

Migration & health

Young Mexican Immigrants in the U.S.



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Young Mexican Immigrants in the U.S.

English translation
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Hamburgo 135, Colonia Juárez
C.P. 06600, México, D.F.

Migration and Health. Youth Mexican Immigrants in the U.S.
First Edition: October 2012
ISBN: 978-607-427-135-5

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Printed in Mexico

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Foreword

In recent years, Mexican migration to the United States has undergone significant changes. The migratory flow has changed in volume, modalities, ethnic composition, diversity of age groups, sex, and the of places of origin and destination. These changes also include the participation of children, teenagers and youth, who, for various reasons, have emigrated in search of new labor opportunities for themselves, or in company of their parents if they migrate at younger ages. Although young people have always formed part of the migratory flows to the United States, they currently constitute an important part of the Mexican population that is annually incorporated into the U.S. society, and significantly into the labor market, especially in industries that are critical to U.S. global competitiveness. Of the 11.6 million Mexicans living U.S., just over 3 million are youths between the ages of 12 and 29.

Seeing young people as actors in the migratory process is crucial, not only because of their role in the migratory flows and numbers among the Mexican immigrant population in the United States, but also because of the various problems they endure during their displacement. Such dislocation, in combination with the challenging processes of assimilation into the U.S. society, including socio-economic integration, places youths in a situation of social vulnerability, with restricted access to health care, and resulting in an increased risk for health disparities over the lifespan.

However, although it is true that young immigrants have a stock of “health capital”, difficult life and labor conditions, as well as limited access to health care, could reduce this capital and cause premature diseases and disabilities. In this sense, young Mexican immi-

grants’ limited access to health services means a serious problem. It affects not only their healthy growth and development, but also can bring health problems in adulthood and even in elderly. The promotion of healthy practices among young Mexican immigrants and their access to health insurance therefore constitutes a fundamental resource in protecting and ensuring their present and future health.

The health of Mexican immigrant youth must therefore be a priority on the agendas of the Mexican and United States governments. In this regard, the National Population Council (CONAPO for its Spanish acronym), Secretary of Health of Mexico (SS for its Spanish acronym), and the University of California (UC), that include researchers of the Center of Expertise on Migration and Health (COEMH) and the UC Global Health Institute (UCGH), with the support of the United Nations Population Fund (UNFPA) prepared this report in order to provide statistical information on migration and health that will serve as an input for the design and implementation of policies designed to improve the health conditions of the Mexican youth population residing in the United States. In that sense, it is important to recognize the efforts of the Ministry of Foreign Affairs, through the Institute for Mexicans Abroad (IME for its Spanish acronym), an institution always attentive to promote health among the Mexican communities, through Binational Health Week and *Ventanilla de Salud* Program.

This report is designed to deepen knowledge of the access and use of medical services as well as the health conditions of Mexican youth residing in the United States. Mexicans youths are compared with U.S.-born non-Hispanic whites, young people of Mexican origin,

African-Americans and immigrants from other countries and regions of the world. The data used in this report come from three U.S. government surveys: *Current Population Survey* (CPS), *American Community Survey* (ACS) and *National Health Interview Survey* (NHIS).

The document is organized into four main chapters and one containing the conclusions. Chapter one provides a volume overview that includes trends, as well as sociodemographic, economic and migratory characteristics of the young Mexican population residing in the United States. Chapter two compares the level of access and type of health insurance coverage of young Mexican immigrants to other populations. It also highlights some of the factors associated with the inequalities in access to health insurance at state

level. The third chapter describes the use and type of medical services sought by Mexican youth. Specifically, it presents various indicators of the regular use of health care services, their usual sources of health care and some of the personal, economic and institutional obstacles they face in receiving timely health care. The fourth chapter explores the health status of young Mexican immigrants by examining their perception of their physical and mental health status, including their sexual and reproductive health, the prevalence of disease, and behaviors that place them at risk. The fifth and last chapter summarizes the main findings of the study and provides recommendations for public policy.

We hope this report promotes the dialogue and stimulates share decision making in the binational context.

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Chapter I. Sociodemographic Characteristics of Mexican Youth in the United States

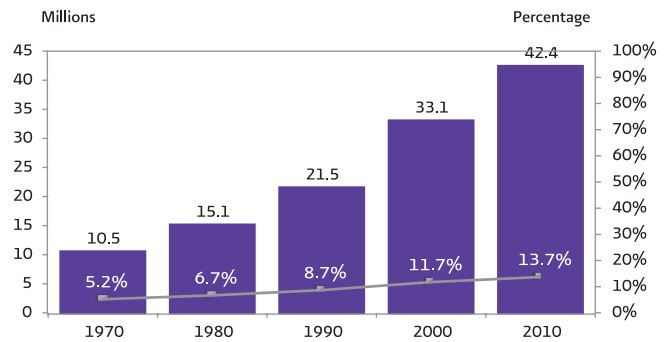
This chapter provides an overview of the volume, trends, and characteristics of the Mexican youth population ages 12 to 29 residing in the United States. It presents data on their sociodemographic profile, family conditions and financial situation in order to identify what are the factors that shape and affect their access to health services and health behavior. Bearing in mind the fact that the profound social inequities in the United States have an ethnic and racial basis, the study of the Mexican youth population is carried out from a comparative perspective with U.S.-born youth and other immigrants born in other countries and parts of the world.

Numbers and Trends

Mexicans are the largest group of immigrants in the United States

From its founding as a nation until recently, the United States has received large numbers of immigrants from different regions and countries and has the largest number of resident immigrants in the world. U.S. statistics show that between 1970 and 2000, the number of immigrants living in the country reflected a significant increase in both absolute and relative terms, rising from 10.5 to 33.1 million persons, accounting for 5.2% and 11.7% of the population during this period. In 2010, there were 42.4 million immigrants, equivalent to 13.7 per cent of the total U.S. population (Figure 1).

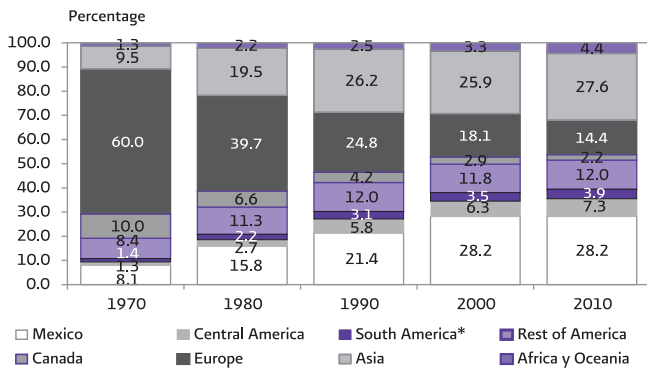
Figure 1. Immigrant population in the United States and percentage of the total population of that country, 1970-2010



Source: CONAPO estimates based on the U.S. Census Bureau, Census 1970, 1980, 1990, 2000; and American Community Survey (ACS), 2010.

The constant influx of immigrants from different countries and at different times in U.S. history has resulted in significant changes in the ethnic composition and age and sex structure of American society. Whereas in 1970 nearly two thirds of the 10.5 million immigrant residents in the United States were of European origin (60%), currently over half the foreign-born population is from a Latin American or Caribbean country (51%); approximately 28% were born in Mexico. Mexico is not only the largest sender of immigrants to the United States, but also contributes more immigrants than any other region in the world (Figure 2).

Figure 2. Immigrant population in the United States by region or country of birth, 1970-2010

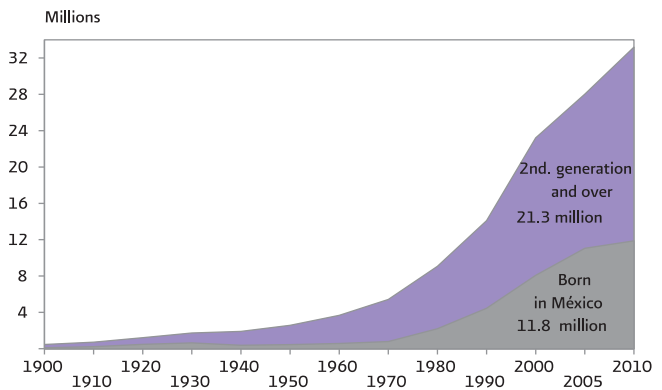


* Selected countries: Bolivia, Colombia, Ecuador and Peru.
 Source: CONAPO estimates based on the U.S. Census Bureau, Census 1970, 1980, 1990, 2000; and American Community Survey (ACS), 2010.

The predominance of the Mexican immigrant population over other nationalities can be explained by the geographical proximity between Mexico and the United States, which has facilitated the migratory flow between the two countries. It is also due to the demand for labor by the U.S. economy for the past century and to the U.S. government’s immigration policies, which have affected the growth of the Mexican population in the United States, both documented and undocumented. According to the U.S. Census, during the period between 1980 and 2000, the number of Mexican residents in the United States doubled from 2.2 million in 1980 to 4.4 million in 1990, nearly doubling again during the following decade to 8.1 million in 2000.

Currently, nearly 12 million persons born in Mexico and approximately 21 million second-and third-generation persons of Mexican descent reside in the United States (Figure 3). To give an idea of the scope of these 12 million Mexicans living in the United States, it is important to reflect that their number is greater than the total population of almost any of the states in the U.S. (44 of the 50 states have populations less than 12 million).

Figure 3. Population of Mexican origin in the United States, 1900-2010



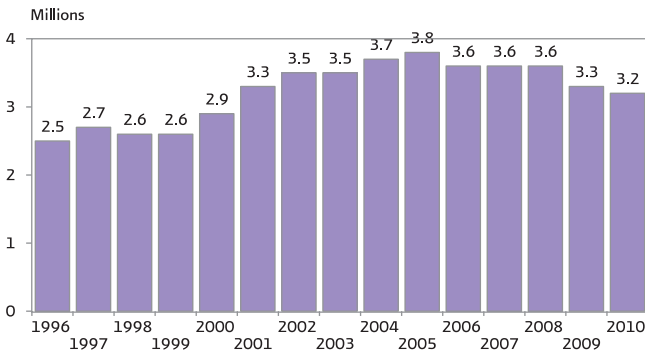
Source: From 1900 to 1990: CONAPO estimates based on the basis of Corona Vázquez Rodolfo, *Estimación de la población de origen mexicano que reside en Estados Unidos*, El Colegio de la Frontera Norte, November, 1992. Figures for 2000, 2005 and 2010: U.S. Census Bureau, *Current Population Survey (CPS)*, March 2000, 2005 and 2010.

Young Mexicans in the context of migration in the United States

Within this context, it is important to highlight the importance of the immigration of young Mexicans under the age of 30. They are a segment of the population that arrives in the United States in search of better opportunities for their development and personal growth. Between 1996 and 2006, the number of young Mexicans between 12 and 29 years¹ of age rose from 2.5 to 3.6 million, representing an accumulated increase of 39% in just ten years. After that period, the Figure remained above 3.6 million, subsequently falling to 3.2 million in 2010 (Figure 4). This drop is linked to the decline in Mexican international migration as a result of the U.S. economic crisis that started in 2008.

¹ In order to describe the target population, the authors adopted the definition of youth established by the National Youth Population Institute (IMJUVE), understanding by youth persons between the ages of 12 and 29.

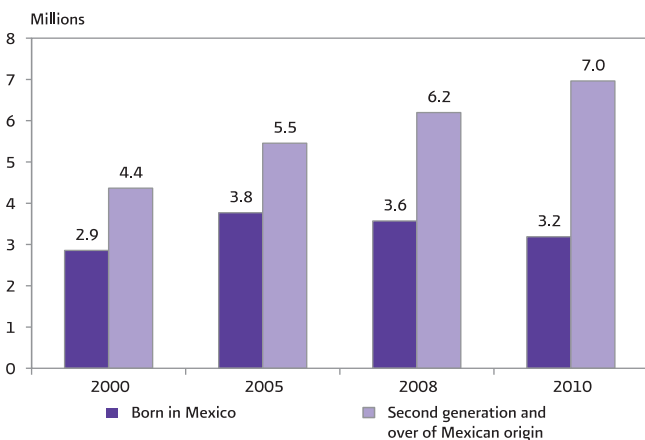
Figure 4. Young Mexican population ages 12 to 29 in the United States by year of arrival in that country, 1996-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

The demographic, economic, and social contribution of young Mexican immigrants is magnified further if one includes the contingent of young people born in the United States, who are the offspring of Mexican immigrants, in other words, second- and third- generation youths. In 2000, this demographic group totaled 4.4 million and since then has increased considerably to 7.0 million in 2010 (Figure 5).

Figure 5. Population ages 12 to 19 of Mexican origin in the United States, 2000-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2000, 2005, 2008 and 2010.

Mexican youths, both immigrants and those of Mexican origin, constitute a social group of growing demographic importance in the United States. In particular, the demographic structures of the U.S. population and Mexican migrants and their offspring complement each other. The concentration of the Mexican population in potentially productive and reproductive ages tends to offset the demographic shortfall in the U.S. population (Figure 6).

Figure 6. Population pyramid of Mexican and U.S.-born in the United States, 2010

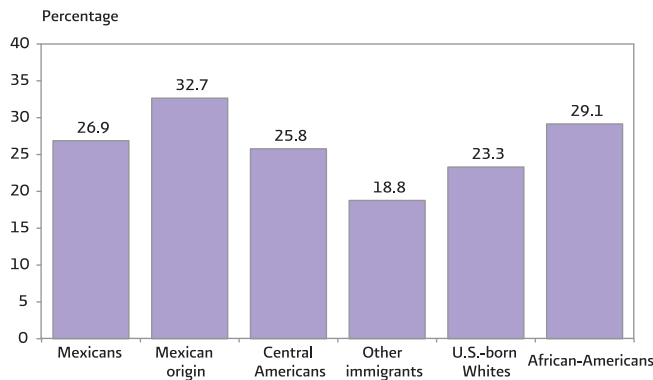


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Young people born in Mexico and of Mexican origin: the largest group among the youth population living in the United States.

Since contemporary migration from Mexico is predominantly labor-based, the population of Mexican origin has a very young age structure in comparison with non-Hispanic U.S.-born whites in the United States. In 2010, approximately 27% of Mexicans in the U.S. and 33% of the offspring of U.S.-born Mexican immigrants were aged between 12 and 29. These figures are similar to those of Central American and U.S.-born African-Americans, who account for 26% and 29% of the population within this age range, respectively. Conversely, among non-Hispanic U.S.-born whites and immigrants from other regions in the world, the percentage of youths is much lower: 23% and 19% respectively (Figure 7).

Figure 7. Youth population in the United States, by region of origin and ethnic group or race, 2010

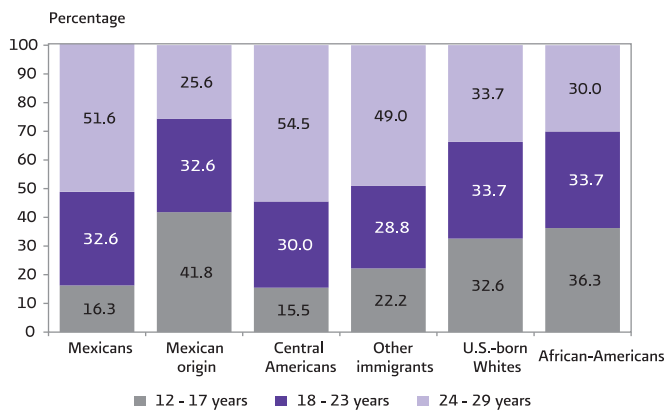


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Mexican youths are mainly concentrated in young adult ages

One characteristic of the young immigrant population in the United States is its high concentration in young-adult ages. This is particularly obvious in the Mexican and Central American population, whose 24 to 29 year age groups account for 52% and 54% of the youth population ages 12-29 respectively. Conversely, among youths of Mexican origin, 42% are concentrated in the 12 to 17 year age group. U.S.-born non-Hispanic whites and African-Americans have a balanced age distribution, in which approximately one-third are in each age group: 12 to 17, 18 to 23, and 24 to 29 years (Figure 8).

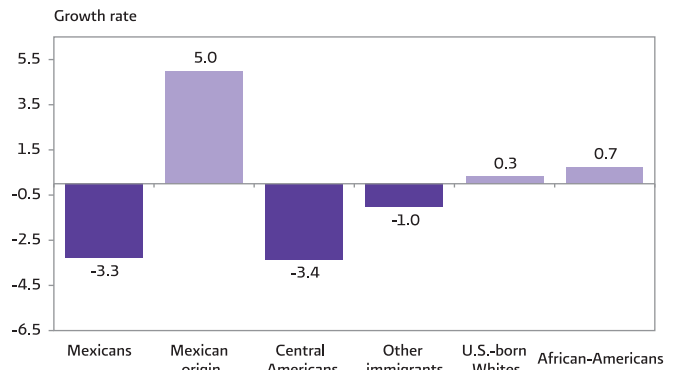
Figure 8. Youth population in the United States, by age group, region of origin and ethnic group or race, 2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

The higher concentration of the youth population of Mexican origin ages 12 to 17 can be explained by the high growth rates of this demographic group in recent years. Between 2005 and 2010, the number of young persons of Mexican origin born in the United States grew at an annual rate of 5%. This rate is significantly higher than those of the U.S.-born non-Hispanic white and African-American youth population (0.3 and 0.7%, respectively). By contrast, the youth population born in Mexico and Central America reported a negative growth rate (-3.3% and -3.4%, respectively). This decline, as already mentioned, is closely linked to the drop in labor migration from those countries between 2008 and 2010 (Figure 9).

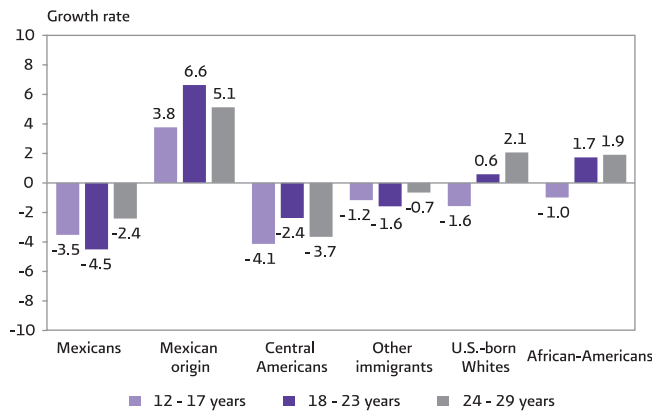
Figure 9. Annual growth rate of youth population in the United States, by region of origin and ethnic group or race, 2005-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2005 and 2010.

These Figures show the importance of the children of Mexican migrants in U.S. population growth. An analysis of the growth rates by age group shows that in 2005 and 2010, young people of Mexican origin are the only group with positive growth rates at all ages in the 12 to 29 year age range. For example, the youngest age group, corresponding to U.S.-born descendants of migrants ages 12 to 17, registers a growth rate of nearly 4% annually (Figure 10). This situation has sparked concern among certain conservative groups in the United States about the possible effects that the immigrant population and their offspring could have on the characteristics of the U.S. population.

Figure 10. Annual growth rate of youth population in the United States, by age group, region of origin and ethnic group or race, 2005-2010

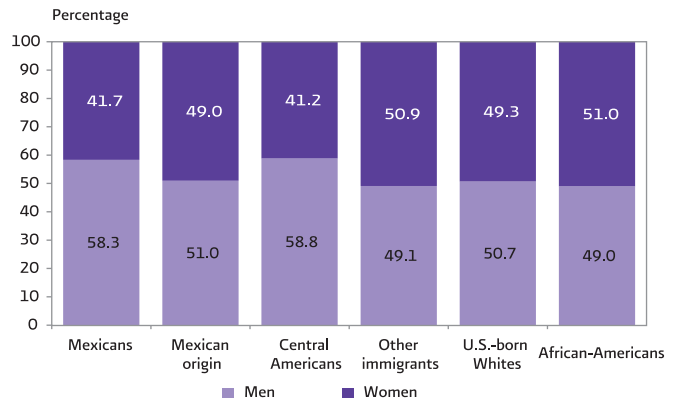


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2005 and 2010.

Over half the youth population living in the United States who were born in Mexico are men

The distribution by sex among the population of young people born in the United States is normally approximately 50% for each sex. Conversely, among Mexican immigrants in the U.S., approximately six out of every ten young persons are men (58.3%), similar to the distribution of young immigrants from Central America. This reflects the fact that historically, the migratory flow towards the United States has mainly comprised men, given the fact that migratory attraction is predominantly labor-based. However, increasing numbers of Mexican women have begun to participate in international migration (Figure 11).

