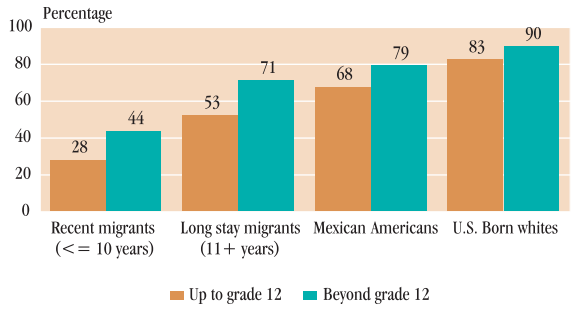
- Medical coverage rates rises with increased education levels. Across the population groups, the less education one has, the lower the likelihood of having medical insurance coverage, but among Mexican immigrants the differences are more pronounced. Among recent immigrants, insurance coverage for those with more education is almost 60% higher than for those with the lowest education levels. Among long-stay residents the difference is 34%, while among U.S.-born Mexican Americans and whites it is 16% and 8%, respectively.

Distribution of the population ages 18 and over by educational level, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Medical insurance rate of the population ages 18 and over by educational level, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

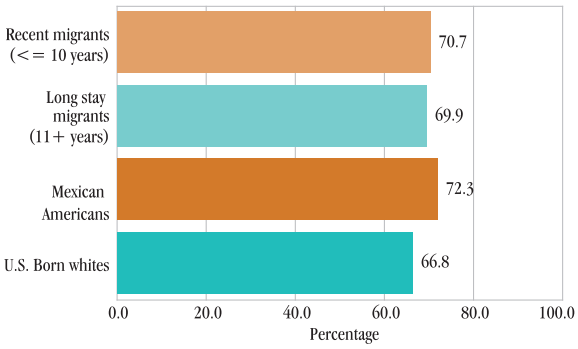
Labor-market participation and medical insurance coverage

Given that the U.S. health care system relies primarily on private insurance, which in most cases is obtained through employee benefit packages, the labor-market position of Mexican immigrants is a key factor in determining their access to medical care.

- The high rates of employment for recent arrivals and those of longer residence (71% and 70%, respectively) reveal the predominantly labor-related character of Mexican migration. These figures exceed even those for the U.S.-born white population, whose labor-force participation rate is 67%.

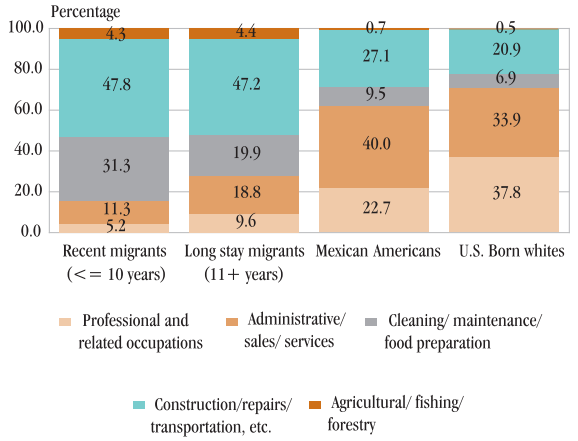
- The high prevalence of undocumented status (particularly among recent Mexican immigrants), the low rate of citizenship, and low educational attainment levels contribute to the concentration of Mexican workers at the bottom of the occupational pyramid. Mexican workers are highly represented in household and office cleaning and food-preparation activities, as well as construction, transportation, maintenance, repair, and production jobs.

