

# medicaid and the uninsured

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## How Does Health Coverage and Access to Care for Immigrants Vary by Length of Time in the U.S.?

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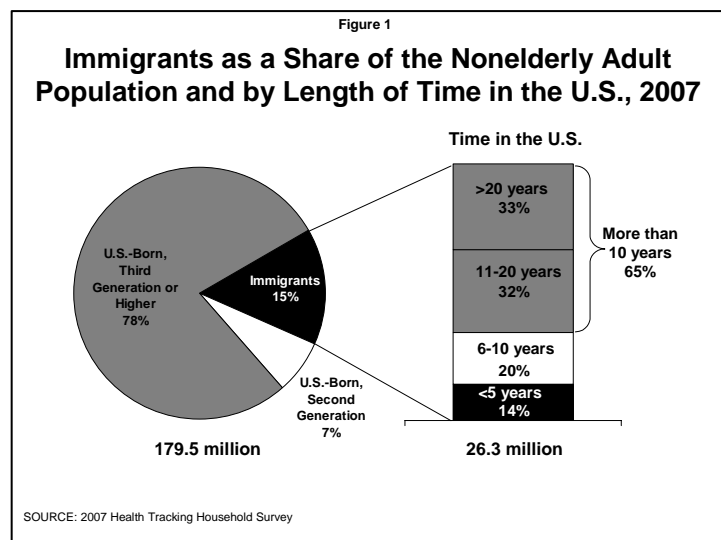
### EXECUTIVE SUMMARY

A substantial amount of research has documented that, overall, immigrants are more likely to be uninsured than U.S.-born citizens and, as such, face increased barriers to accessing needed care. However, immigrants are a diverse group, ranging in country of origin, race/ethnicity, citizenship status, length of time in the country, and socioeconomic characteristics. Reflecting these differences, health coverage and access vary across immigrants. Further, the socioeconomic circumstances of immigrants change over the course of time they reside in the U.S. and often improve for adult children of immigrants (second generation Americans), which also has implications for their health coverage and ability to access care.

Based on data from the 2007 Health Tracking Household Survey, this analysis examines how health coverage and access to care for non-elderly adults vary based on immigrants' length of time in the U.S. and between immigrants, second generation Americans, and third generation and higher Americans. It also identifies the primary factors contributing to lower health coverage rates and greater access barriers among immigrants.

### Key Findings

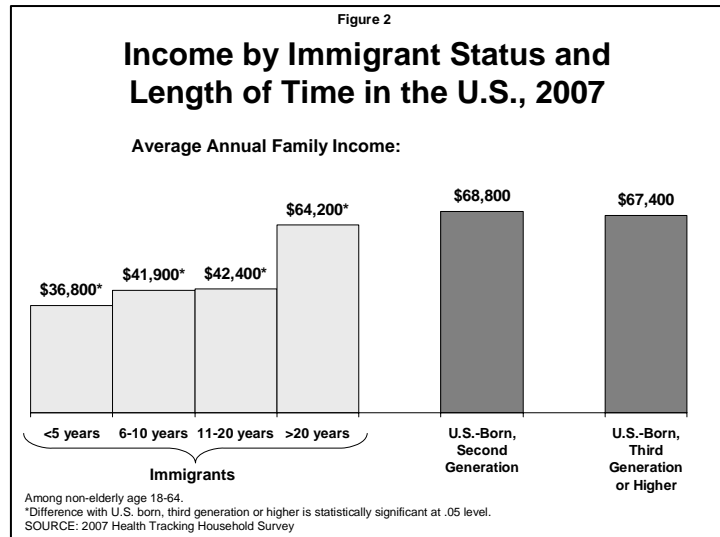
**Almost two-thirds of immigrants have been residing in the U.S. for at least ten years, and about half of these longer-term immigrants are citizens.** Overall, about 15% of non-elderly adults in the U.S. are immigrants. Most immigrants (65%) have been residing in the U.S. for at least ten years, with one-third in the U.S. for more than 20 years (Figure 1). Immigrants in the U.S. for more than ten years account for about 10% of the total non-elderly adult population. About 14% of immigrants are recent immigrants residing in the U.S. for less than five years, making up 2% of the total non-elderly adult population.