Figure 11. Youth population in the United States by sex, by region of origin and ethnic group or race, 2010

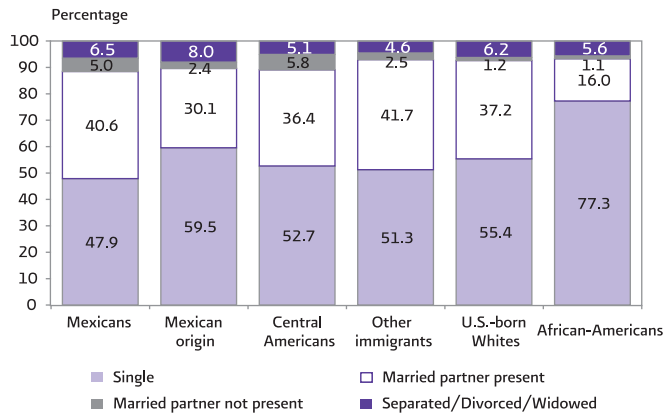


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

A high percentage of Mexican young are married or living with their partners

Being married or living with a partner is more common among young Mexicans than among the U.S.-born population and other immigrants, with just over 45% living in marital or consensual unions. A similar situation can be observed among the young Central American population, in which the percentage of young people either married or living with their partners is 42%. It is important to note that approximately 5% of young Mexican and Central American immigrants who are members of a couple do not live in the same household as their partners. They are probably temporary immigrants who left their spouses or partners in their place of origin. Conversely, over 55% of U.S.-born youths are single, with the highest proportion (77%) being among African-Americans (Figure 12).

Figure 12. Youth population in the United States by marital status, according to region of origin and ethnic group or race, 2010



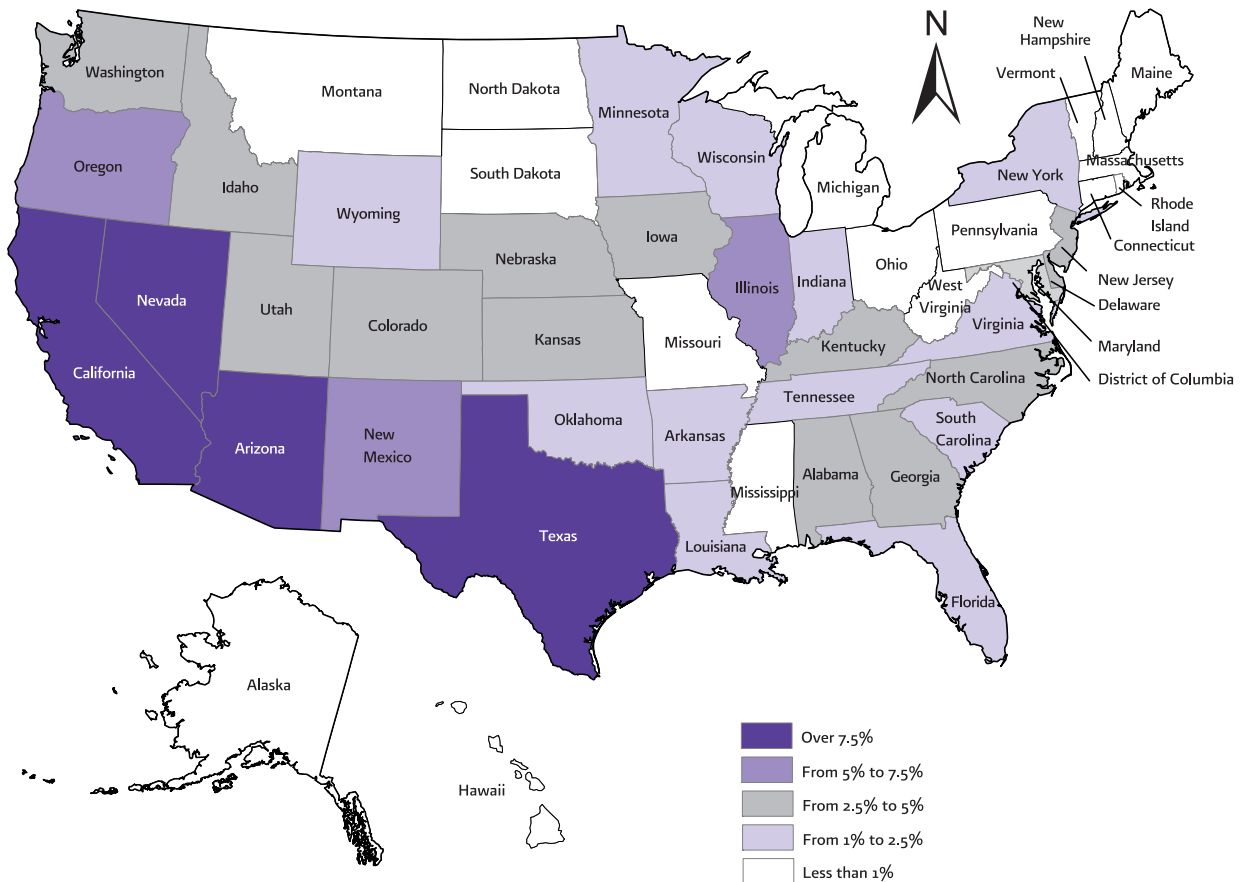
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Young Mexican immigrants are located in all regions of the United States

Nearly every state in the United States has Mexican-born youths among its residents. However, 63% of Mexican youths are concentrated in just four states. In order of importance, they are: California (35.3%), Texas (17.6%), Illinois (6.2%), and Arizona (4%). This pattern of geographical concentration of the Mexican youth population can be explained by the fact that these states have traditionally received large numbers of Mexican immigrants, during which Mexicans have formed communities distinguished by their ethnic identity.

Overall, young Mexican immigrants represent over 5% of the total youth population in those same states, together with New Mexico, Nevada, and Oregon (Map 1).

Map 1. Proportion of young Mexicans ages 12 to 29 of the young population by state, 2010



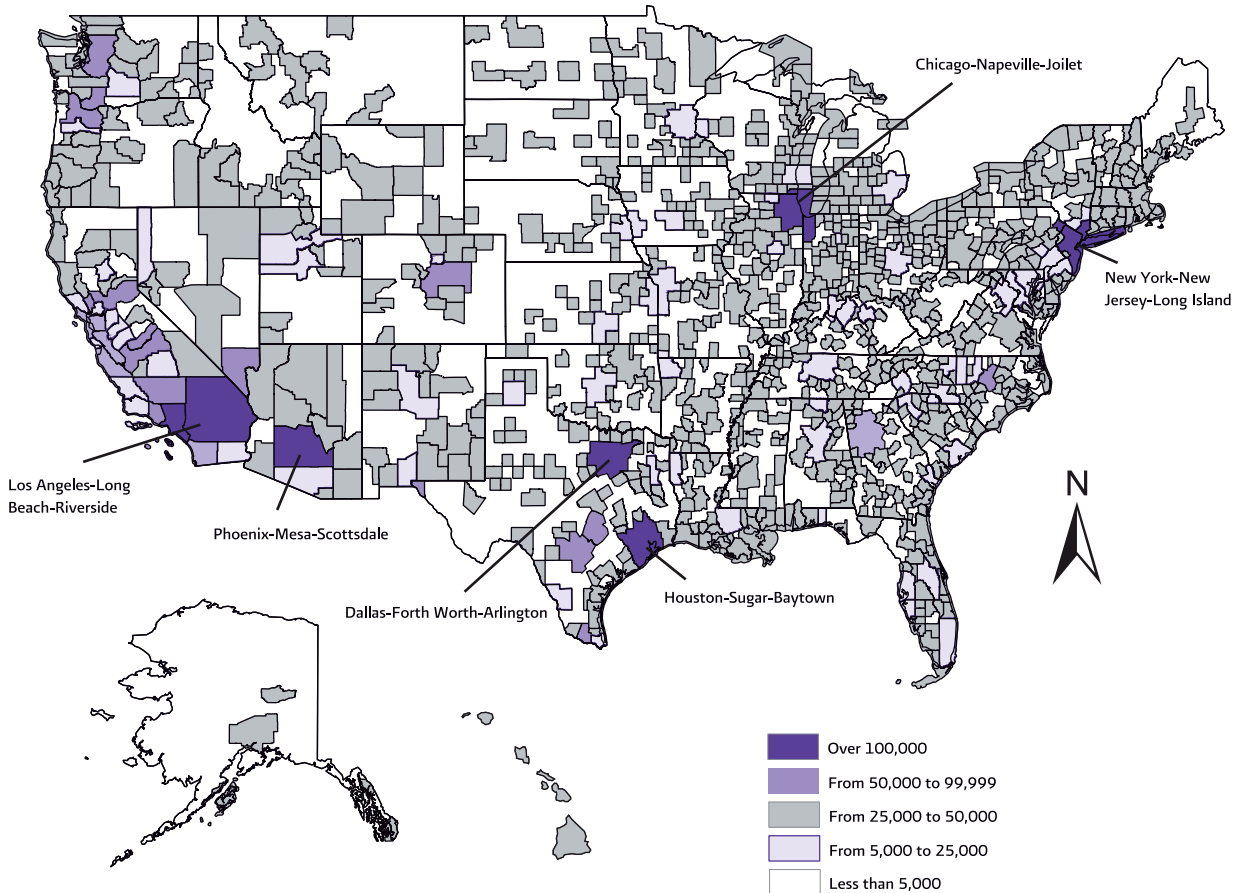
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Mexican youths account for 11.7% in California, 8.9% in Texas, 8% in Nevada, 7.9% in Arizona, 6.3% in Oregon, and 6.1% in New Mexico and Illinois.

The majority of the Mexican youth population resides in large urban centers in the United States. In particular, they reside in metropolitan zones housing populations of over

100,000 Mexican youths (Map 2). These cities also contain large contingents of the youth population of Mexican origin born in the United States. Due to the growing intensity and number of years of Mexican labor migration in the United States, there are very few U.S. states and cities without some representation of the Mexican population.

Map 2. Mexican migrant population ages 12 to 29 by metropolitan area, 2010



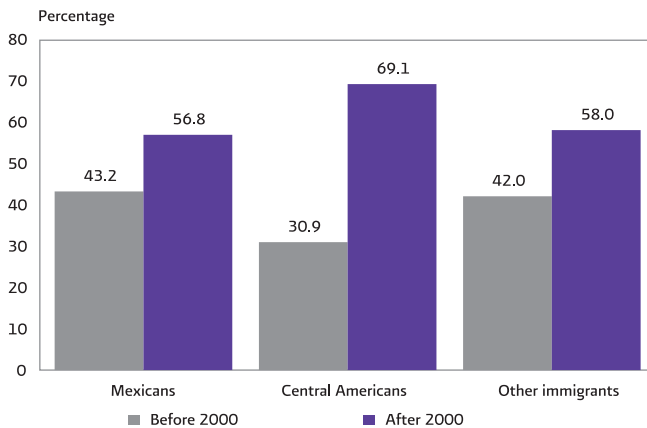
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Migratory and Sociodemographic Characteristics

Many young Mexicans arrive in the United States during their childhood and adolescence

Over half of all young Mexican immigrants arrived to the United States ten years or less ago (57%), in other words, after 2000, indicating that many of them were children and adolescents at the time. Based on their age on arrival, they probably emigrated with their parents, although an increasing number of migrant minors travel alone or accompanied, whether for work reasons or for family reunification. In fact, the proportion of recently arrived Mexican youths in the United States (10 years or less) is similar to that reported by other young immigrants from other parts of the world (58%) with the exception of Central American youths, among whom it is significantly higher (70%). These figures indicate that many young immigrants ages 12 to 18 have probably spent much of their lives in the United States (Figure 13).

Figure 13. Young migrant population in the United States by year of arrival, by nationality, 2010

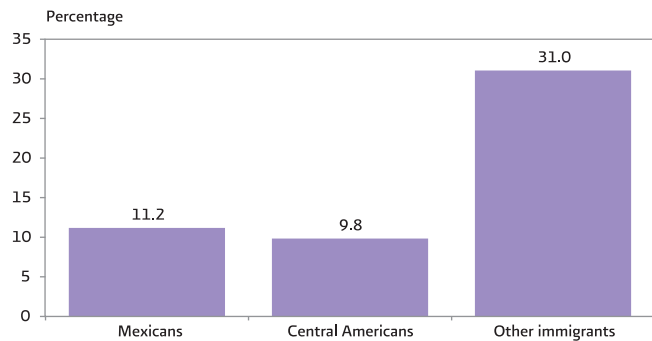


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Mexican youths are characterized by low naturalization rates

Since U.S. citizenship shapes the economic and social rights and benefits immigrants can receive, immigrants and their relatives who are not citizens can experience difficulties in achieving economic and social integration in the U.S. Not being a U.S. citizen, for example, restricts access to most rights and health care services, higher education and other public benefits such as unemployment benefits and food subsidies. Young people born in Mexico and Central America have much lower levels of naturalization than other groups of immigrants. Whereas 31% of migrants from other parts of the world are naturalized, only 11.2% of Mexicans and 9.8% of Central Americans are in this situation (Figure 14).

Figure 14. Naturalized young migrant population in the United States by nationality, 2010

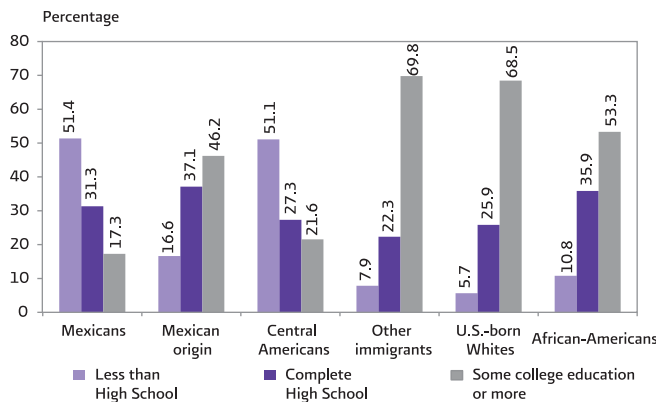


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Mexican youths are characterized by low educational attainment and low school attendance

Mexican immigrants in the United States have different levels of educational attainment in contrast to the U.S.-born population and other immigrants. Just over half the Mexican youth population ages 24 to 29 failed to complete high school (51.4%). Similar patterns are noted among young Central American immigrants, where in 51.1% failed to complete high school (Figure 15).

Figure 15. Youth population ages 24 to 29 in the United States by schooling, by region of origin and ethnic group or race, 2010

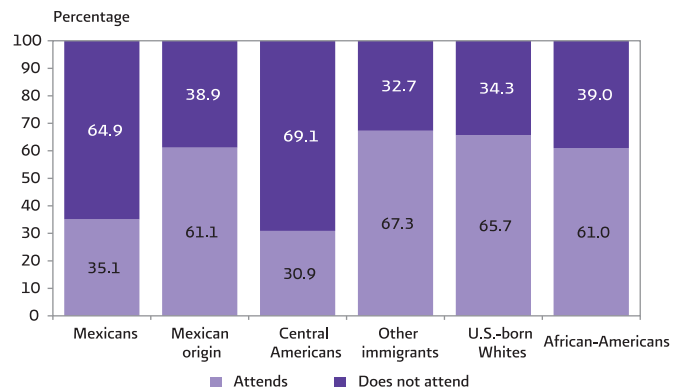


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Despite having been born in the United States, which confers citizenship on the children of Mexican immigrants, young people of Mexican origin have lower levels of educational attainment than other U.S.-born populations and migrants from other continents. Only 46.2% of U.S.-born young people of Mexican origin, ages 24 to 29 have completed some form of higher education. This Figure is lower than the rates observed among the African-American population (53.3%), the non-Hispanic U.S.-born white population (68.5%), and the migrant population from regions other than Mexico and Central America (69.8%). The generally low levels of educational attainment among Mexican youths and those of Mexican origin places them at a disadvantage in relation to other U.S.-born and immigrant youths, impeding their incorporation into the labor market and socio-economic mobility.

The data indicate that a high proportion of school-age immigrant youths do not attend school. Among Mexican youths ages 12 to 23, only 35.1% attend school. This is similar to the figure for Central Americans (30.9%), but much lower than the rates for U.S.-born young people of Mexican origin, non-Hispanic white, and African-American youths, with rates of over 60% (Figure 16). Some studies indicate that factors that help to explain low levels of educational attainment and high dropout rates among Mexican and other Latino students include their age of arrival in the United States, the type of school they attend, work responsibilities, familie’s socio-economic level, migratory status, English proficiency, educational expectations, and self-esteem.

Figure 16. Youth population ages 12 to 23 in the United States by school attendance, by region of origin and ethnic group or race, 2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

In order to offset the problem of dropping out among young immigrants living in the United States, several programs and laws have been promoted to recruit and support immigrant students to enable them to continue their studies. In certain states, such as California and New York, have implemented elements of the federal proposal, known as the Dream Act, designed to facilitate access to community college or state universities by undocumented students who meet certain requirements. Recent policy changes made by order of President Obama is likely to impact the lives of many young Latino immigrants. Through the Institute for Mexicans Abroad (IME), the Mexican

The Dreamers and the Dream Act

On 15 June 2012, the administration of President Barack Obama announced a new deportation policy in the United States. He declared that for a period of up to two years the government will temporarily stop deporting Dreamers, i.e., undocumented immigrant youth who entered the country before the age of 16, are under age 30, and can prove at least five years of uninterrupted residence in the United States.

This key measure includes the option of obtaining a temporary work permit, which can be renewed. The U.S. government will determine whether the young people who meet the requirements established for this purpose qualify for these benefits on an individual basis. According to the Pew Hispanic Center, these measures could benefit up to 1.4 million youths. Approximately 700,000 of these youths are aged between 18 and 30 and arrived in the United States during their childhood. The other 700,000 are minors who are currently completing their elementary or secondary education. One hundred and fifty thousand of these minors are currently completing junior high school and will directly benefit from the possibility of access to higher education. Moreover, if they meet these requirements, they would benefit from the opportunities included in the Dream Act Bill, also known as the Relief and Education for Alien Minors Act, currently under debate in the U.S. Congress.

The main purpose of the Dream Act is to allow immigrant youth to have the opportunity to be granted conditional permanent residence status and to enroll at a public university in order to continue their advanced studies or enlist in the armed forces, provided they meet the following requirements: 1) Have entered the United States before their 16th birthday, 2) have remained in the United States for at least 5 consecutive years before passage of the act, 3) be a graduate of a recognized American school or have obtained a GED degree or been admitted to an institute of higher education (whether university or technical, 4) be aged between 12 and 35 at the time of the application, and 5) shown good moral conduct during this period.

The Dream Act, it will provide a legal alternative for regulating this group of youth's stay in the United States. In principle, it could be a means for obtaining permanent residence and subsequently citizenship. During the six years after conditioned permanent residence is approved, the beneficiary must have completed at least two years of higher educational studies or have served in the armed forces. Once this period is over and after five years, the youth will be eligible to request permanent residence and there after, request U.S. citizenship, which includes fulfilling other requirements.

The eventual passage of the Dream Act could improve the conditions of socio-economic integration of this immigrant population. Once they have obtained permanent residence, they will be entitled to other services and benefits provided by the government. These include not only education but also medical care and retirement programs (Medicare/Medicaid and Social Security), social welfare programs (TANF, food stamps, SSI), unemployment benefits, among others, all of which provide elements to facilitate their insertion into the U.S. labor market.

Sources

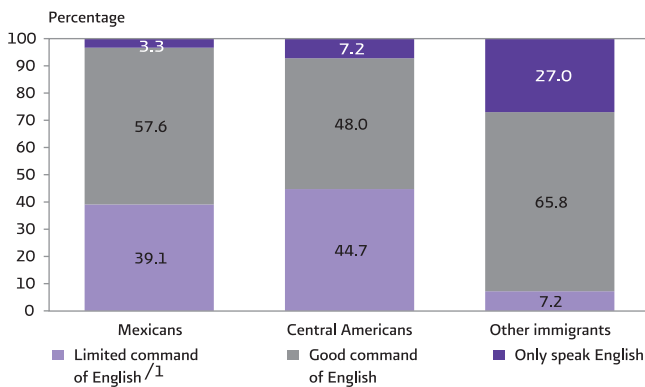
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Development, Relief and Education of Aliens Minors Act "DREAM ACT" portal: <http://dreamact.info/>

governments has also launched a series of binational, educational programs and policy actions, such as community squares and open and distance high schools.