Rate of economic participation of the population ages 18 and over, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Distribution of the U.S.-resident population ages 18 and over, by labor occupation type, 2004

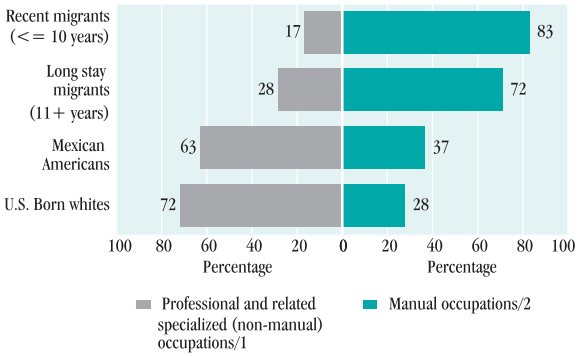


Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

- The high concentration (76%) of Mexican immigrants in activities of low socioeconomic status —manual labor and low-paid jobs— contrasts with their low representation in the most skilled and best-compensated occupations (24%). The discrepancies sharpen among recent immigrants, with 83% working as manual laborers and only 17% working in occupations requiring specialized skills.

- Mexican Americans exhibit a substantial advantage over native Mexicans with respect to the jobs that they hold, indicating some social mobility for the generations of Mexicans born in the United States in comparison with their parents. Nevertheless, they are still at a disadvantage compared with the white native population: 37% of U.S.-born Mexican Americans are employed in manual jobs, while only 28% of the white population is similarly employed.

Distribution of economically active population ages 18 and over by occupation type, 2004

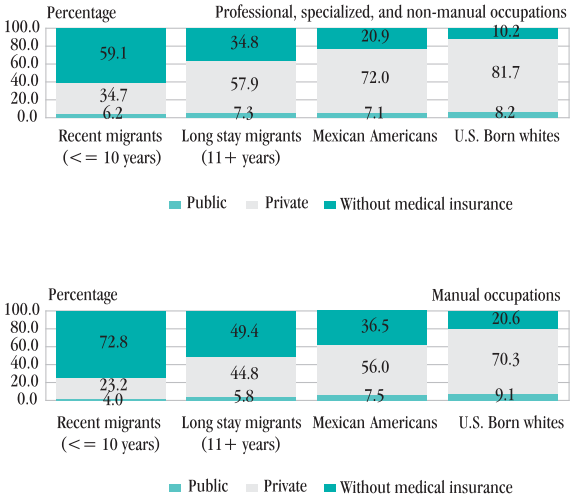


Notes: 1/Includes: Professional and related occupations, services, sales, and administrative occupations.
2/Includes: Household and office cleaning, maintenance, food preparation, construction, repairs, transportation, production, fieldwork, fishing, and agricultural occupations, etc.
Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Working predominantly in manual and low-income occupations, both long-stay Mexican immigrants and especially recent immigrants have significantly lower medical coverage rates than those of U.S.-born Mexican Americans and whites (54%, 29%, 73%, and 86%, respectively).

- Across all these population groups, medical insurance coverage is most prevalent among those who work in higher-skill occupations, and less prevalent among those in jobs requiring fewer skills and more manual labor.

Distribution of the population ages 18 and over according to medical insurance type, by occupation, 2004

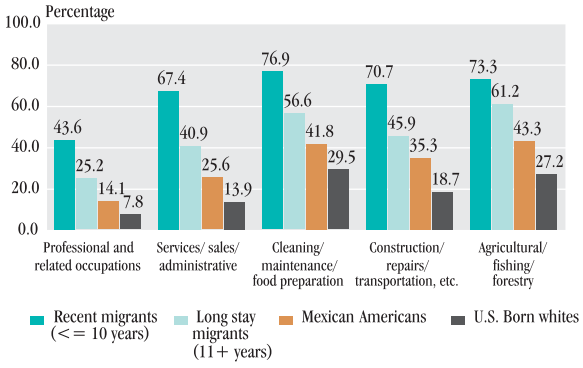


Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

- Nevertheless, significant inequalities persist between the populations even in the same occupations. For example, in the occupations associated with the lowest prevalence of health insurance coverage, such as cleaning, maintenance, and food preparation, 77% of the recent Mexican immigrants have no health insurance, compared with only 30% of the U.S.-born white population in these occupations.