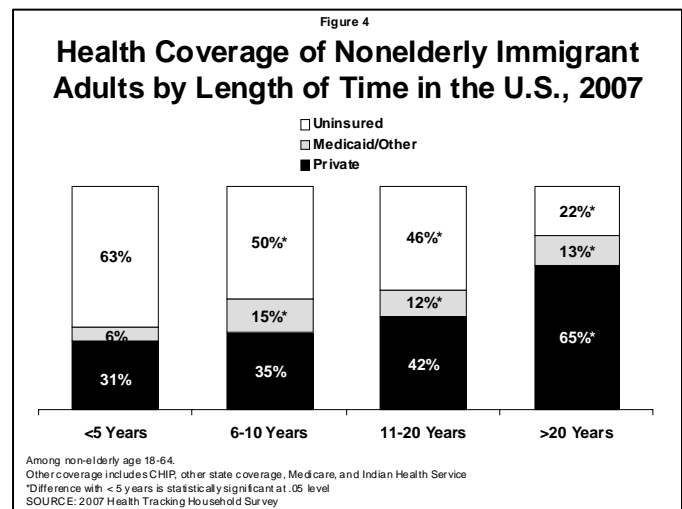
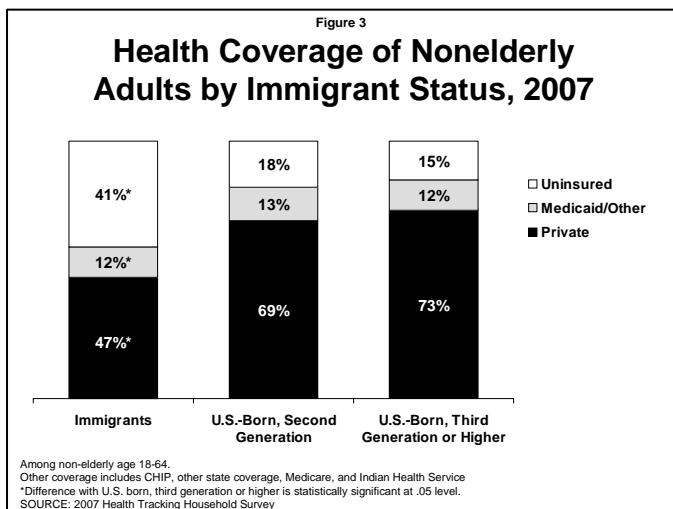
Overall, two-thirds of non-elderly immigrant adults are non-citizens (65%), but citizenship status varies significantly based on length of time in the U.S. About half (48%) of immigrants who have been in the U.S. for more than ten years are naturalized citizens, and the citizenship rate

risers to nearly two-thirds (65%) for immigrants in the U.S. for more than 20 years. In contrast, very few recent immigrants are citizens.