A significant proportion of Mexican youths do not speak English

Another factor that hinders the economic and social incorporation of the Mexican youth population into the U.S. society is their poor command of English. Language proficiency not only serves as a catalyst for the tactical knowledge required for everyday living, it also helps increase and reinforce communication with the U.S.-born population and other immigrants and contributes to more effective involvement in the work and educational spheres. According to U.S. statistical sources, linguistic barriers affect nearly four out of every ten young Mexicans residents in the United States (39.1%), as compared to one out of every ten migrants from other countries, excluding Central Americans, who report the greatest lack of English language skills (Figure 17).

Figure 17. Youth migrant population in the United States by English proficiency, by region of origin and ethnic group or race, 2010



Note: 1/ Includes those who do not speak it and those who do not speak it very well.

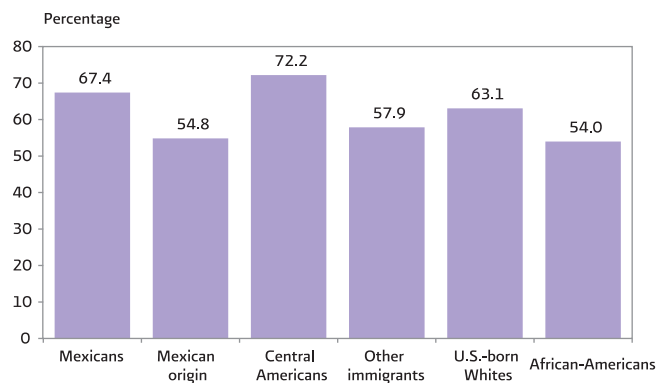
Source: CONAPO estimates based on the U.S. Census Bureau, *American Community Survey* (ACS), 2010.

Factors such as and having strong social networks that are limited to conationals contribute to the delay in the acquisition of English among Mexican youth. Their tendency to also work in low-waged occupations that rely on immigrant labor further reduces their need to communicate in English.

Young Mexicans have high participation rates in the U.S. labor market

The low level of educational attainment and school attendance among Mexican and Central American youths can partly be explained by the fact that a high proportion emigrate for work reasons. Once in the United States, young people join the labor market, which translates into much higher work participation rates than those observed among U.S.-born and other immigrant youths. In 2010, 67% of Mexican youths and 72% of Central Americans were engaged in employment (Figure 18). However, the high rates of labor participation of Mexican youths do not necessarily mean better jobs or working conditions, since they are usually employed in unskilled, poorly paid, unstable jobs with no job benefits.

Figure 18. Youth population (ages 15 to 29) in the United States who belong to the work force by region of origin and ethnic group or race, 2010



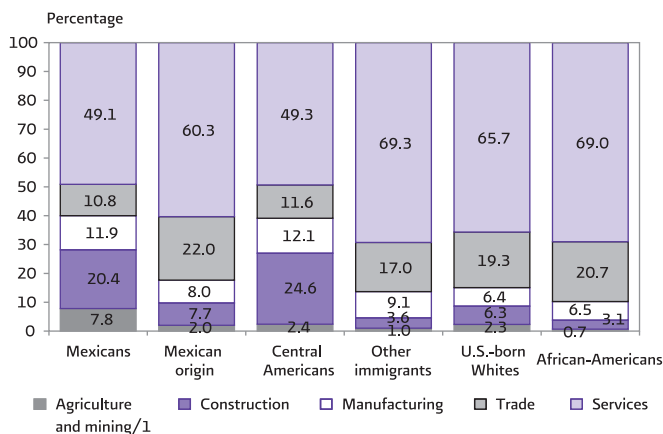
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey* (CPS), March 2010.

Young Mexicans working in the United States tend to be employed in the service sector (49.1%), particularly in activities related to cleaning and food preparation. A high percentage of Mexican youths are also employed in construction (20.4%), manufacturing (11.9%) and agriculture (7.8%). Mexican youth’s concentration in certain sectors of the U.S. labor market is very similar to that of Central American youths, but very different from that of the young U.S.-born population and other immigrants, most of whom are employed in the service sector (Figure 19). Factors such as low citizenship rates, low English proficiency, and educational lags contribute decisively to the high proportion of Mexican youths at the bottom of the occupational pyramid, in other words, in unskilled, poorly-paid activities. In some studies point out that a person with a university or graduate degree obtains an income that is 2.3 times higher on average than that of a person with a *high school* diploma.

Most young Mexican immigrants live in low-income households

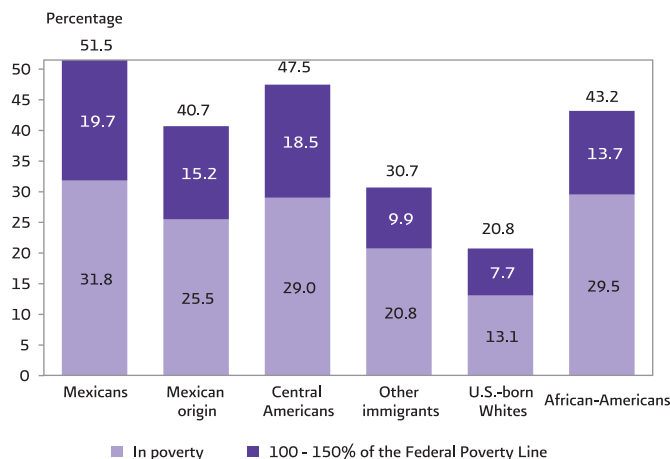
A low level of educational attainment, poor command of English, and the types of occupations in which Mexican youths and their relatives are employed in the United States are a decisive factor in the reproduction of the vulnerability and poverty of certain immigrant families. The data indicate that 51.5% of young Mexicans live in low-income families, in other words, families with incomes below 150% of the U.S. Federal Poverty Line. These rates are higher than those of young people from Central America (47.5%), U.S.-born African-Americans (43.2%) and U.S.-born of Mexican origin (40.7%). Conversely, only 30.7% of young people born in other countries and regions of the world and 20.8% of non-Hispanic U.S.-born whites live in low-income families (Figure 20).

Figure 19. Employed youth population in the United State by industry, by region of origin and ethnic group or race, 2010



Note: 1/ Mining accounted for 1% or less in each population.
 Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey* (CPS), March 2009 and 2010.

Figure 20. Youth population in the United States by poverty rates, by region of origin and ethnic group or race, 2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey* (CPS), March 2010.

In summary, the context described in this chapter reflects a high degree of vulnerability of the population of young Mexican migrants, comparable only to the condition of Central American migrants. In some of the dimensions analyzed, the levels of well-being of these populations are not very different from those of African-Americans.

This situation is important in view of the current state of immigration in the United States. Although the intensity of the migratory flows of Mexicans to the U.S. has diminished substantially in recent years, as soon as the economic situation of the United States improves, migration could conceivably resume its previous levels. Moreover, the growing importance of the population of Mexican origin in the U.S. demographic dynamics underlines the need to understand their living conditions. In particular, the living conditions and access to health care for the immigrant youth population are important insofar as they constitute a determining factor in maximizing their contributions to the society through academic achievement, family life, and work.

Moreover, the immigrant youth population has made an enormous contribution to the rejuvenation of the U.S. population and therefore to slowing down population ageing, thereby preventing many of the demographic problems currently being experienced by many European countries.

Chapter II. Health Insurance Coverage and Type

Introduction

Health is an essential element for the well-being and development of the productive potential of all young people and is therefore necessary for their social and economic integration into society. Unfortunately a broad sector of the youth population living in the United States does not have health insurance and therefore faces enormous difficulties in receiving health services. This is due to the fact that the U.S. health system is based primarily on private medical insurance, mainly acquired through employment or family. Public coverage for youths is designed to cover those in low-income families who meet certain eligibility criteria associated with income, and in the case of the immigrant population, migratory status and five years' continuous residence in the country.

In the United States, there are government health programs operating at the federal and state level such as Medicaid and the Children's Health Insurance Program (CHIP), designed to protect poor families with children and teenagers under 19. However, due to their migratory status, many children and youth do not meet the established eligibility criteria needed to access such public health programs. Even those eligible for public coverage do not necessarily apply because of the immigration status of their parents or siblings. With the high cost of private health insurance, it is no surprise that many young immigrants lack health care.

This chapter analyzes the level and type of health insurance among Mexicans ages 12 to 29 who reside in the United States comparing their sociodemographic characteristics with other ethnic and racial groups. The comparative analysis also includes factors associated with unequal access to health insurance.

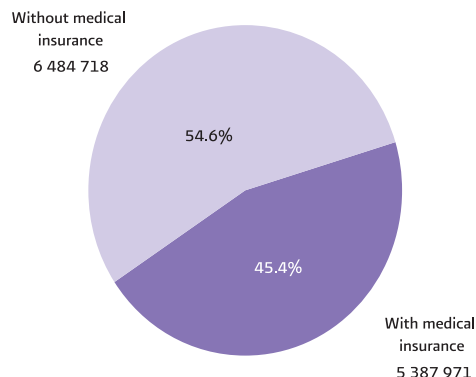
Health Insurance Coverage

Over half of Mexican immigrants living in the United States are not covered by a health system

Mexican migrants endure great obstacles in their attempts to access the health insurance systems in the United States. At present, over half the Mexican migrants living in the country (54.6%) lack any type of medical insurance, which in absolute numbers means that 6.5 million Mexican immigrants have limited access to health services (Figure 21).

It is no surprise that with the growth of Mexican migration in the past few years the volume of the population with no health insurance doubled from 3.3 to 6.7 million between 1994 and 2007.

Figure 21. Mexican population in the United States, by health coverage, 2010

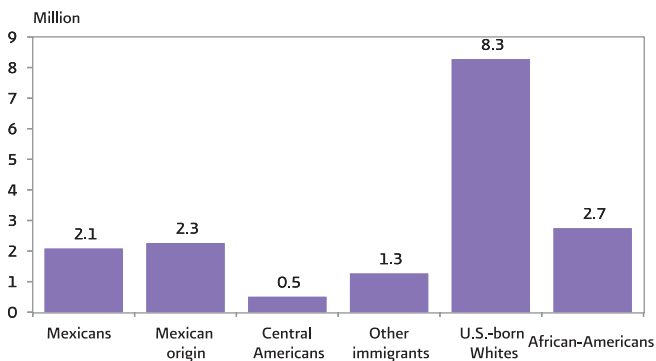


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Lack of health insurance affects a broad sector of the young Mexican population living in the United States

This lack of access to health insurance is exacerbated among young Mexican immigrants ages 12 to 29. Over two million lack any public or private insurance. This figure is almost identical to the number of young people of Mexican origin born in the United States (2.3 million). The young Central American population is also equally challenged with nearly half a million persons lacking health insurance. Although the number of youth without health insurance in each ethnic or racial origin depends on the size of each group, there are hundreds of thousands of young people without access to medical services (Figure 22).¹ The lack of health insurance among the U.S.-born white population alone, totals eight million among non-Hispanic whites.

Figure 22. Youth population in the United States, without medical insurance, by region of origin and ethnic group or race, 2010



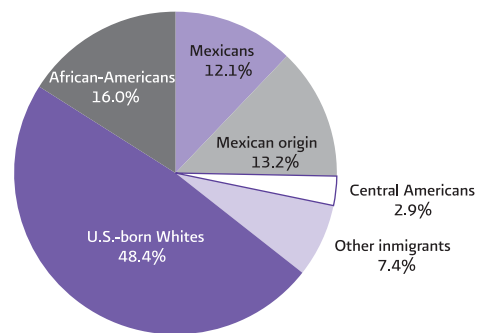
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

¹ These populations do not total 18.4 million without coverage since the figures only refer to the populations selected.

Approximately one out of every ten young people without health insurance in the United States is Mexican.

An analysis of the proportion of each ethnic or racial group of the total youth population without access to health services shows that Mexican immigrants account for 12.1% of the total, a very similar percentage to that of the proportion of young people of Mexican origin (13.2%) in the total youth population. Both of these figures are disproportionately high among Mexicans. While Mexican youth and those of Mexican origin account for 3.2% and 7% of the youth population living in the United States respectively, together they account for 25% of the total population without health insurance. In fact, in both cases, the percentage of uninsured persons is much higher than that of youths born in Central America (2.9%) and other parts of the world (7.4%), and exceeded only by African-Americans (16%) and U.S.-born whites (48.4%). Among the factors that may help to explain the exclusion of youth born in Mexico and other Central American countries from the U.S. health system is the high rate of undocumented persons and the low rates of citizenship, which negatively conditions their form of social and economic insertion (Figure 23).

Figure 23. Distribution of youth population in the United States, without medical insurance, by region of origin and ethnic group or race, 2010

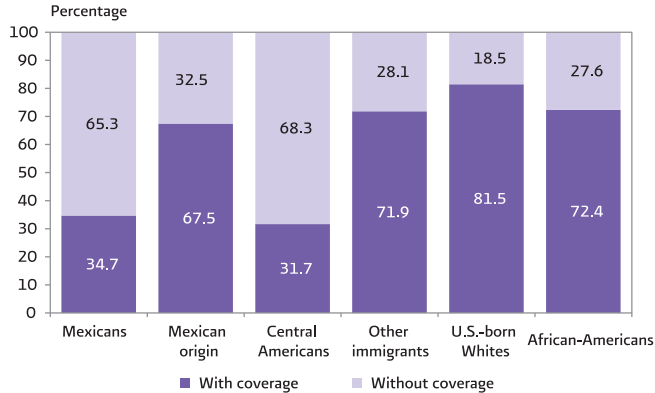


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

One out of every six Mexican youths living in the United States does not have health insurance

The seriousness of these figures can be seen more clearly within every demographic group. Among young Mexican immigrants, for example, 65% do not have any form of health insurance. This percentage is smaller for that of young people from Central America (68.3%) but much higher than for that of immigrants from other parts of the world (28.1%). Among U.S.-born populations, the population of Mexican origin has the highest percentage of young people without medical coverage (32.5%), whereas among non-Hispanic whites and African-Americans, this figure is 18.5% and 27.6% respectively. These data show the existence of profound ethnic disparities in access to health systems in the United States, where young Mexican immigrants and those of Mexican origin constitute an extremely unprotected group (Figure 24).

Figure 24. Youth population in the United States, by medical coverage, by region of origin and ethnic group or race, 2010



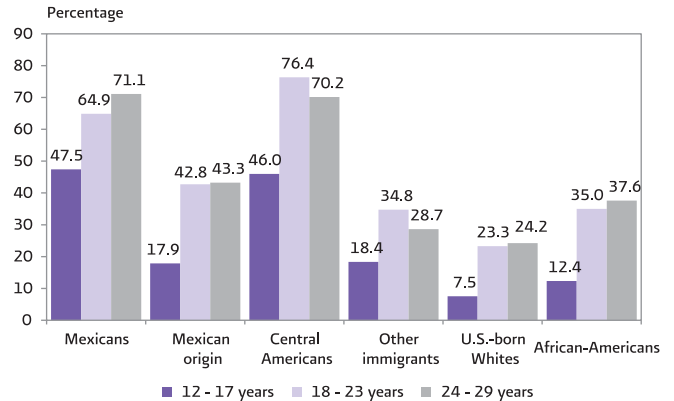
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Young Mexican and Central American immigrants are also in a disadvantageous situation regarding access to medical insurance by age groups compared with the U.S.-born population and other immigrants. Indeed, 47.5% of young Mexicans between 12 and 17 have no health insurance, rising to 64.9% in the group ages 18 to 23 and

reaching 71.1% in the group ages 24 to 29. A similar situation prevails among young people from other Central American countries: 46, 76.4 and 70.2%, respectively. In contrast with the U.S.-born population of Mexican origin of this age, and together with African-Americans, whites and non-Hispanics and above all, other young immigrants; these rates of uninsurance are extraordinarily high (Figure 25).

The data show that young adults ages 18-29 have a weaker link with the U.S. health system with lower rates of insurance. This is large due to the fact that this population group stopped being dependent on family medical coverage (whether public or private) and does not qualify independently for coverage. As a result they have sought medical care through employment or their partner’s medical coverage, for example.

Figure 25. Youth population in the United States, without medical insurance, by age group, region of origin and ethnic group or race, 2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

The lack of medical insurance among Mexican youth is more common in states with higher rates of recent immigration and greater anti-migrant activism

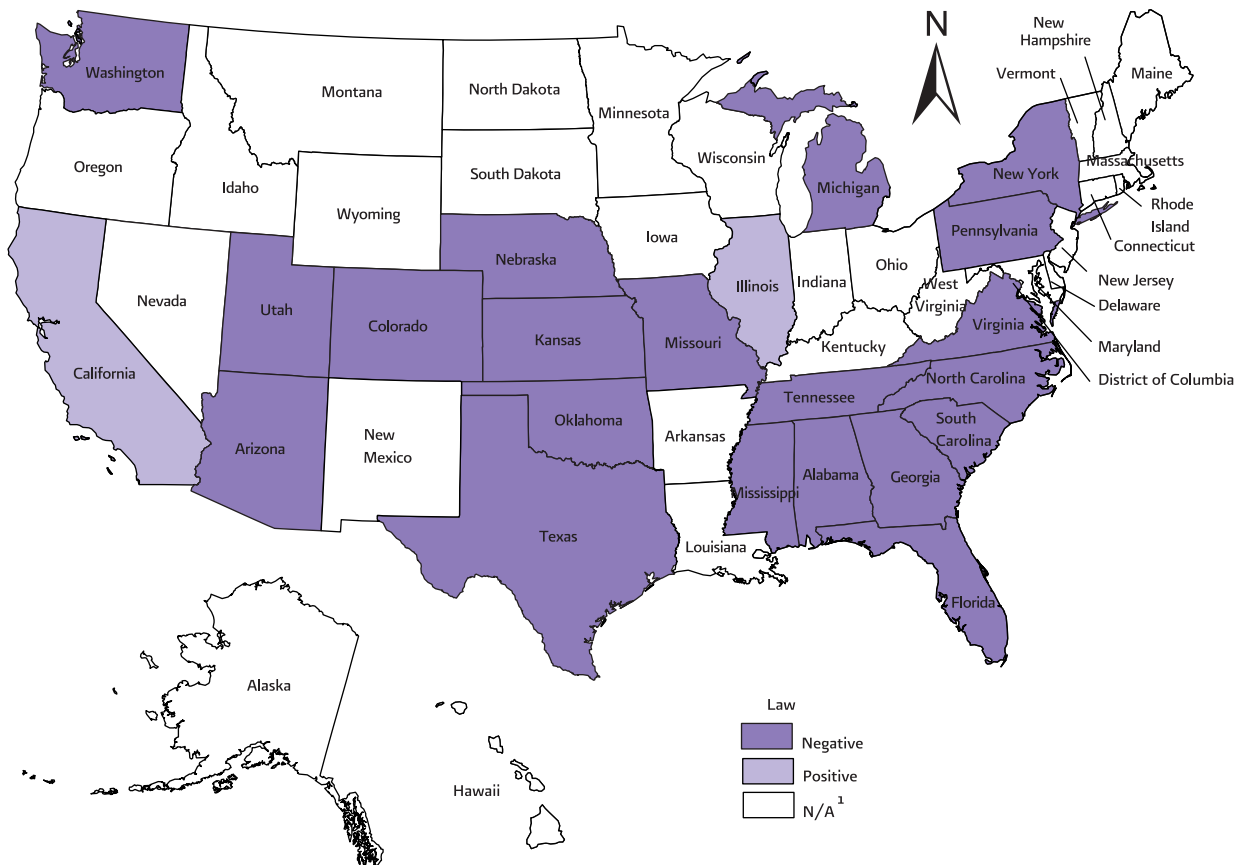
At the state level, there are significant differences regarding the level of exclusion of young Mexicans from access to the U.S. public health system, which is linked to state health policies, among other factors. Between 2005 and 2011, 30 state legislatures passed approximately 170 bills that were subsequently signed by the state executive branch, which negatively affected the young undocumented immigrants in areas linked to comprehensive health care, through the Medicaid and CHIP programs, assistance through the social welfare system and other public services.