- Similarly, in professional and related occupations, 44% of recent Mexican immigrants are uninsured compared to 8% of the U.S.-born white population.

Percentage of population ages 18 and over without medical insurance, by labor occupation, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

Poverty and medical insurance coverage

Mexican immigrants living in poverty face greater obstacles than the U.S.-born populations in obtaining public health care insurance designated for low-income families.

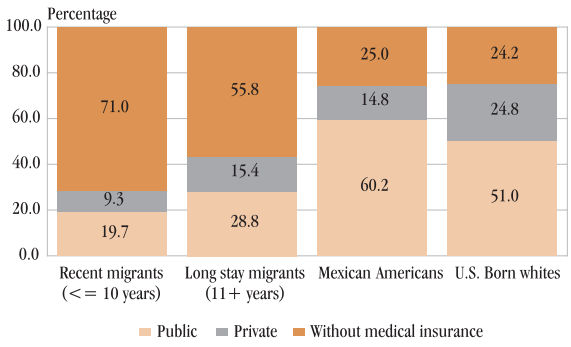
- Nearly 2.8 million Mexican immigrants in the U.S. live in poverty (1.5 million of them recent arrivals and 1.3 million long-stay immigrants). This represents 26% of the immigrant Mexican population and almost 8% of the country's total impoverished population.

- The U.S.-born Mexican American population has a poverty rate (23%) very similar to the Mexican immigrant population (26%), largely as a result of the burden of minors and other dependents. The U.S.-born white population has the lowest poverty rate (11%).

- The high proportion of uninsured among poor Mexican immigrants —71% among poor recent arrivals and 56% among long-stay immigrants— illustrates their great vulnerability. The comparative rates among poor U.S.-born Mexican Americans and poor U.S.-born whites are 25% and 24%, respectively.

- For many poor immigrants, their lack of documentation concerning legal residence and employment in the United States and their short stays combine to severely restrict their eligibility to public health insurance. Only 20% of recent immigrants living in poverty and 29% of poor longer-residence immigrants have public health insurance, compared with 60% of U.S.-born Mexican Americans and 51% of whites living in poverty.

Distribution of the poor population by medical insurance type, 2004



Source: CONAPO data from the U.S. Census Bureau, *Current Population Survey* (CPS), March 2004.

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]

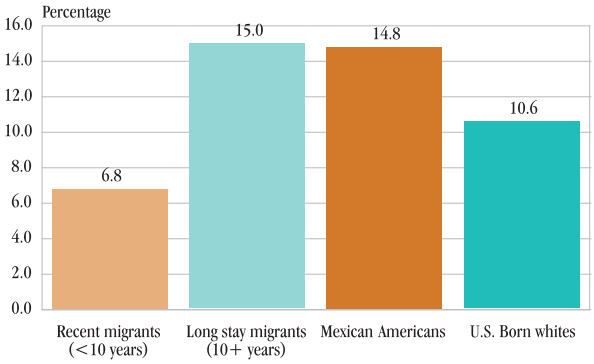
Self-assessed health status is a commonly used measure of health. When people rate their health as fair or poor, it is usually because of illnesses they have.

- 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.

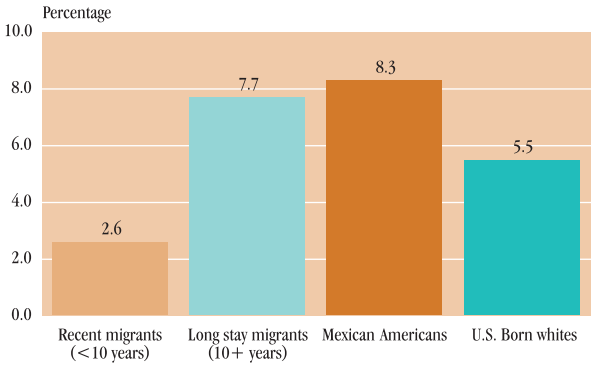
Unlike the case for U.S.-born whites, diabetes is the most common serious illness among Mexican immigrant adults. If not well controlled, diabetes can lead to blindness, heart and kidney problems, and amputations.