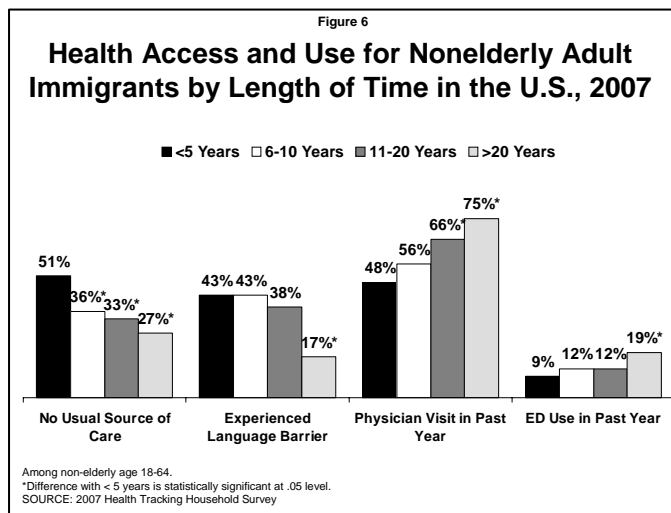
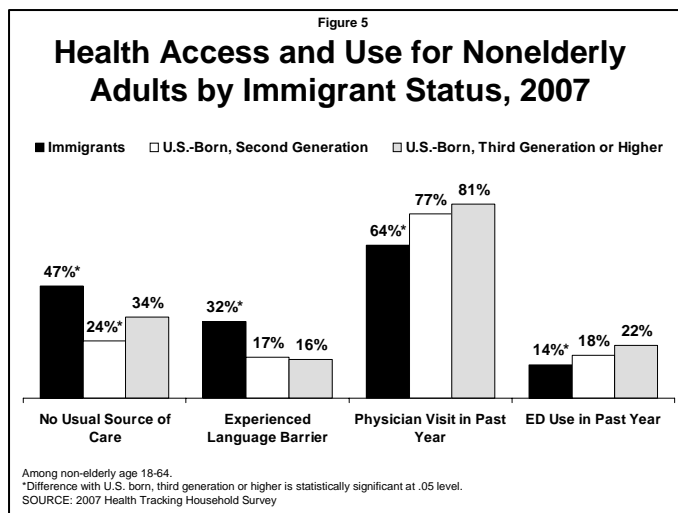
**There are substantial variations in socioeconomic characteristics of immigrants based on length of time in the U.S., with longer-term immigrants faring dramatically better than recent immigrants.** Overall, average family income is lower among immigrants compared to U.S.-born residents (Figure 2). However, family income among recent immigrants is about \$37,000 (57% of the U.S. average) compared to over \$64,000 (95% of the U.S. average) for immigrants in the U.S. for more than twenty years. Similarly, immigrants who have been in the U.S. for longer periods of time have higher employment rates, and the employment rate for immigrants in the U.S. for more than twenty years is slightly higher than for U.S.-born residents.



**Immigrants have a higher uninsured rate than U.S.-born residents, but immigrants residing in the U.S. for longer periods of time are significantly less likely to be uninsured than recent immigrants.** Uninsured rates among non-elderly adult immigrants are more than twice that of U.S.-born residents (Figure 3). However, the uninsured rate for recent immigrants is almost three times that of immigrants who have been in the U.S. for more than twenty years (63% vs. 22%) (Figure 4). Controlling for differences in socioeconomic characteristics, health status, and levels of assimilation (e.g., citizenship, language use) essentially eliminates the difference in the uninsured rate between U.S.-born residents and immigrants who have been residing in the U.S. for at least five years. The higher uninsured rate for recent immigrants persists after controlling for these differences, likely reflecting lower availability and take-up of employer-sponsored coverage among recent immigrants.



Reflecting their higher uninsured rate, immigrants have greater problems accessing care and obtain less physician care, but they are significantly less likely than U.S.-born residents to utilize the emergency room (Figure 5). Among immigrants, recent immigrants are the most likely to lack a usual source of care and experience language barriers with a physician, and they have lower levels of physician visits than longer-term immigrants (Figure 6). However, they also are the least likely to report using the emergency room. A significant portion of the differences in access to care between immigrants and U.S.-born residents is due to their higher uninsured rate. Controlling for differences in insurance as well as socioeconomic characteristics, health status, citizenship, and language largely eliminates differences in access among immigrants and between immigrants and U.S.-born residents.



Second-generation adults (i.e., adult children of immigrants) are similar to third generation and higher Americans in terms of socioeconomic status and health coverage, access, and use. Second-generation adults account for 7% of non-elderly adults. Overall, they are comparable with third generation and higher Americans in terms of their income and employment status, and are actually more likely to have obtained a college degree. The health coverage rates of second generation Americans also are comparable to third generation and higher Americans, and they are much less likely to be uninsured compared to immigrants. Reflecting these coverage rates, their health care access and use is similar to third generation and higher Americans, although they remain less likely to report having a usual source of care.

## Conclusion

Often overlooked in debates and discussions related to immigrant issues is the great diversity among the immigrant population, and, in particular, the fact that their circumstances and situations change over time as they assimilate socially and economically within American society. While, overall, immigrants have a higher uninsured rate and face greater access barriers relative to U.S.-born residents, the findings in this report suggest that many immigrants eventually gain insurance and improved access to health care as they acquire language and job skills, improve their economic situation, and become more familiar with the U.S. health care system. Recent immigrants are most at risk for lacking coverage and facing access problems. As such, addressing the coverage and access barriers facing recent immigrants will be key to any effort to reduce overall disparities between immigrants and U.S.-born residents.