The states of Alabama, Arizona, North Carolina, South Carolina, Colorado, Florida, Georgia, Kansas, Michigan,

Nebraska and Washington have passed recent laws that limit and restrict access to public programs and benefits provided to people who do not have documented or legal residence in their respective places of residence, including those related to maintaining health. In response to these circumstances, other less legislatively active states have recently passed laws with a similar intent including Missouri, Mississippi, New Jersey, New York, Oklahoma, Pennsylvania, Tennessee, Texas and Utah.

Conversely, during the same period, California and Illinois passed laws authorizing medical and health care for undocumented immigrants through public programs financed with state or local funds and channeling more funds into the Community Health Funds (CHF), which provide basic medical services to anyone uninsured and in need, regardless of their migratory status or ability to pay (Map 3). These centers benefitted from more resources in

Map 3. State legislative activity on access to health services and advantages and public benefits of undocumented immigrant youth in the United States, 2005-2011



Note: 1/ N/A: States whose legislatures did not pass laws on the issue and/or it is not significant for migration.

Source: Drawn up by CONAPO on the basis of the annual reports of the *National Conference of State Legislatures* on the state legislation passed in the United States in regard to immigration and immigrants, 2005-2011.

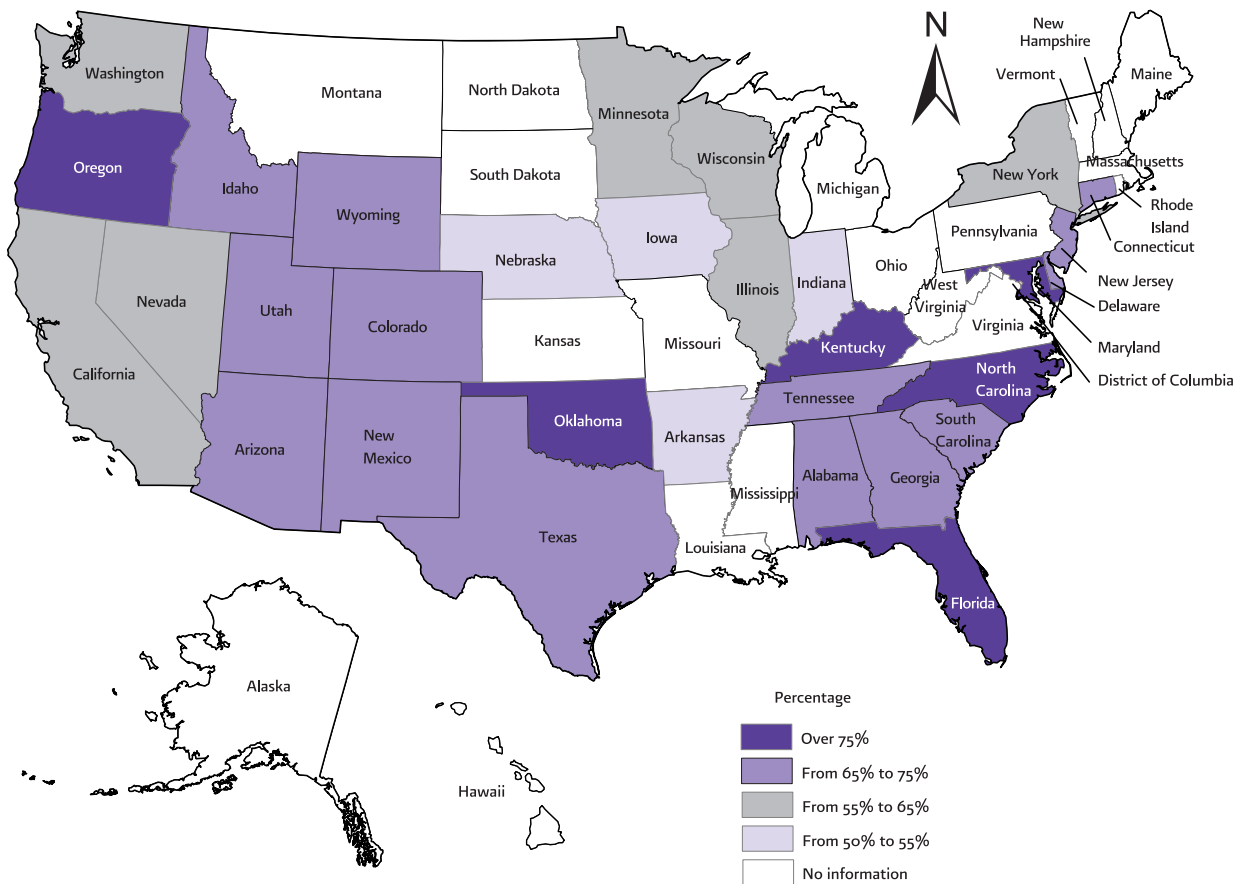
2010 as a result of the passage of the U.S. health system reform, which allowed it to provide more basic services for vulnerable groups, such as young people who do not qualify for more comprehensive public benefits or federal programs.

The low health coverage of young Mexicans exists throughout the United States

The highest levels of having no health insurance are recorded in the states of North Carolina, the District of Columbia, Florida, Kentucky, Oregon, Oklahoma, Maryland and Virginia. In these states, the percentage of young Mexicans without health coverage is over 75%. Even the states with the lowest level of uninsurance by Mexican youth have exceptionally high rates of no health insurance that varies from 50% to 55% (Map 4).

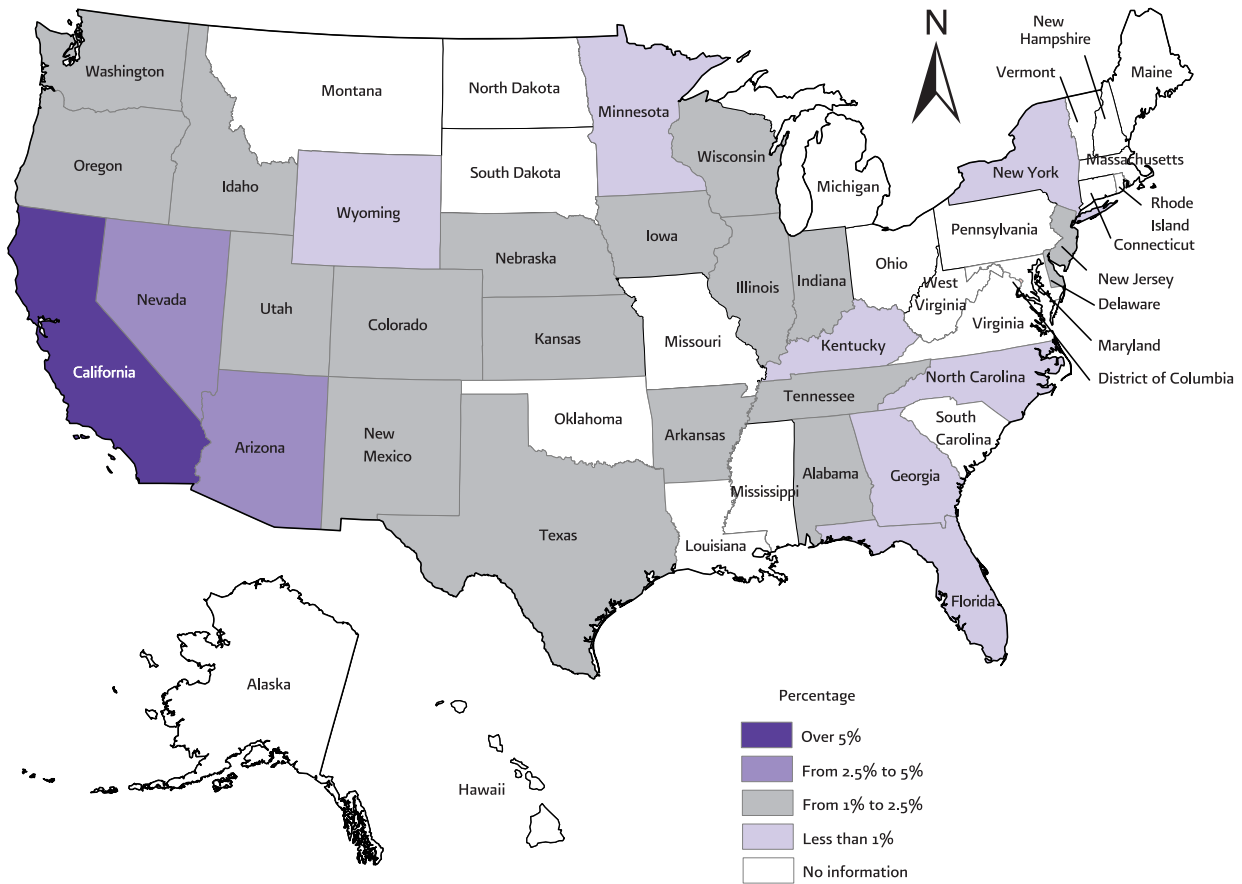
Despite the fact that most Mexican youth lack health insurance, in most states they comprise a small fraction of all uninsured youth. In Nevada and Arizona, young people with health insurance account for between 2.5% and 5% of the total young population, whereas in the state of California this figure is higher than 5% (Map 5). It should be noted that, unlike some other states that have traditionally received important contingents of the Mexican population California, who has a far more favorable perception of the Latino community and the activism of organizations in favor of the immigrant population, laws seeking to restrict the rights of immigrants and their descendants have been halted.

Map 4. Young Mexican population without access to medical insurance, by state of residence in the United States, 2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Map 5. Young Mexican population with access to medical insurance in comparison with the entire youth population by state of residence in the United States, 2008-2010



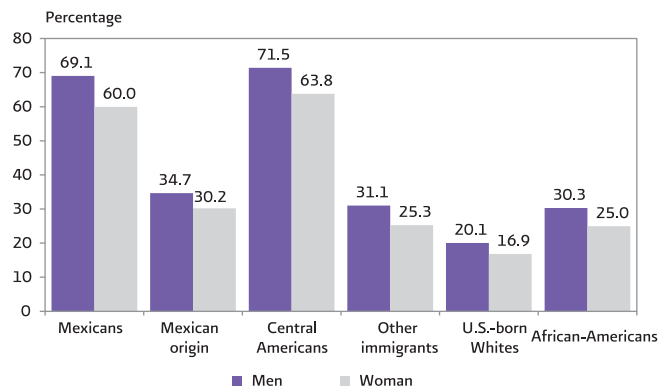
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2008-2010.

Health Coverage according to the Sociodemographic Characteristics of the Youth Mexican Immigrant Population

The lack of health coverage in the Mexican youth population affects more men than women

A comparison of the differences in access to health services of the young Mexican population living in the United States by gender shows that men are less likely to have medical coverage, although women’s situation is not entirely favorable. While six out of ten young Mexican immigrant women lack health coverage (60%), over 69% of Mexican men also lack medical coverage. These figures are very similar to those reported by young Central Americans (71.5% and 63.8% respectively) (Figure 26). Differences may be due to women gaining public coverage as a result of having children, while men are more likely to be

Figure 26. Youth population in the United States without medical insurance, by sex, by region of origin and ethnic group or race, 2010

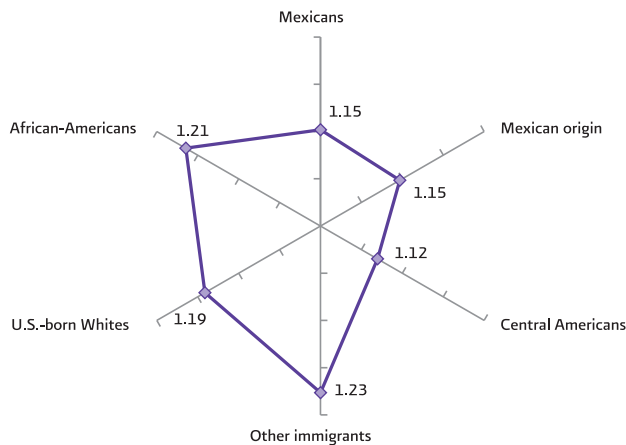


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

single and not eligible for public programs even when they have legal status.

Although young Mexicans and Central Americans have lower rates of health coverage, they are not populations with major differences by sex. The link by sex is similar to that observed among the population of Mexican origin (1.15), but slightly higher than among Central Americans (1.12). Oddly enough, migrants from other countries have a higher difference in coverage by sex (1.23), which is very close to that of African-Americans (1.21) and U.S.-born whites (1.19) (Figure 27).

Figure 27. Sex ratio of the youth population in the United States without health insurance, by region of origin and ethnic group or race, 2010¹



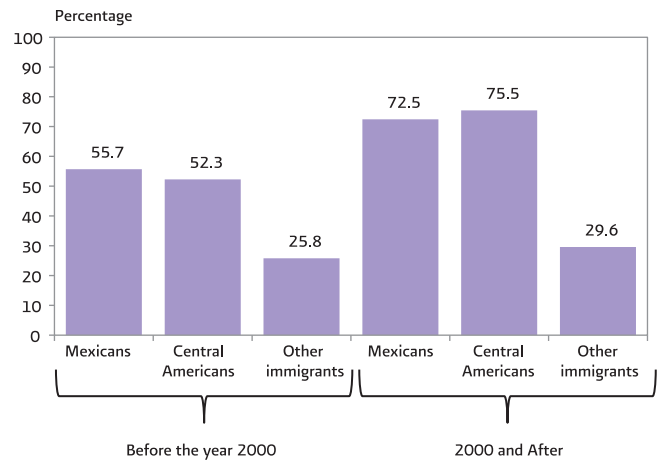
Note: 1/ Ratio= %Men without coverage ÷ %Women without coverage
 Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Length of residence of the Mexican immigrant youth in the United States is a key factor in access to health insurance.

The possibility of having medical insurance varies according to the length of residence in the United States, placing newly-arrived young immigrants (persons under the age of 10) at a disadvantage. Among the youth population born in Mexico, the data show that 55.7% of those who have been living in the country for over ten years have no health insurance, a figure that increases to 72.5% for those who have lived in the country for less than ten years. The gap in health insurance for Mexicans is par-

ticularly noticeable in comparison with rates for other young immigrants. Recently arrived young immigrants from countries other than Central America have a higher rate of coverage than long-term Mexican residents (over 10 years) in the country, 70.4% and 44.3% respectively (Figure 28).

Figure 28. Youth immigrant population in the United States without health coverage, by year of entry, 2010

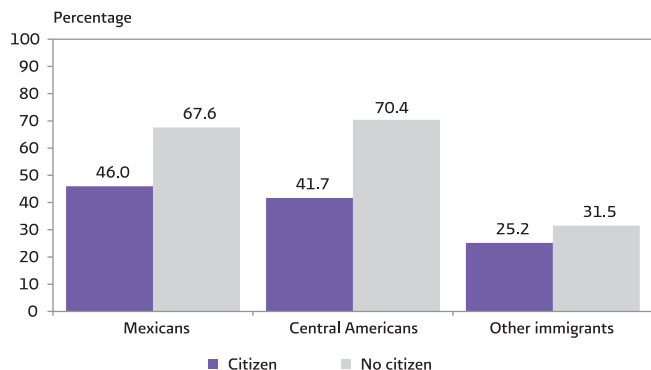


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Citizenship is also a key factor in health care access for young Mexicans

The data show that obtaining citizenship increases the chance of obtaining health insurance: over six out of ten young Mexican non-citizens lack health insurance. The situation of citizens is better but remains high with 46% lacking coverage (Figure 29). Indeed, compared to other naturalized citizen immigrants, Mexican-born immigrants have lower rates of coverage, which are undoubtedly linked to Mexican immigrant employment that is characterized by unskilled, poorly paid jobs that do not usually include benefits. The socioeconomic and educational status of the families to which they belong sharply reduces the possibility of having health insurance, particularly private insurance.

Figure 29. Youth population in the United States without medical coverage, by citizenship, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2008, 2009 and 2010.

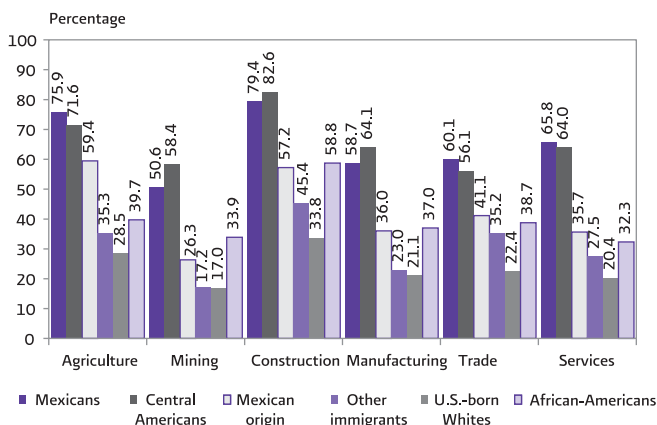
The concentration of Mexican youth in risky occupations exacerbates their vulnerability, which is compounded by their lack of health insurance

Jobs in the construction industry, agriculture and unskilled services, which employ a large number of Mexican-born youths working in the United States, are least likely to offer health insurance. Approximately 80% of Mexican youths that work in construction and 76% of those engaged in agriculture have no health insurance. These types of occupations depend largely on Mexican immigrant labor and have particularly high accident and disease rates that are linked to the activities they perform. For example, agricultural workers are often exposed to pesticides and other chemicals, while construction workers are more likely than other occupations to suffer fatal accidents.

U.S.-born young people of Mexican origin have a health insurance pattern similar to those born in Mexico when they are in the same occupations. Nevertheless, they are still at a significant disadvantage in relation to U.S.-born whites and other young immigrants, since the percentage of youths of Mexican origin without health insurance is

much higher in every sector of the economy. Likewise, there are a high proportion of Central Americans without health insurance in every occupation (Figure 30). This suggests that the undocumented status of a significant number of young Mexicans and Central Americans reduces their possibility of negotiating this type of employment benefit with their employers.

Figure 30. Youth population in the United States without medical coverage, by industry of activity, by region of origin and ethnic group or race, 2008-2010¹

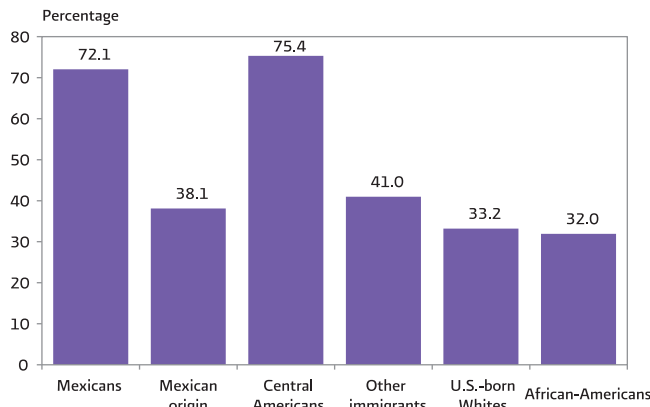


Note: 1/ Population ages 15 to 29.
Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2008, 2009 and 2010.

Most young Mexican immigrants live in low-income households

Lack of health insurance is even higher among youths belonging to families with incomes below 150% of the Federal Poverty Line. In the case of Mexican-born immigrant youth, the rate of lack of health insurance among those living in poverty is dramatic: approximately seven out of ten lack medical insurance. This proportion is close to that of Central Americans (75.4%) but much higher than that of other immigrant youth (41%) (Figure 31). In this context, many youths living in poor families can be expected to experience difficulties in dealing with their health problems and obtaining timely medical supervision.

Figure 31. Young low-income population in the United States without medical insurance, by region of origin and ethnic group or race, 2010¹



Note: 1/ Income below 150% of the U.S. Federal Poverty Line.
 Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

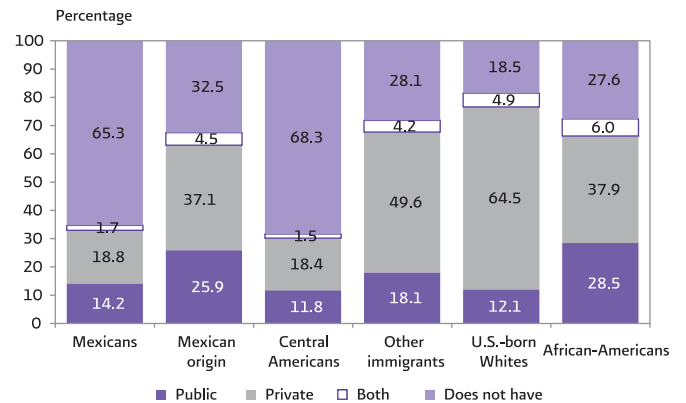
Type of Health Insurance

Health insurance is mainly provided through employment

As mentioned earlier, the U.S. health system for those under age 65 is largely based on private insurance, predominantly acquired through either one’s own or a spouse or parent’s job. The system is supplemented by public health insurance such as Medicaid and CHIP which are designed for poor people and families who meet certain criteria. These vary by state and generally include an income level equal to or lower than the Federal Poverty Line, a minimum of five years’ legal residence in the United States and belonging to certain eligible groups (children and young people under the age of 19 and up to 21 if they are studying, and their parents). Nevertheless, low-income immigrant populations, particularly undocumented ones, experience serious difficulties in gaining access to public health insurance, since the eligibility requirements set by the federal government include naturalization or at least five years’ legal residence in the United States. Many young people therefore do not qualify for this type of medical insurance.