- 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*.

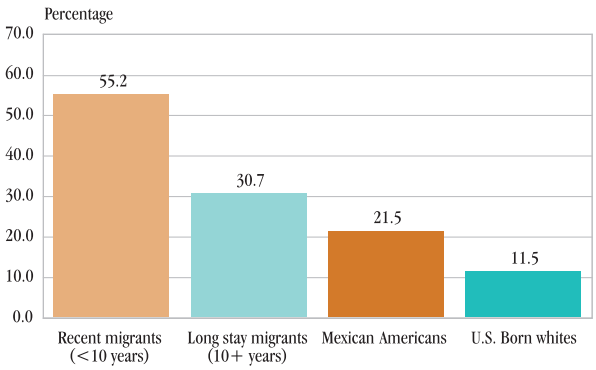
Use of health services

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.

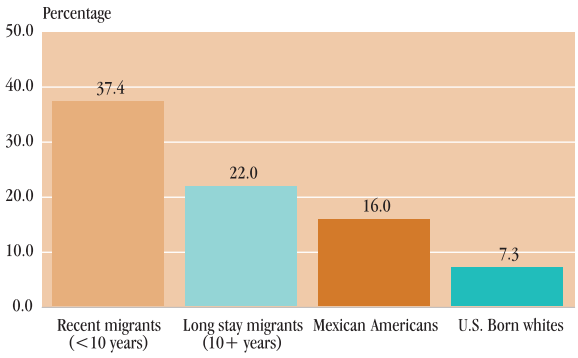
- Over half of recent immigrants have no usual source of care, five times the rate of U.S. born whites. U.S. born Mexican Americans are twice as likely as U.S. born whites to not have a particular place where they usually obtain medical care.
- Over one-third of recent immigrant adults had not seen a 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.

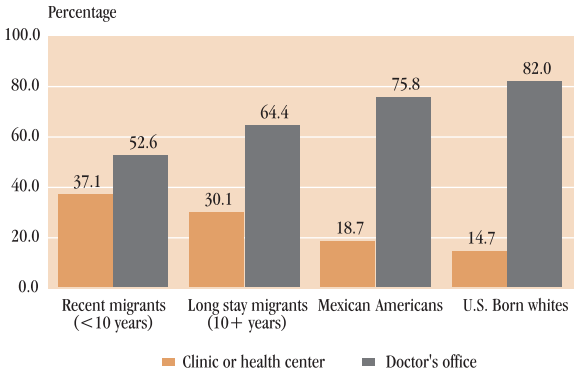
- About half of recent immigrants report a doctor's office as their usual source of care, compared to four-fifths of U.S.-born whites.

- 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*.

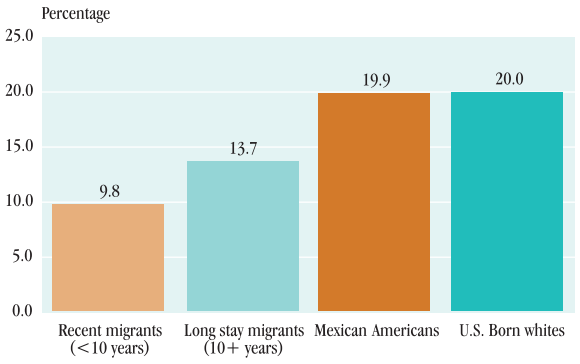
Emergency room use

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*.