Indeed, as one can see in figure 32, nearly 14.2% of young Mexican immigrants are enrolled in public health insurance. This percentage is similar to other young immigrant youth from Central American countries (11.8%), whereas the figure corresponding to immigrants of other nationalities and U.S.-born whites is 18.1% and 12.1% respectively. At the same time, among youth of Mexican origin and African-Americans, approximately three out of every ten has this service. These figures contradict the myth that immigrants use public health services disproportionately.

Figure 32. Youth population in the United States, with access to medical insurance, by type of insurance, region of origin and ethnic group or race, 2010

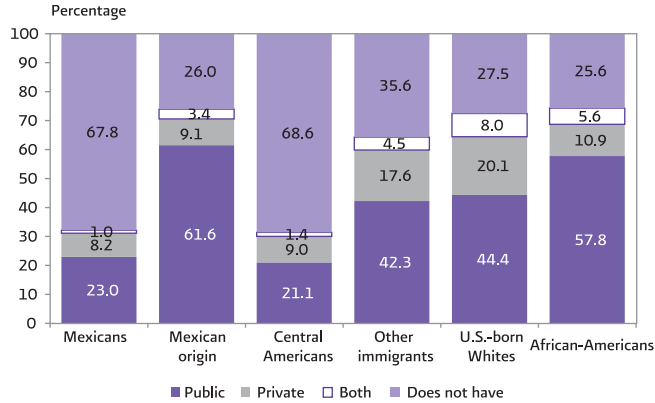


Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Young Mexican immigrants belonging to poor families experience more problems in gaining access to public health insurance

Just 23% of youth living in poor families benefit from public health insurance, a very similar figure to that of Central Americans (21.1%). Conversely, among U.S.-born whites and immigrants born in other parts of the world, 44.4 and 42.3% have public health insurance (Figure 33). These results contradict the belief that immigrants from Mexico and Central America place an excessive burden on social welfare programs in the United States. In fact, due to their youth and the good health with which they arrive in the United States, many immigrants tend to postpone the diagnosis or treatment of a disease as long as possible and in the event of an accident, they are more likely to seek consultation at a community clinic than with a private physician.

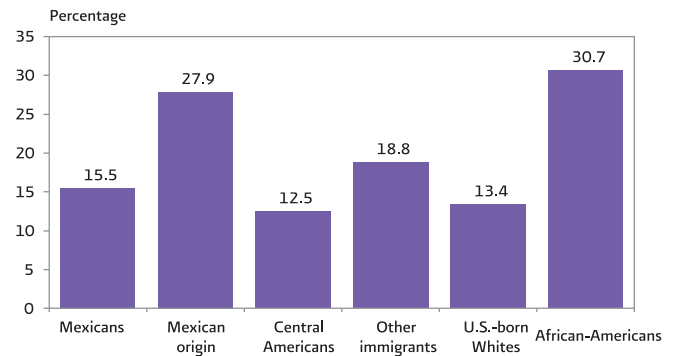
Figure 33. Youth population in the United States living in poverty, by type of health insurance, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2008, 2009 and 2010.

In a context in which Mexican youth are far less likely than other populations to have health insurance, public health programs designed for limited-income families such as CHIP, are particularly critical. Such programs provide health care for eligible children under the age of 19 who do not have health insurance and do not qualify for the Medicaid program. Suffice it to say that just 15.5% of Mexican-born youth have health insurance from these programs, a very similar figure to that registered among those from Central America (12.5%). With the exception of non-Hispanic whites (13.4%), the majority of whom have private health insurance through their own or a relative's job, U.S.-born persons of Mexican origin (27.9%) and African-Americans (30.7%) benefit most from these programs (Figure 34). The last group is characterized by having less favorable levels of socioeconomic segregation and integration than whites and immigrants from other countries outside Latin America.

Figure 34. Youth population in the United States with medical insurance via Medicaid, CHIP or similar, by region of origin and ethnic group or race, 2010¹



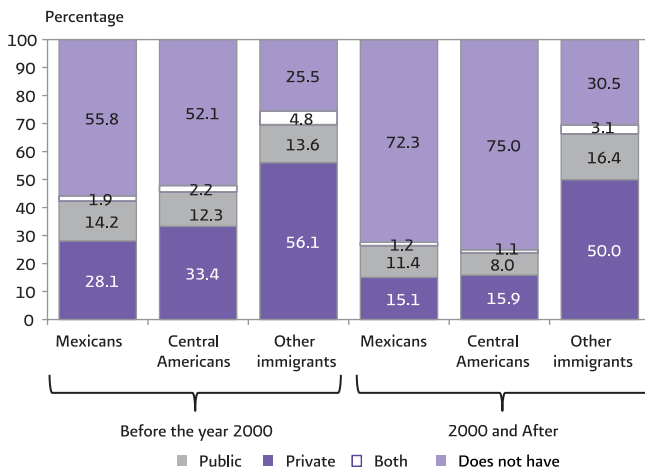
Note: 1/ Children's Health Insurance Program (CHIP).

Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2010.

Mexican youth who have spent longer in the United States are more likely to have private health insurance

Although the length of stay of Mexican immigrants does not show any differences regarding enrollment in public health insurance, length of stay does affect the possibility of obtaining private health insurance. Among Mexican immigrant youth with ten years or less of residence in the country, 15.1% have private health insurance. The figure rises to 28.1% for longer-term residents (over ten years), suggesting greater socio-economic integration into U.S. society. However, although more longer-term young Mexican immigrant residents have private health insurance compared with those who arrived in the past ten years, they are still at a disadvantage compared with similar youth from Central America and other parts of the world who have private insurance coverage rates of 33.4% and 56.1%, respectively. In fact, the proportion of young people with both public and private health insurance is lower among the Mexican youth population than among other immigrants (see Figure 35). These disparities are linked to the low index of naturalization of the Mexican immigrant community in the United States, which conditions access to any kind of health services.

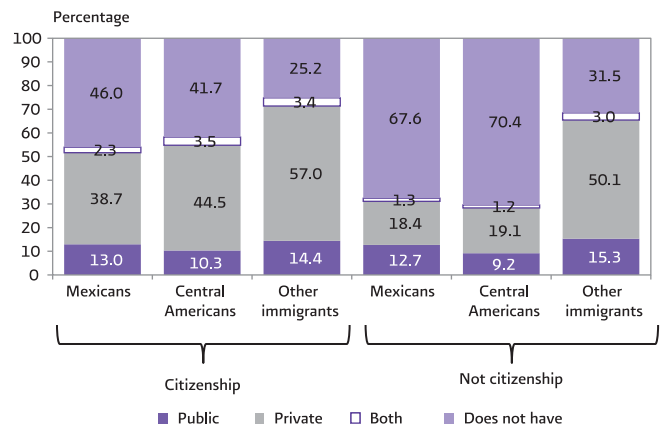
Figure 35. Immigrant youth population by type of medical coverage and year of arrival in the United States, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2008, 2009 and 2010.

As mentioned throughout this document, obtaining citizenship is a determining factor in the social and economic integration of immigrants into U.S. society. Citizenship provides immigrants with the same rights and benefits as any U.S.-born citizen, including access to all public health insurance benefits. Suffice it to say that the proportion of naturalized Mexican youth with private health insurance is 20.3 percentage points higher than among non-naturalized Mexicans (38.7 and 18.4%, respectively) (Figure 36). Despite this, the Mexican population has lower levels of both public and private health coverage than other immigrants, indicating that obtaining citizenship does not guarantee equal social, economic or political conditions. In other words, although obtaining citizenship guarantees certain rights, many immigrants do not have access to the full exercise of these rights. This situation is due to their socio-economic situation and to a certain extent, discrimination towards the immigrant population.

Figure 36. Young immigrant population in the United States, by type of medical coverage and citizenship, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the U.S. Census Bureau, *Current Population Survey (CPS)*, March 2008, 2009 and 2010.

The role of health clinics

Given the restrictions on gaining access to public health insurance in many states, community health clinics play an important role by helping to provide for the health needs of this population. This type of health care provider offers primary and preventive health care services for everyone, regardless of their socioeconomic, coverage or migratory status. These centers recently benefitted from more resources after passage of the Patient Protection and Affordable Health Care Act (ACA) in 2010, which enabled them to expand the volume of their health care services. Immigrants often use these clinics because they offer low cost services, have professionals and health care providers who speak various languages including Spanish and do not request any type of information that might reveal their immigration status in the country, the main fear of undocumented persons who seek medical care.

In short, the data presented in this chapter show that young, Mexican-born residents in the United States have extremely low health coverage levels, particularly in comparison with non-Hispanic U.S.-born whites and immigrants from other countries in the world. Approximately two million Mexican youths do not have either public or private health insurance. This situation is particularly serious among Mexicans living in poor families who do not have the status of legal resident or U.S. citizenship. In this context, the majority of teenagers and youths do not have access to a medical home with access to continuous, timely medical check-ups, preventive health education, or emergency treatment for illness or accidents. This could have negative repercussions on their health and the health of their own families in the future, since many immigrants tend to postpone the diagnosis or treatment of illness.

Lack of health insurance among Mexican youth is more pronounced in states with recent immigration and greater anti-migrant activism. During the past five years, over 30 states in the U.S. have passed 170 bills restricting access to public welfare programs for undocumented immigrants, including youths, most of whom are engaged in high-risk industries (such as agriculture and construction). Lack of timely access to health services is, in the long run, a risk factor that can affect the whole popula-

tion. Other states such as California and Illinois, however, have passed laws authorizing medical and health care for undocumented immigrants through public programs paid for with state or local resources. More funds have been assigned to Community Health Centers, which are usually the places visited by the population with the lowest income, including immigrants, when they require medical services. In this respect, lobbying and the fight to dignify human rights by nonprofit associations and community leaders is an achievement that should be acknowledged and extended to states where there has been backtracking in this respect.

Another of the most important results described in this chapter is the gender difference in health coverage, in which men have less access to medical and health services, although women's situation is not entirely favorable. It also analyzes how the type of employment is one of the main determinants of access to health insurance. The fact that young Latino immigrants are concentrated in occupations that do not usually offer health insurance, although many of them are extremely risk, increases their vulnerability and their health costs, due to the accidents and illnesses related to the activities they perform (such as environmental risks or exposure to toxic substances). As a result of intensive work requiring large amounts of generally poorly paid labor, the United States continues to remain at the forefront of many globally competitive industries that employ an extremely high percentage of young Latin American workers, particularly Mexicans and Central Americans.

Chapter III. Access to Health Services

Introduction

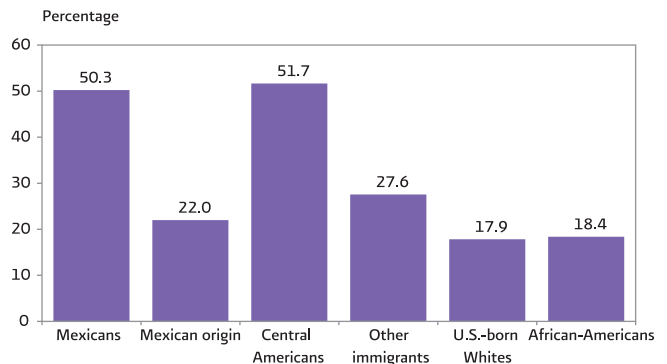
The previous chapter documented that limited access to health services has a differential effect on the youth population. Impact was found to be associated with ethnic origin or race and mainly affected young immigrants and U.S.-born residents who were less likely to have access to health insurance. Such inaccessibility in turn contributed to the development of a variety of health care practices. This chapter analyzes the access to, use and type of health services sought by young Mexican immigrants in the United States. It also describes some of the personal, financial and institutional obstacles they face in obtaining timely health care.

Access to Health Care Services and Health Insurance

Over half the young Mexicans residing in the United States reported not having a place to receive regular medical care

The youth population without health insurance is less likely to have a medical home that monitors their health status, promotes health, prevents disease, provides treatment for illness, and offers services in emergency situations. About half (50.3%) of young Mexican immigrants ages 12 to 29 in the United States have no access to a source of regular health care. This proportion is three times higher than among the U.S.-born non-Hispanic white and African-American youth and twice as high as that of young people of Mexican origin and other immigrants, with the exception of Central Americans, whose profile is similar to Mexicans (Figure 37). This lack of medical home partly explains their lower affiliation to public and private medical programs in the United States.

Figure 37. Youth population in the United States without a place for regular health care, by region of origin and ethnic group or race, 2008-2010

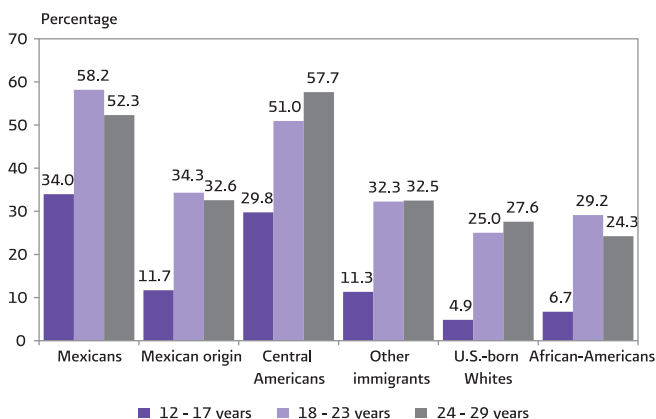


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Most young Mexicans ages 18 or over do not have an identified place for regular health care

Among Mexican youth, those who are less likely to use health care are, as in the Central American youth, between 18 to 29 years old. U.S.-born youths follow a similar pattern, albeit with lower percentages of health service use at all ages. Among young Mexicans ages 18 to 23, for example, nearly six out of every ten do not have a regular source of health care (58.2%) whereas only a quarter of U.S.-born non-Hispanic whites (25%) and a third of U.S.-born youths of Mexican (34%) or African-American origin lack such a resource (29%) (Figure 38). These figures reflect the social inequalities in the U.S. health system, in which the most disadvantaged groups have less personalized and specialized health care.

Figure 38. Youth population in the United States without a place for regular health care by age group, by region of origin and ethnic group or race, 2008-2010

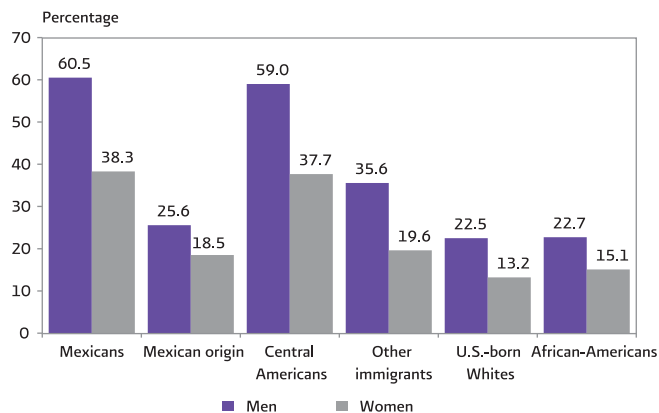


Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Mexican women have greater access to an identified source of health care

Among U.S. youth, young men are less likely to have a regular place for health care. Approximately six out of every ten young males born in Mexico (60.5%) do not have a regular source of health care, whereas among women, this figure is approximately 38%. Patterns of lack of access experience by men are noted across various ethnic and racial groups, with immigrants less likely to have an identified place to receive medical treatment or preventive health care (Figure 39). In this respect, public health care services in the United States should consider the vulnerability of young immigrants, and adapt their health care delivery system, incorporating specific cultural, gender, and developmental features of the young immigrant.

Figure 39. Youth population in the United States without a place for regular health care, by sex, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Health insurance is the main mechanism for obtaining access to regular health care services

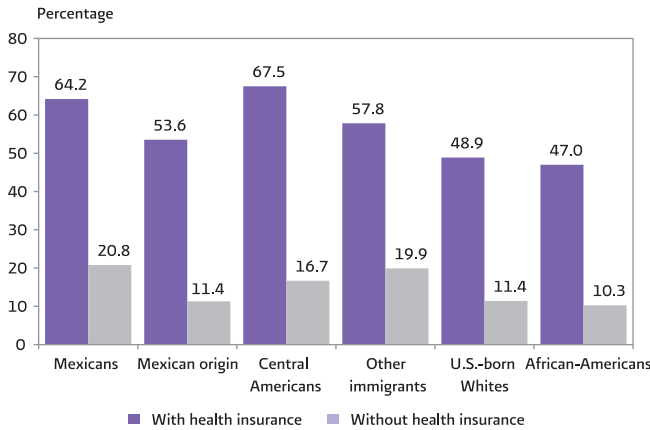
The high proportion of young Mexicans without a place for regular health care is directly linked to the high proportion who lack health insurance. As mentioned in the second chapter, the lack of social security mainly affects the most economically deprived groups, including those from Mexico and Central America. The data show that whether or not a person has health insurance has an indirect effect on the frequency with which he or she seeks health care, regardless of whether this care is provided by the private sector or a public program.

Among Mexican youth with health insurance, 64.2% visit a doctor or a health center regularly, a very similar figure to that of Central Americans (67.5%). Conversely, only one out of every five Mexican-born youths has a regular source of health care. The extremely low regular use of health services among uninsured Mexican youth is probably not only linked to greater financial difficulties but also to low levels of naturalization, literacy and English proficiency, and lack of bilingual health care providers.

At the same time, the data indicate that young people of Mexican origin with health insurance are more likely to visit a health care center than non-Hispanic whites or Af-

ican-Americans, who are also less likely to have a specific place for receiving regular health care than other young immigrants (Figure 40).

Figure 40. Youth population in the United States without a place for regular health care by health insurance, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

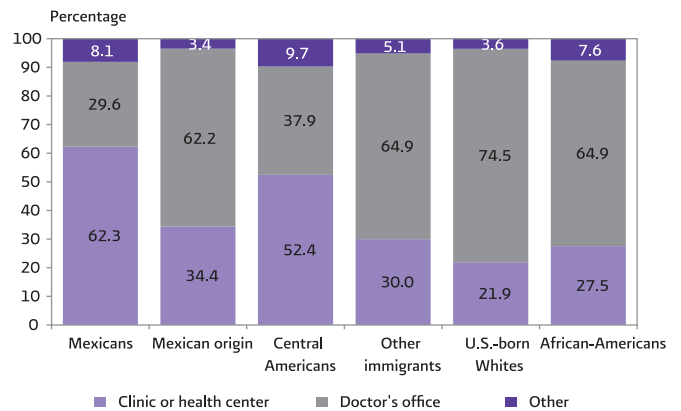
Type of Health Care Service

In comparison with the U.S.-born youth population, Mexicans visit private physicians less often

The type of health care service used is linked to the type of health insurance coverage (private or public) that young people can access. In the U.S., there are a wide range of providers, including private doctor’s offices, managed health care plans, such as Kaiser Permanente, and a system of clinics serving low income populations, including Federally Qualified Health Centers (FQHC) and health centers, as well as other non-government health providers. While access to health care is impacted by health insurance coverage, young adults receiving care through public systems often receive high quality care. However, factors such as lack of language and cultural competence between provider and consumer can contribute to worse health outcomes. Those who primarily rely upon emergency room services are often unable to receive continuity of care, monitoring of their health status, as well as lack access to preventive health services.

Among young Mexicans with a regular source of health care, nearly two out of every three use public centers or clinics (62.3%). This figure is nearly three times higher than that of the U.S.-born white population (21.9%) and twice as high as that of African-Americans (27.5%) and non-Latin American immigrants (30%). Conversely, the proportion of Mexicans with a regular source of private health care (30%) is much lower than among U.S.-born youth and other immigrants. The data do not show statistically significant differences in the proportion of young people of different national origins who use emergency services, out-patient care or home visits (Figure 41).

Figure 41. Youth population in the United States by place for regular health care, by region of origin and ethnic group or race, 2008-2010

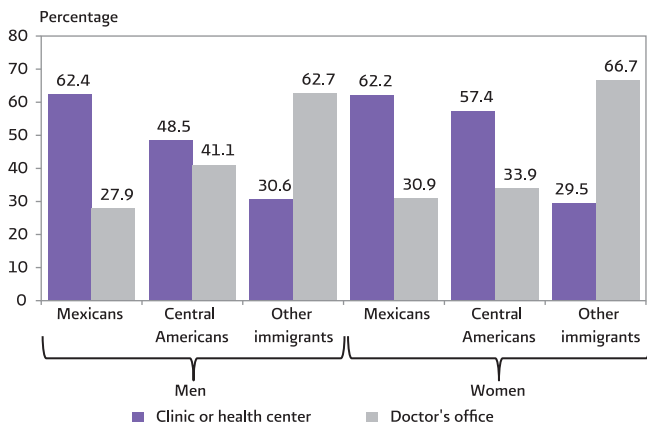


Other: Emergency room, outpatient department, patient’s home or other.

Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Greater use of clinics or health centers by young immigrants remains, even when differences by sex are controlled. The proportion of Mexican men seeking clinic or health center services is 14 percentage points higher than among those born in Central America, and over twice the percentage reported by those born in other countries. A similar situation occurs in the case of Mexican women: 62.2 % regularly attend a health clinic or center and only one out of every three Mexicans regularly visits a private or doctor’s office (Figure 42).

Figure 42. Immigrant youth in the United States, by place for regular health care, by sex, by region of origin, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Health Care Service Use

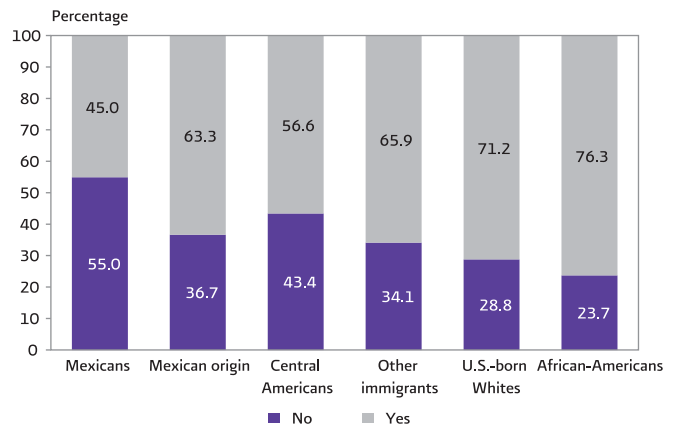
Just over four out of every ten Mexican youths did not have a preventive check-up over the past 12 months

Youth is a particularly important stage for establishing lifelong health and wellness patterns, thus, an important period for preventive care and early interventions. Youth risk-taking behaviors, including substance abuse, sexually transmitted diseases, and unplanned pregnancies, represents important points for early intervention.

For immigrant youth, mental health problems that include risk for depression, stemming from feelings of isolation, uncertain futures, racism, and discrimination, cannot be overlooked. Given the risk profile of many young people, it is also an important stage to assure access to health care, specifically health services that screen for mental health needs, alcohol, drugs, and tobacco use, as well as unprotected sexual behavior. In addition, this is a period where young people learn to use different systems of care, thus preparing them for successful transitions into young adulthood, where they will have increasing responsibility for their health and well-being. According to

U.S. statistics, only 45% of young Mexicans ages 12 to 17 living in the United States report having had a medical check-up over the past twelve months. This figure is lower than that for other groups, particularly U.S.-born non-Hispanic whites (71.2%) and African-Americans (76.3%) (Figure 43).¹

Figure 43. Population ages 12 to 17 in the United States, by status of preventive medical check-ups over the last year, by region of origin and ethnic group or race, 2008-2010

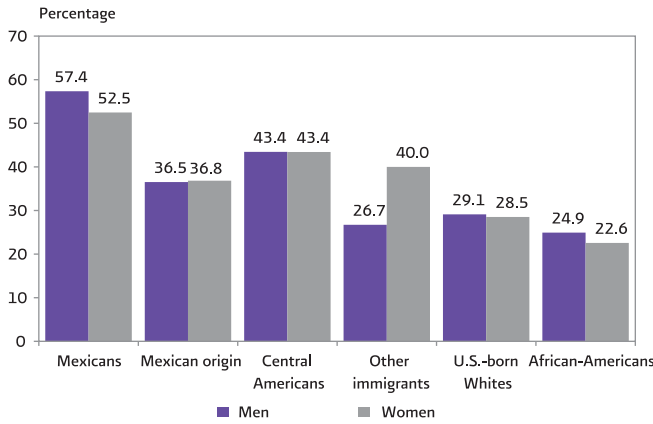


Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

The data also reveal significant discrepancies in those youths receiving medical check-ups by sex and ethnic or racial origin. For example, among Mexican-born youths aged 12 to 17, the proportion of men who did not have a check-up is somewhat greater than in women (57% and 52% respectively). Conversely, among immigrants from other parts of the world, with the exception of Central Americans, the proportion not receiving a check-up is higher among women than men (40% vs. 27%). Conversely, among U.S.-born youths, differences by sex are far more pronounced (Figure 44). This suggests that there are different practices between the U.S.-born and immigrant population by gender in regard to the frequency with which they seek health care for disease prevention, diagnosis and treatment.

¹ The question on check-ups in the past year was only asked in the children's module of the *National Health Interview Survey* (NHIS).

Figure 44. Population ages 12 to 17 in the United States without medical check-ups over the last year, by sex, by region of origin and ethnic group or race, 2008-2010

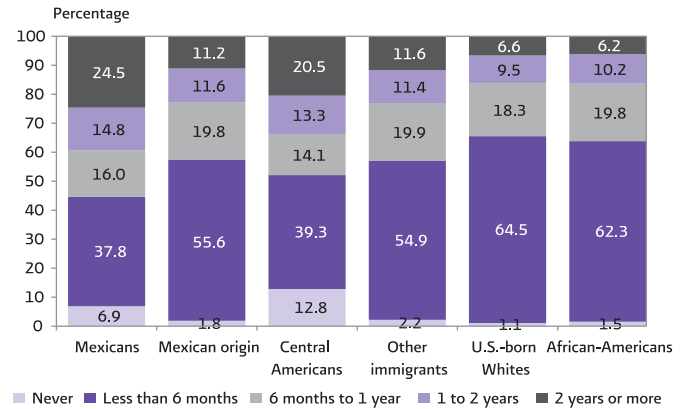


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

One out of every four Mexicans residing in the United States has not visited a health specialist for two or more years

An analysis of the period since young people’s last visit to the doctor shows that approximately 15% of Mexican-born youths had not seen a doctor for between one and two years and that one out of three had not seen a doctor for over two years. These proportions are higher than those reported among U.S.-born and immigrant youth, with the exception of Central Americans, whose patterns are parallel to Mexicans. Both populations also register high percentages of people who reported not having been to see a doctor or a health specialist (7% and 13% respectively) which might be due to the low index of health coverage characterizing Latin American youth and the financial constraints they face in the United States as well as other cultural factors (Figure 45).

Figure 45. Youth population in the United States, by length of time since last visit to the doctor, by region of origin and ethnic group or race, 2008-2010

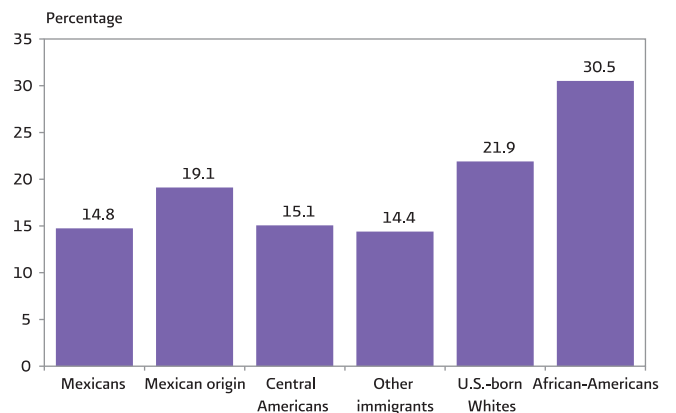


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Young Mexicans use emergency services less than U.S.-born youth and other immigrants

Mexican youths use emergency rooms less than the U.S.-born population. According to U.S. statistics, approximately a sixth report having used this service in the last year (15%), whereas among non-Hispanic whites and African-Americans, this proportion rises to 22% and 30% respectively (Figure 46).

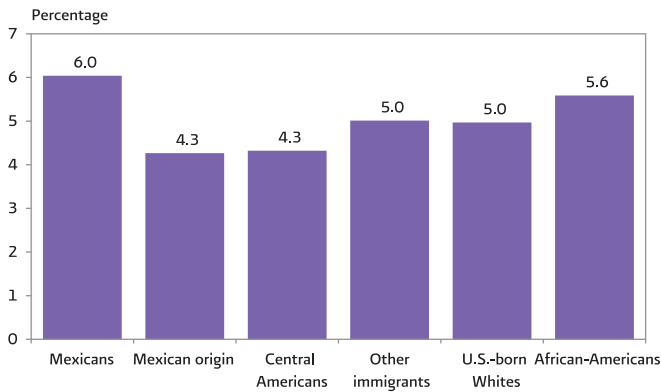
Figure 46. Youth population in the United States that used emergency services last year, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

In fact, only 6% of Mexicans report having spent a night at a hospital center over the past year, a very similar proportion to that of the U.S.-born population, whether Mexican-American, non-Hispanic white or African-American or other immigrants (Figure 47). These figures call into question the major concerns that immigrants use expensive health services, specifically the emergency department more frequently saturating those services, and as a result, displacing the U.S.-born population from receiving health care.

Figure 47. Youth population in the United States hospitalized during the past year, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

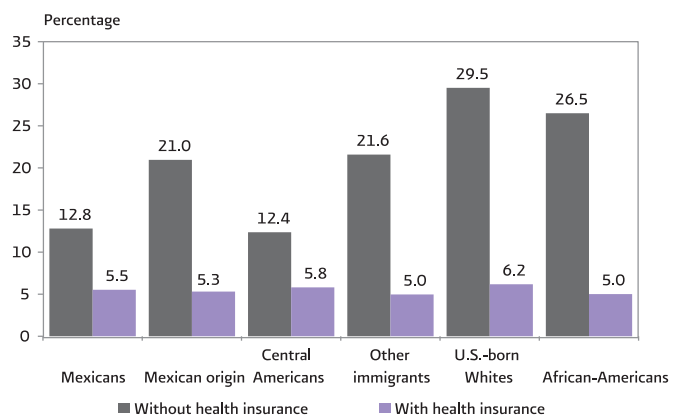
Barriers to Health Care

Mexican youths residing in the United States face enormous obstacles to receiving health care

Access to health care services is determined by a variety of factors, such as the high cost of health care services, satisfaction with the quality of care received and personal experience in the use of medical services. Among the youth population resident in the United States, one of the reasons that they do not seek care is the perceived high cost of medical services, particularly for those without health insurance. Approximately 13% of those born

in Mexico and Central America report that they postponed medical treatment due to the high cost of services. This proportion is higher among immigrants from other countries (21.6%), the U.S. population of Mexican origin (21%), African-Americans (26.5%) and non-Hispanic whites (29.5%). Conversely, among young people covered by some form of health insurance, this figure is approximately 5% across all the ethnic and racial groups, showing that having health insurance has a positive effect on young people’s health care access (Figure 48).

Figure 48. Youth population in the United States with delays in medical care due to high cost of health insurance, by region of origin and ethnic group or race, 2008-2010

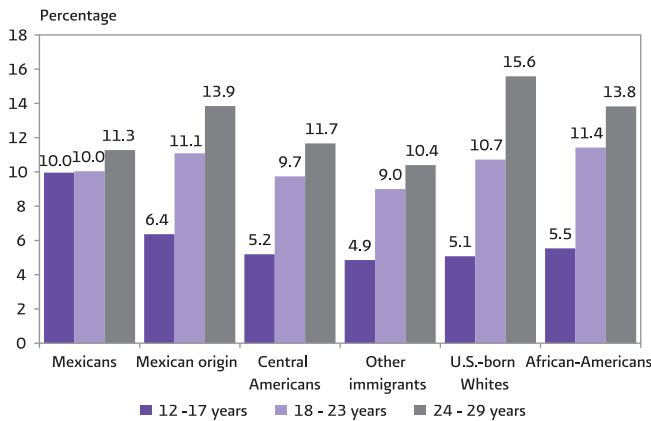


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Young people ages 12 to 17 are more likely to delay medical care due to the high cost of health services in the United States

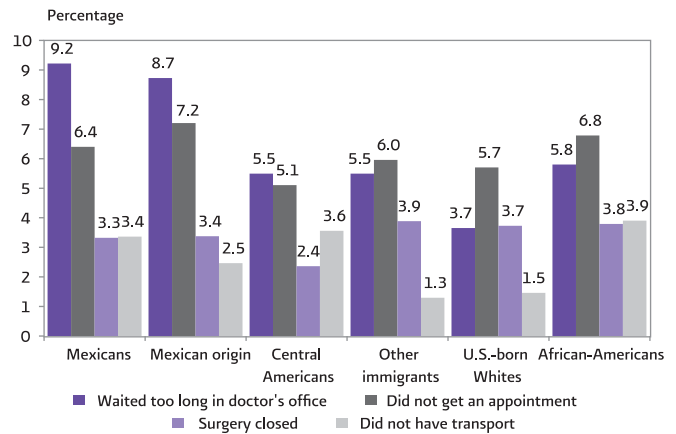
Compared to other groups, young Mexicans ages 12 to 17 are more likely to delay medical care due to the high cost of health services. Approximately one out of every ten in this age group has delayed his or her health care for this reason, twice the proportion for U.S.-born youths and immigrants from other regions. Conversely, among youths ages 18 to 23, differences in the delay in medical care due to the high cost are fairly small among the various national groups. In the last group (ages 24 to 29), young Mexican migrants have the second lowest percentage (11.3%), higher only than that of migrants from other parts of the world (Figure 49).

Figure 49. Youth population in the United States that delayed medical care due to high cost, by age group, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Figure 50. Youth population in the United States by reason for delaying health care, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

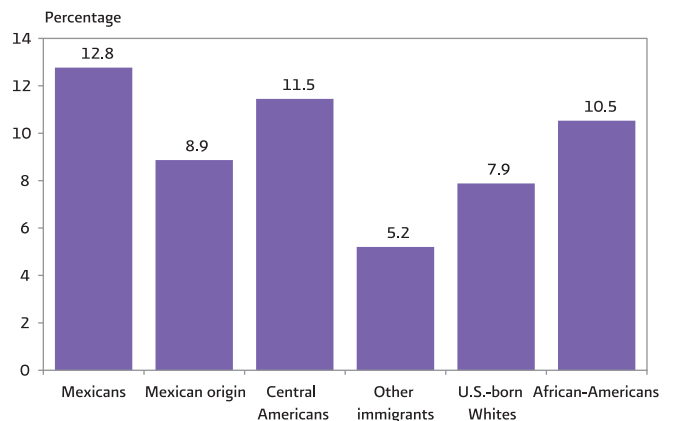
Accessibility and quality

The high cost of medical services is not the only obstacle to the Mexican youth population residing in the United States from receiving timely medical care. Other factors include not being able to get an appointment, finding the doctor's office closed, not having transportation and waiting too long to be treated. For example, approximately 9% of immigrant youths delayed their medical treatment due to excessively long waiting times in the doctor's office. This percentage is only comparable to that of young people of Mexican origin (8.7%), since in other populations, it is less than 6%.

The second most important reason why Mexicans delayed their medical treatment was the difficulty they experienced in arranging for an appointment: 6.4% of Mexicans reported that they were unable to arrange for an appointment, a lower percentage than that of young people of Mexican origin (7.2%) and African-Americans (6.8%) but higher than that of other populations. The main reasons were the lack of transportation to the doctor's office or finding it closed, cited by Mexican youth in 3.4% and 3.3% of cases respectively (Figure 50).

The cost of medicine was another factor that made health care among the youth population more challenging. Mexicans were most likely to experience this situation, with 12.8% reporting that they had needed medicine during the previous year and been unable to buy it. They were followed by Central American migrants (11.5%), African-Americans (10.5%), young people of Mexican origin (8.9%), U.S.-born whites (7.9%) and other migrants (5.2%) (Figure 51).

Figure 51. Youth population in the United States that needed medication and was unable to buy it in the last year, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

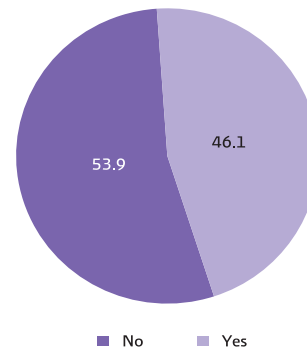
Preventive and primary medical care

Over half the youth residing in the United States had not visited a gynecologist or a specialist in the past 12 months

Young people’s emerging need for health services, for example, in the area of substance use and unprotected intercourse, as well as greater information on reproductive health over the life course, how to access health services, informed consent, and an understanding of their risks and consequences, is of paramount importance. Different providers can inform the youth, and for young women, it is particularly important to have access to gynecological care. Adopting a lifecourse approach, especially for areas such as reproductive health, helps to ensure that “two-generation” approaches are implemented, for their own adolescent years, when they become adults, as well as the outcomes for their children.

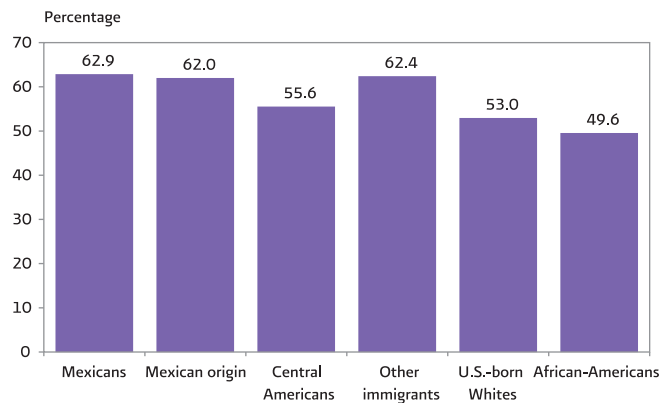
However, over half of the young Mexican women residing in the United States reported not having visited a gynecologist or a specialist over the past 12 months (Figure 52).² Young Mexican women registered the highest percentage of not having visited the gynecologist in the past year (62.9%). Young migrants women from other regions were slightly below this proportion (62.4%), with young women of Mexican origin at nearly the same level (62%). For their part, young Central American women report low percentages (55.6%), slightly above those for U.S.-born (53%) and African-American women (49.6%) (Figure 53).

Figure 52. Population of young women in the United States by status of visits to the gynecologist in the past year, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Figure 53. Population of young women in the United States that did not visit a gynecologist in the past year, by region of origin and ethnic group or race, 2008-2010



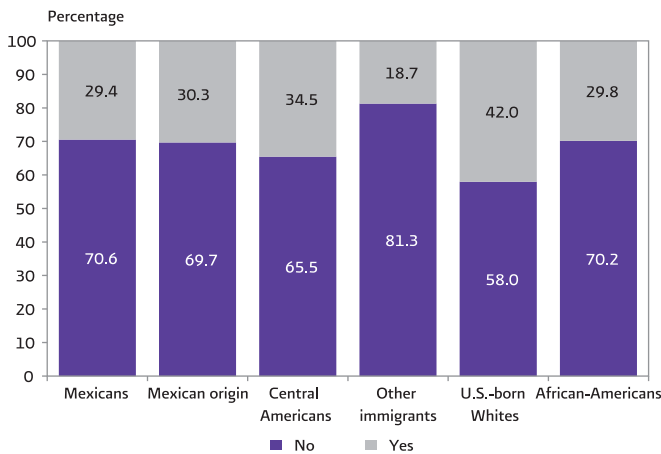
Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

² The NHIS only provides information on females ages 15 and over.

One out of every seven young Mexican women uses no form of contraception

Lastly, among women ages 18 to 29, approximately 71% of Mexican migrants do not use hormonal contraceptives (pills, implants or injections), indicating that they use some other form of contraception (such as condoms) or none at all.³ A similar situation is reported among women, Central Americans (65%) and of Mexican origin and African-Americans (70%). However, this figure corresponds to 81% among young female migrants from other parts of the world and to 58% among U.S.-born whites (Figure 54).