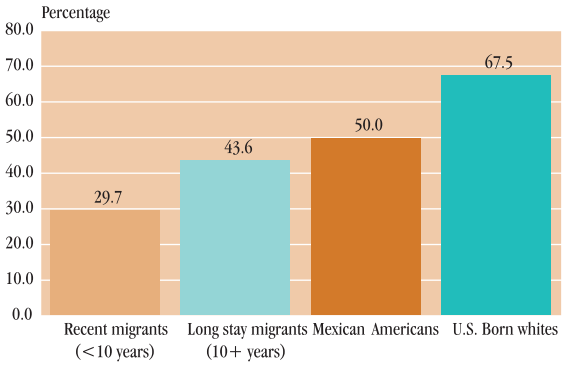
Dental care

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.

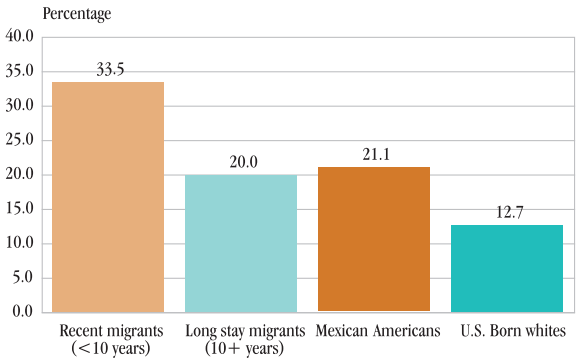
- Recent Mexican immigrants have the lowest rate of obtaining pap smears: one-third of women age 18-64 did not have the test in the previous 3 years, the recommended period. Long-stay immigrants and U.S.-born Mexican American women have similar rates of pap smear tests (about 80%), significantly lower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

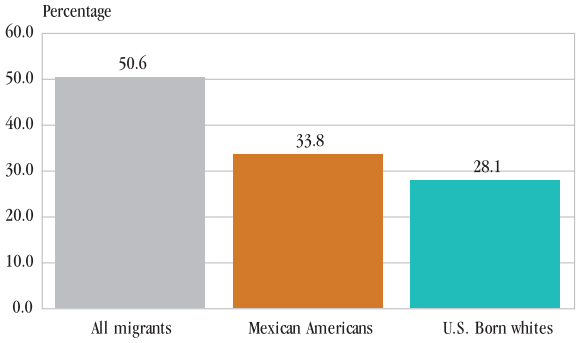
- Reducing the disparity in mammography rates requires linguistically and culturally competent public programs that promote and facilitate regular screening.

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.

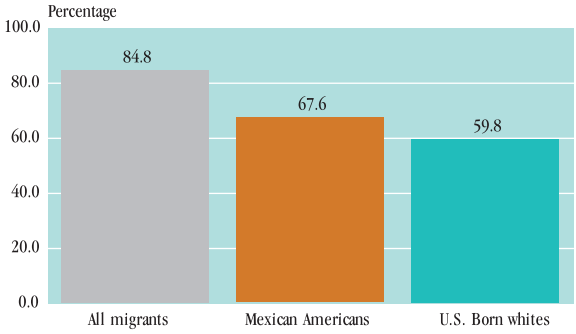
- The great majority of all immigrants age 50 and older have never had a colorectal exam. This rate is even higher than the high rate for U.S.-born Mexican Americans, which itself is even higher than that of U.S.-born whites.

- 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.

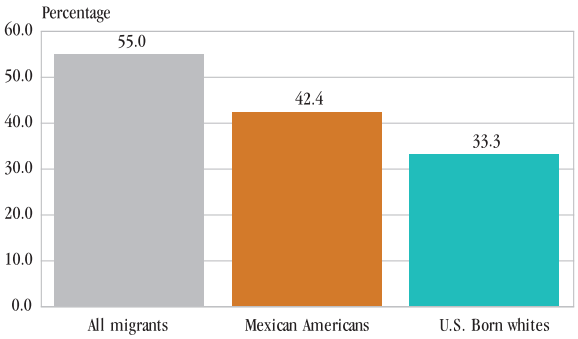
- Annual flu vaccine initiatives are not adequately reaching Mexican immigrants. Programs need to make a special effort to vaccinate immigrants as well as U.S.-born Mexican Americans.

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.