Figure 54. Population of young women ages 18 to 29 in the United States by contraceptive use, by region of origin and ethnic group or race, 2008-2010



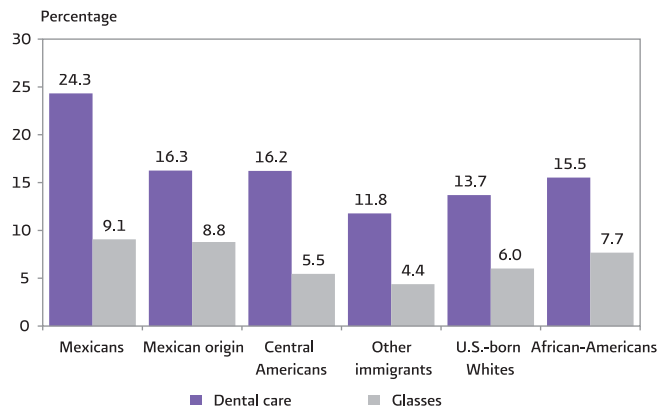
Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

³ Only women ages 18 and over were asked about contraceptive use.

The lack of financial resources restricts regular access to oral and vision health care among young Mexicans

There are also other needs the population must cover to ensure optimal health, such as access to dental health care and being able to afford glasses. Among Mexican migrant youth, 24.3% reported not having had access to dental care services, a much higher figure than that reported by the other ethnic or racial groups. Mexicans also have the highest percentage of youth population who reported having needed glasses and being unable to afford them (9.1%) (Figure 55).

Figure 55. Youth population in the United States that needed dental care and glasses and was unable to afford them, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

As noted previously, Mexican youths are less likely to have a place for regular health care or to visit the doctor in time, particularly those without health insurance and those who belong to lower income families. At the same time, most Mexican youths tend to seek health care at public centers and clinics. The choice of this type of institutions is undoubtedly due to the fact that they offer low-cost services. Increasing support for FQHC’s public clinics and community centers would undoubtedly facilitate access to health services and preventive and health care programs for the immigrant youth population.

The high cost of medical services without health insurance, forces many young people to postpone appointments with the doctor, the purchase of medication and therapeutic apparatuses and even the follow-up and treatment of the diseases diagnosed. This disadvantage is linked to other factors, such as failing to make an appointment with the doctor, finding the clinic or office closed, not having transportation or waiting too long for treatment. It was also found that a high proportion of young Mexican women and men lack preventive services for sexual and reproductive health, and suffer from sexually transmitted diseases and unwanted pregnancies. These findings point to the need for public policies that are gender inclusive, but also directed at both men and women, for dealing with the specific needs of the young population and guaranteeing their right to health.

Chapter IV. Health Conditions

Introduction

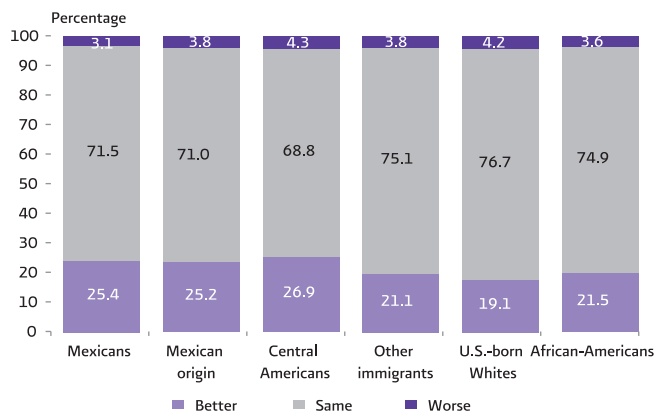
Several studies attest to the fact that in general, immigrants are healthier than the U.S.-born population. However, these studies have also identified different patterns in the prevalence of diseases and conditions by national origin. The purpose of this chapter is to analyze health conditions identified among the Mexican immigrant youth population ages 12-29 living in the United States. This chapter will also highlight some of the differences that exist between the U.S.-born population and immigrants from other countries and regions, focusing on four main issues health: 1) perception and health status, 2) alcohol and tobacco consumption, 3) reproductive health, and 4) mental health.

Perception of Health

Most young Mexicans living in the United States perceive themselves as being healthy

Health perception is, a self-rated definition that includes: social and class factors, one's sense of their personal health and well-being, assessments regarding any illness, and the types of assistance desired, but not sought. Use of health services is, therefore, the result of a three-stage process that begins with the perception of a health condition, becomes a problem, and that health care is perceived as addressing. Data show no significant differences between the perceptions of U.S.-born and immigrant youth regarding their health. Between 69% and 77% of the respondents perceived that their health status is as good as it was twelve months ago. Nevertheless, a larger proportion of Mexican-born, Mexico-American and Central Americans youths reported that their state of health had improved (25%, 25% and 27% respectively; as opposed to approximately 21% of U.S.-born whites, African-Americans and other immigrants) (Figure 56). These positive findings may partly explain why Mexicans tend to visit the doctor less often than other youths.

Figure 56. Youth population in the United States, by perception of their health status compared with last year, by region of origin and ethnic group or race, 2008-2010

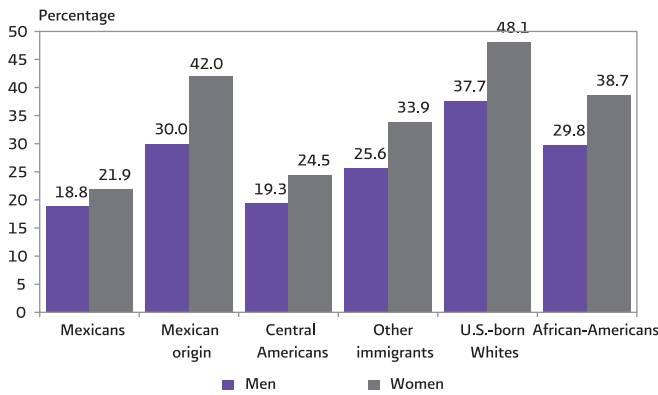


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Women are more likely to take care of themselves and visit the doctor when they become ill

Other researchers have established an association between gender and the perception of health status. As a rule, women tend to have a less favorable perception of their state of health than men and are likely to stay in bed to take care of themselves, but also to visit the doctor more often when they are sick. Data show that across all groups, the proportion of women who stayed in bed due to a particular illness over the past twelve months was greater than men. This is more noticeable among U.S.-born whites (48.1%), those of Mexican origin (42%), African-Americans (38.7%) and other immigrants (33.9%) than among Mexican and Central American women (21.9% and 24.5%, respectively) (Figure 57).

Figure 57. Youth population in the United States that spent at least one day in bed due to illness in the past year, by sex, region of origin and ethnic group or race, 2008-2010

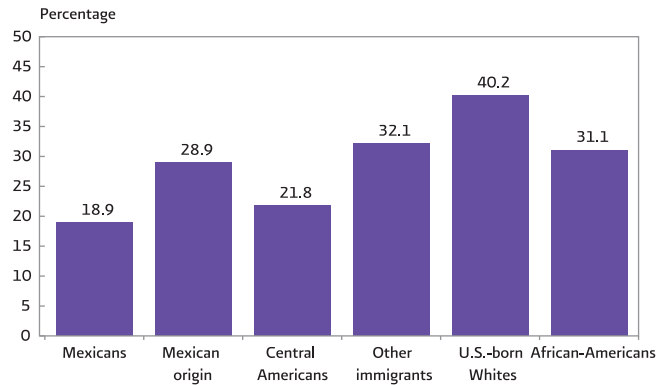


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Approximately one out of every five young Mexicans ages 12 to 17 missed school for health reasons

Without good health, it is difficult to engage in activities of daily living. Poor health leads to absences from school or work, which may lead to lag in learning or a loss of income. For example, among Mexicans ages 12 to 17, approximately 19% of youths missed one or more days of school due to illness or injury in the past year. This figure is very close to that registered by Central Americans (22%) but much lower than that of U.S.-born whites and other immigrants, who report percentages of over 30%, with the exception of those of Mexican origin, for which figures of approximately 29% were recorded (Figure 58).

Figure 58. Population ages 12 to 17 in the United States that missed school due to illness in the past year, by region of origin and ethnic group or race, 2008-2010

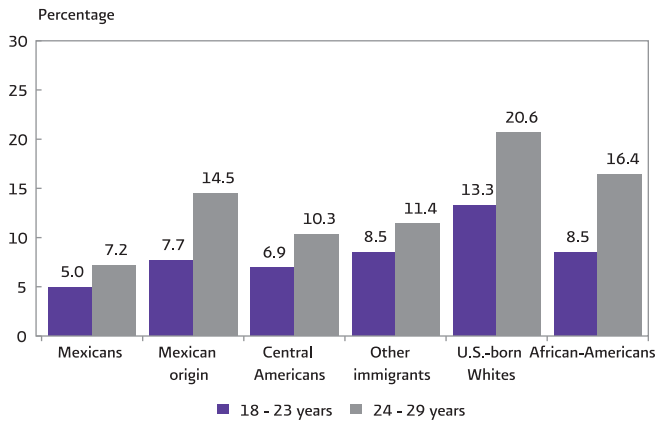


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Unlike U.S.-born youth, Mexican immigrant youths are less likely to miss work due to illness

A similar situation is observed in the case of youths ages 18 to 29 who work. Mexicans are least likely to miss one or more day of work due to illness in the pass year: just 5% of youths ages 18 to 23 and 7% of those ages 24 to 29 were absent from their jobs due to a health problem. Among U.S.-born youths of Mexican origin, non-Hispanic whites and African-Americans, the proportions are much higher among both age groups and also higher than those reported by Central Americans and other immigrants (Figure 59). The lower rates reported among Mexican youths as copared to other groups may reflect a reluctance to visit the doctor, as well as by their limited access to health services.

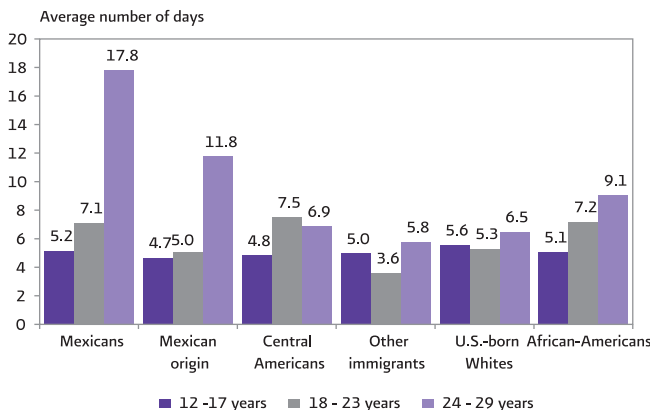
Figure 59. Population ages 18 to 29 in the United States that missed work due to illness in the past year, by age group, region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Although Mexican youths report that they miss school or work less due to health reasons, they tend to be absent for longer periods than other youths. In particular, those ages 24 to 29 who missed work and other activities during the last year, are absent for an average of 17.8 days, approximately six days more than youth of Mexican origin and nearly nine days more than African-Americans (Figure 60). These figures suggest that Mexican youths only cease their everyday activities when their illness has worsened or when the doctor suggests taking time off. This also supports the conclusion that low socio-economic levels and poor health coverage have a differential effect on Mexicans and Central Americans by age group.

Figure 60. Youth population in the United States, by absent days to daily activities in the last year, by age group, region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

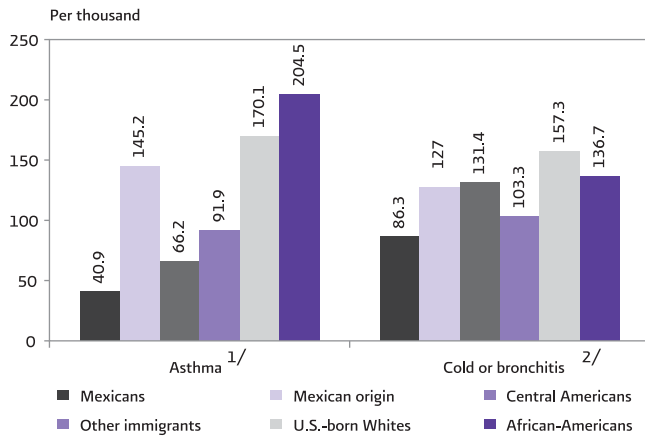
Health Conditions

Certain respiratory illnesses such as asthma, bronchitis, allergies and sinusitis are common among the young Mexican population

Several studies have shown that Latin American immigrants have substantially better levels of health than the U.S.-born population, contrary to what one might expect from their low socio-economic status which is nearly universally associated with worse health and lower medical coverage and assistance. This situation is known by researchers as the *Hispanic or Latino paradox*. This is hypothesized to occur as a result of the positive selectivity of younger and healthier immigrants, migratory circularity, and the return of persons of adult ages to Mexico, as well as under-reporting of Mexican immigrants in U.S. health surveys and vital statistics. This paradox cannot be generalized to all health indicators.

Although young immigrants are less likely than U.S.-born youth and other immigrants to become ill, they have specific epidemiological profiles, which reflect different patterns of health needs among the various populations. Data show that, compared with other youths, Mexicans are less likely to report respiratory problems. Only 41 per thousand Mexicans have been diagnosed with asthma by a doctor, significantly less than the figures for U.S.-born youths of Mexican origin (145.2 per thousand), non-Hispanic whites (170 per thousand) or African-Americans (204 per thousand). Central American immigrants are the population with the second lowest prevalence of asthma (66 per thousand), followed by migrants from other parts of the world (92 per thousand). Likewise, albeit with fewer differences than other ethnic groups, Mexicans are least likely to report having had colds or bronchitis over the past two weeks (86 per thousand) (Figure 61).

Figure 61. Youth population in the United States suffering from asthma, colds or bronchitis, by ethnic group or race, 2008-2010



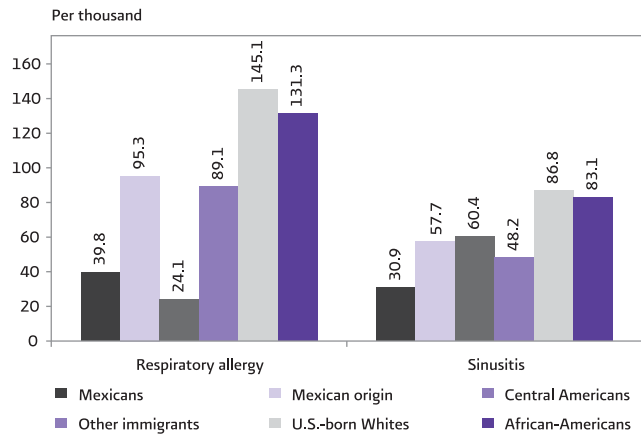
Notes: 1/ Ever diagnosed.

2/ In the past two weeks.

Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Respiratory allergies and sinusitis are other respiratory illnesses that affect the youth population residing in the United States, particularly the U.S.-born population due to a variety of environmental factors that contribute to asthma disparities in the United States. Among Mexicans, only 40 per thousand frequently suffer from respiratory allergies while only 31 per thousand suffer from sinusitis. Conversely, among non-Hispanic whites, these figures were 145 and 87 per thousand respectively and 131 and 83 per thousand among African-Americans. Among youths born in Central America, these figures drop to 24 and 60 per thousand (Figure 62). However, if we consider the limited access to health services and medical assistance of the youth population born in Mexico and Central American, many young people probably suffer from respiratory problems that have not been diagnosed by health specialists.

Figure 62. Youth population in the United States that suffered from respiratory allergies and sinusitis in the last year, by ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

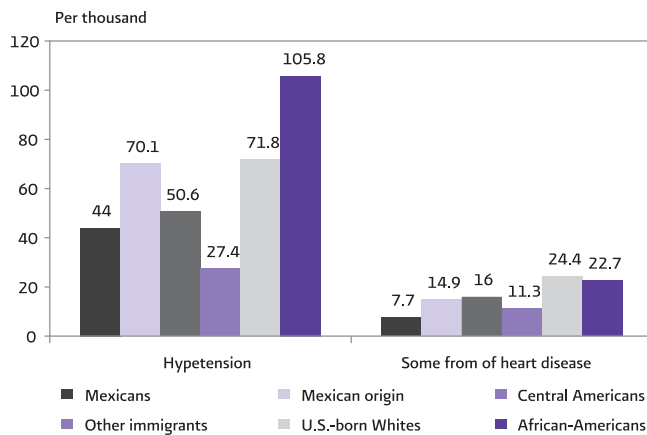
Mexican youths suffer less from hypertension and other cardiovascular diseases than U.S.-born youths

Hypertension (high blood pressure) increases the risk of suffering from heart diseases and strokes, two of the leading causes of death in the United States. This illness affects millions of Americans and a significant segment of the immigrant population residing in the country. However, many people are unaware that they suffer from hypertension, and do not receive any treatment for this condition. Hypertension is easily detected and can usually be controlled with or without medication by modifying one's lifestyle (for example, by increasing physical activity or reducing salt in one's diet).

The data indicate that Mexican-born youths are less likely to suffer from hypertension than young people from other ethnic or racial groups. Only 44 per thousand Mexican youths report hypertension, whereas this figure rises to 70 per thousand for U.S.-born youth of Mexican origin, 72 per thousand among U.S.-born non-Hispanic whites and 106 per thousand among African-Americans. Conversely, among immigrants from Central America and other parts of the world, these figures fall to 51 and 27 per thousand respectively. Since this disease is more common among the population of Mexican origin than among Mexican-born youths, programs for the prevention and detection of this type of illness should be promoted.

With the exception of African-American youth, the pattern of the incidence of health diseases (angina pectoris, coronary disease, heart attacks and congenital diseases, among others) is closely linked to the presence of hypertension (figure 63). U.S.-born whites have the highest incidence of heart diseases (24 per thousand), followed by young African-Americans (23 per thousand). Youths of Mexican origin have a similar incidence to that of Central Americans (15 per thousand) and other immigrants (11 per thousand), whereas Mexican-born youths have the lowest rate (8 per thousand).

Figure 63. Youth population in the United States with hypertension and/or some form of heart disease¹, by ethnic group or race, 2008-2010



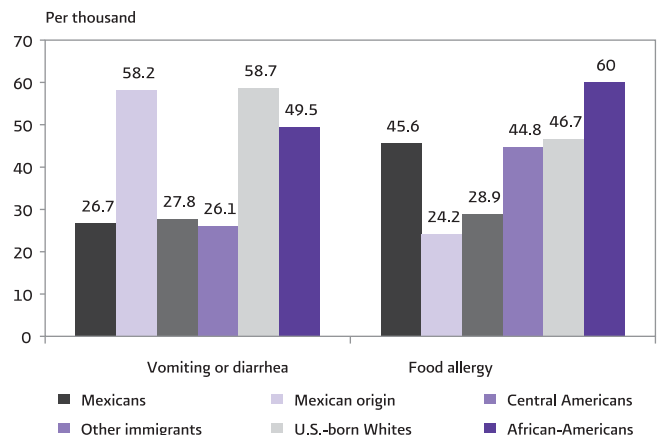
Note: 1/ Ever diagnosed.
 Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

A significant proportion of Mexican youths suffer from certain food allergies

Unlike respiratory and circulatory diseases, the prevalence of stomach diseases is less common among the youth population residing in the United States. It is, however, possible to establish certain differences by national origin. Generally speaking, the data show that U.S.-born youth suffered from diarrhea and vomiting more often than immigrants in the past year. For example, among Mexicans, only 26 per thousand had suffered from either of these

illnesses, a very similar figure to that reported by other immigrants, yet much lower than the figure for U.S.-born youth, among whom the figure is 50 per thousand. However, among the youth population reporting food allergies, the gap between U.S.-born and immigrant youth narrows. In fact, Mexicans have a very similar rate of prevalence of these type of illnesses to non-Hispanic whites and other immigrants (47 and 45 per thousand respectively) (Figure 64).

Figure 64. Youth population in the United States that experienced vomiting, diarrhea or food allergies in the last year, by ethnic group or race, 2008-2010

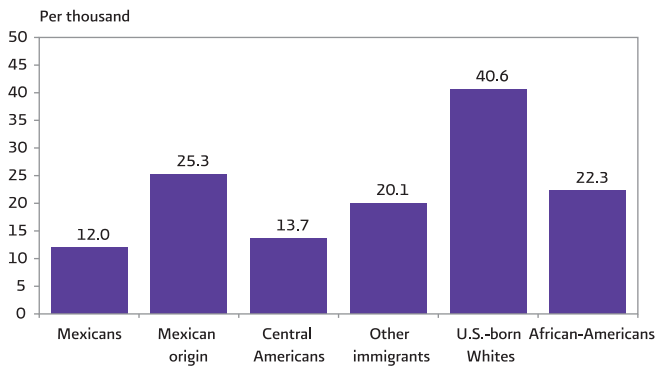


Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Likewise, there is a low prevalence of stomach ulcers among youth born in Mexico and Central America: only 12 and 14 per thousand respectively have ever been diagnosed with this disease, whereas the figure increases to 41 per thousand among U.S.-born non-Hispanic whites. Young Mexican Americans are particularly affected by this disease (25 per thousand).

The change in eating habits, among immigrant populations, coupled with a poor diet and inadequate medical supervision, may contribute to the emergence and development of certain chronic diseases such as diabetes and obesity (Figure 65).

Figure 65. Population ages 18 to 29 in the United States that have been told by a doctor that had an ulcer, by region of origin and ethnic group or race, 2008-2010



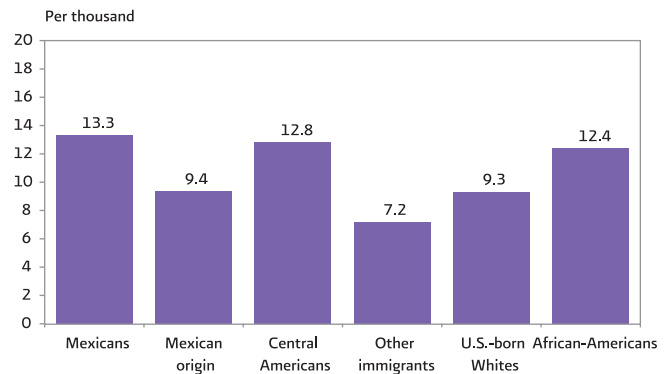
Note: Mexican and Central American migrants and those from other regions have a low sample representativeness.

Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

The prevalence of diabetes is higher among Mexican youths than among U.S.-born youth and other immigrants

One of the main diseases linked to a poor diet is diabetes mellitus. This disease is regarded as one of the most rapidly growing health problems in the United States as well as the most common serious conditions among Mexican immigrants. It is also discouraging to note that Mexican youths have the highest prevalence of diabetes mellitus among the youth population residing in the country, with a rate of 13 per thousand, followed by Central Americans (12.8 per thousand) and African-Americans (12 per thousand). At the other extreme are U.S.-born youths of Mexican origin and non-Hispanic whites (9.4 and 9.3 per thousand) and other immigrants (7.2 per thousand) (Figure 66). This situation is a matter for concern. If left untreated, this disease increases the risk of developing heart diseases, bone, joint and kidney disorders. Other long-term complications include problems of the skin, sight and digestive tract.

Figure 66. Youth population in the United States that have ever been diagnosed with diabetes, by region of origin and ethnic group or race, 2008-2010

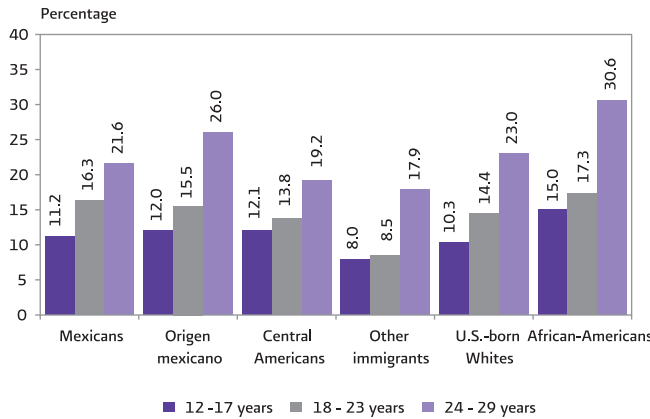


Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Obesity seriously affects young Mexican immigrants ages 18 to 29

Closely associated with diabetes, obesity is another health problem that severely affects the youth population residing in the United States. Among Mexican youths ages 18 to 23, for example, 16% are overweight, a similar proportion to that observed among U.S.-born non-Hispanic whites (14%), those of Mexican origin (15%) and African-Americans (17%), who have the highest percentage of persons with overweight in all age groups. This same pattern is observed among the older group (24 to 29 years), although in this case, the percentage of Mexicans with overweight is lower than among U.S.-born youths. In contrast, those born in Central America and other parts of the world have the lowest indices of overweight and obesity (Figure 67).

Figure 67. Youth population with overweight¹ in the United States, by age group, region of origin and ethnic group or race, 2008-2010



Note: 1/ BMI >= 25
 Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Reproductive health

Adolescence in the twenty first century is defined as the period from the onset of puberty to societal independence and includes the development of sexual and psychosocial maturity. The period of adolescence through young adulthood represents a period of immense health risks, but also vast opportunities for sustained well-being through reproductive health education and prevention. In order to provide a comprehensive view of adolescence, and young adulthood, health and physical development cannot be overlooked. These two factors drive the developmental changes that are experienced during this vibrant period and the sustained consequences over time. Risky behaviors are special challenges during this period.

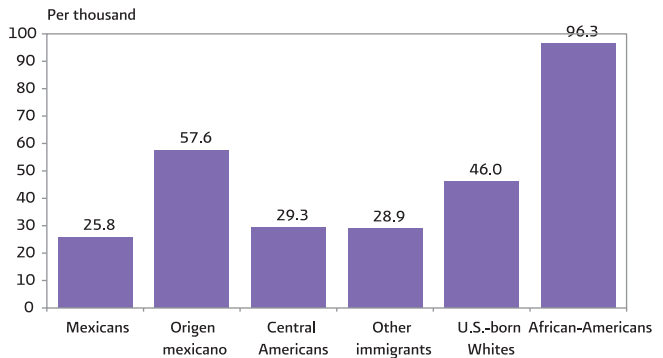
In the United States, research has documented an association of high-risk behaviors with acculturation. With increased acculturation, girls engage in sexual activity at earlier ages and are likelier to give birth outside of marriage and to drop out of school. Increased risk for HIV/AIDS cannot be overlooked as both males and females acculturate and engage more often in substance abuse and risky sexual activity. The most frequently cited risk factors for sexual risk taking behavior are early exposure to social pressure, depression, and low social support. Among late adolescence and early adulthood, the following data describes the sexual health characteristics of the youths

among 18 to 29 year old residing in the United States, certain sexually transmitted diseases (STD) and the prevalence of certain risky behaviors.

The incidence of sexually transmitted diseases (STD's) is lower among Mexican immigrants than in other populations

The data show that young Mexican immigrants have the lowest rate of STD;¹ only 26 per thousand suffered some form of STD over the past five years, a figure that is higher among Central Americans and other immigrants (29 per thousand). Among the U.S.-born populations, young people of Mexican origin have an intermediate prevalence (58 per thousand), above U.S.-born whites (46 per thousand), but far below young African-Americans (96 per thousand) (Figure 68).

Figure 68. Youth population ages 18 to 29 in the United States that has suffered some form of STD in the last five years, by region of origin and ethnic group or race, 2008-2010



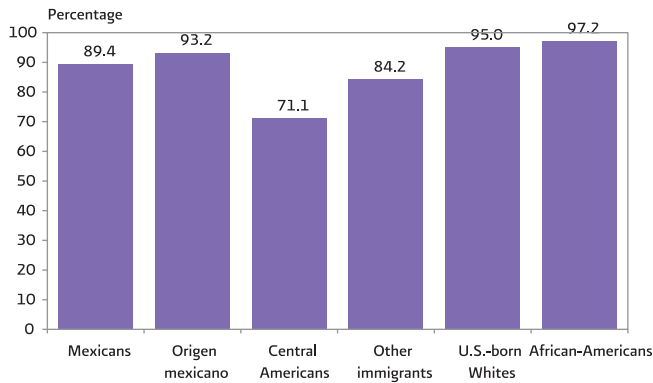
Note: Central American immigrants have low sample representativeness.
 Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Despite having a low prevalence of STD, nearly nine out of ten young Mexican migrants who have suffered from these diseases have visited a doctor for treatment. This proportion is similar in all populations, although slightly lower among immigrants from Central America, where only seven out of ten received treatment (71%). Conversely, among U.S.-born whites and African-Americans, this proportion is approximately nine out of ten (Figure 69). This relative uniform access to care may be due to

¹ Excluding HIV and HPV.

STD clinics and programs in the United States that conduct aggressive outreach and provide free treatment without regard to the person’s immigration status.

Figure 69. Population ages 18 to 29 in the United States that has been treated for some form of STD in the past 5 years, by region of origin and ethnic group or race, 2008-2010

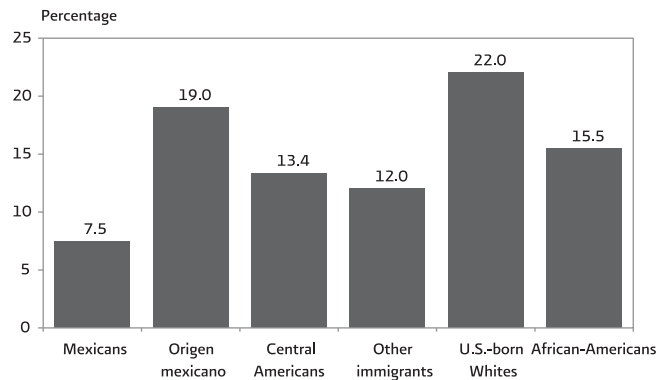


Note: Central American immigrants have low sample representativeness.
 Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

A high proportion of Mexican immigrant women ages 18 to 29 have not been vaccinated against the human papilloma virus

The Human Papilloma Virus (HPV) vaccine protects against some of the most common strains that can cause certain diseases. Among young female immigrants residing in the United States, Mexicans have the lowest percentage of vaccination against the virus (7.5%), followed by those from other parts of the world and Central Americans (12% and 13% respectively). Conversely, among U.S.-born women, those of Mexican origin that have received the HPV vaccine are located at intermediate levels (19%) more often than African-Americans (15.5%) and less often than U.S.-born whites (22%) (Figure 70).

Figure 70. Population of women ages 18 to 29 in the United States that have ever been given the HPV vaccination, by region of origin and ethnic group or race, 2008-2010

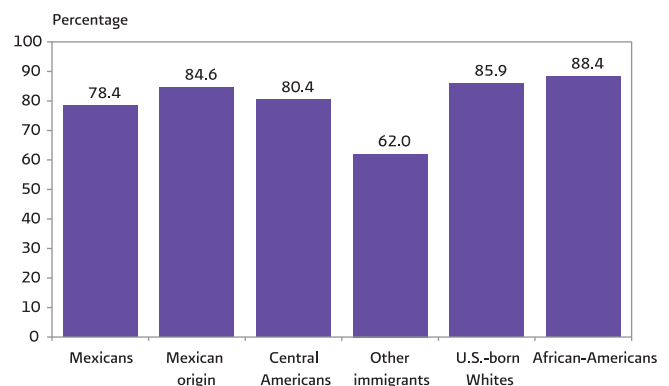


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Only seven in ten Mexican women ages 18 to 29 report having had a Pap smear

Young women who are sexually active should have tests to detect the presence of cervico-uterine cancer. Mexican migrants have the second lowest percentage of Pap smears (78%), higher only than female immigrants from other parts of the world (62%). Conversely, approximately 85% of U.S.-born women of Mexican origin and non-Hispanic whites have had this test. This figure rises to 88% among African-Americans (Figure 71).

Figure 71. Population of women ages 18 to 29 in the United States that have ever had a Pap Smear, by region of origin and ethnic group or race, 2008-2010

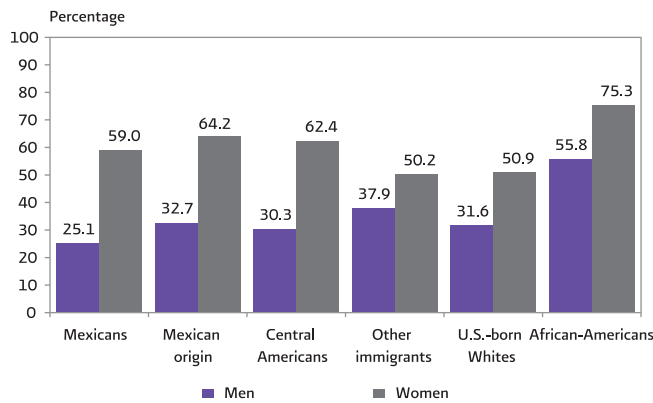


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Mexican men are less likely to have HIV tests than other immigrants or U.S.-born males

Among youth residents in the United States, women are more likely to have tests to detect the presence of HIV than men. Among the immigrant population, for example, twice as many women as men have been tested for HIV. Mexicans and Central Americans reported the lowest percentage of HIV testings (Figure 72).

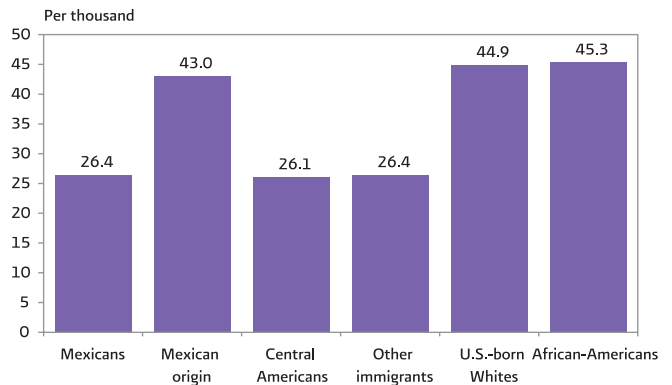
Figure 72. Population ages 18 to 29 in the United States that have ever had an HIV test, by sex, region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

The presence of risk factors, such as the use of injectable drugs and unprotected sex, for example, increases the chances of HIV infection. Young Mexican and Central American migrants and other migrants report lower rates of engaging in behaviors that place them at greater risk of HIV (26 per thousand). Those of Mexican origin, despite reporting more risky behavior, remain below other native populations, with a rate of 43 per thousand (Figure 73).

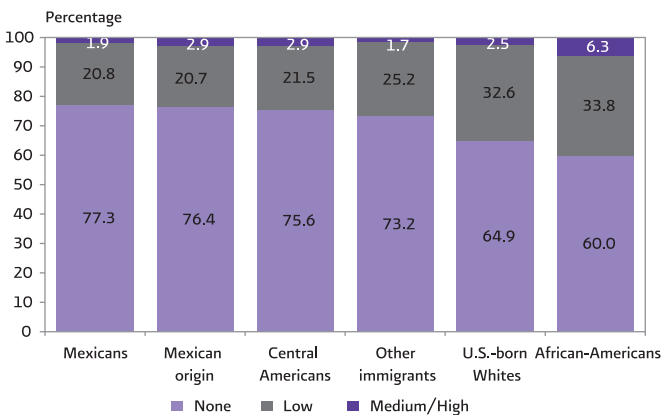
Figure 73. Population ages 18 to 29 in the United States have ever had at risk of contracting HIV, by region of origin and ethnic group or race, 2008-2010



Note: Central American immigrants have low sample representativeness. Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

In this respect, young people’s perception of the possibility of being infected with HIV is important. Among young Mexicans, Central Americans and those of Mexican origin, there is a perception that the risk of being infected with HIV is non-existent or very low. Conversely, among U.S.-born whites, there is a higher proportion of those who perceive this risk as low, among African-Americans, the perception of medium and high risk is much higher than among the other populations (6.3%) (Figure 74). In no case, however, does the self perceived risk reach the level of actual behavioral risk identified in figure 73.

Figure 74. Youth population ages 18 to 29 in the United States by perception of risk of having HIV, by region of origin and ethnic group or race, 2008-2010



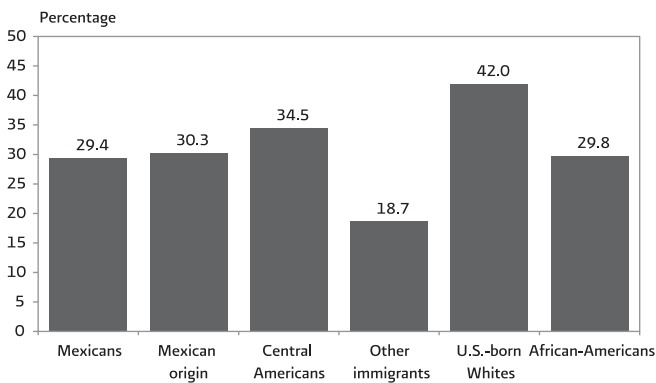
Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Pregnancy History

Mexican women report low rates of use of oral contraceptive methods

Among young women residing in the United States, Mexican women have intermediate levels of oral contraceptive use (29%), a higher percentage than that registered by other immigrants (19%) and similar levels to those of U.S.-born African-Americans and those of Mexican origin (30%). Likewise, Central American women have high rates of oral contraceptive use (35%) but lower rates than those of non-Hispanic whites, four out of ten of whom use this contraceptive method (42%) (Figure 75).

Figure 75. Population of women ages 18 to 29 in the United States that takes oral contraceptives, by region of origin and ethnic group or race, 2008-2010



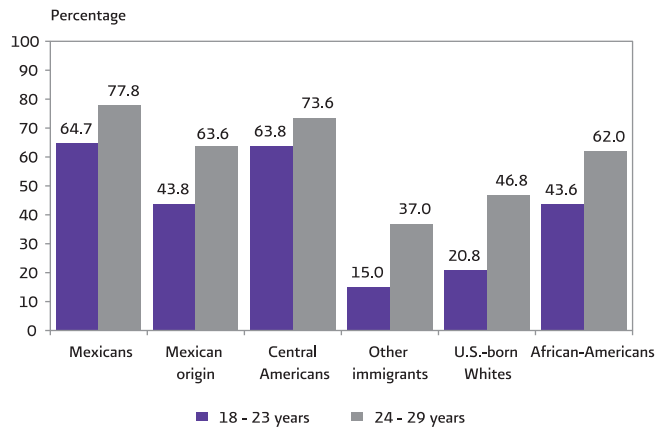
Note: Immigrants from Central America and other regions have low sample representativeness.

Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

Mexican women have tended to become mothers at earlier ages

An analysis of the history of pregnancies among young women ages 18 to 29 residing in the United States shows that a significant proportion of Mexican women have been mothers at an early age. Among 18 to 23 year olds, over six out of every ten report having had at least one child (65%), a proportion that is comparable only to that of Central Americans in the same age range (64%). Conversely, 44% of young women of Mexican origin and African-Americans had experienced motherhood at these ages, a much higher figure than that of U.S.-born whites (21%) and other migrants (15%) (Figure 76).

Figure 76. Population of women ages 18 to 29 in the United States that has had a live born child, by age group, region of origin and ethnic group or race, 2010

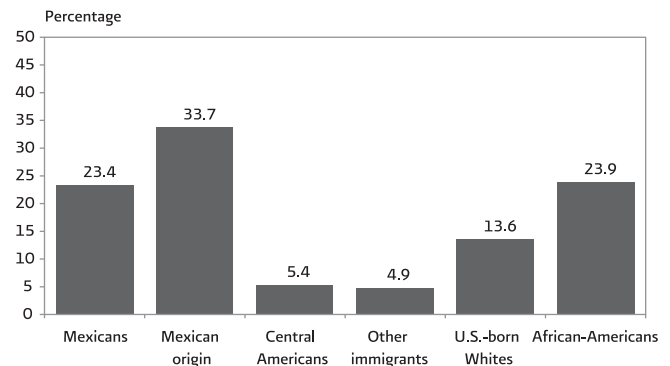


Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2010.

Teenage pregnancy is more common among Mexican immigrant women than other immigrants

Young Mexican women and those of Mexican origin include high percentages of teenage mothers: 23% and 34% respectively report having had their first child before the age of 18, a figure that is only comparable with that of African-Americans (24%). In contrast, Central Americans, other immigrants and non-Hispanic U.S.-born whites have the lowest percentages of teenage pregnancy (Figure 77).

Figure 77. Population ages 18 to 29 in the United States that had a child before the age of 18, by region of origin and ethnic group or race, 2010



Note: Immigrants from Central America and other regions have low sample representativeness.

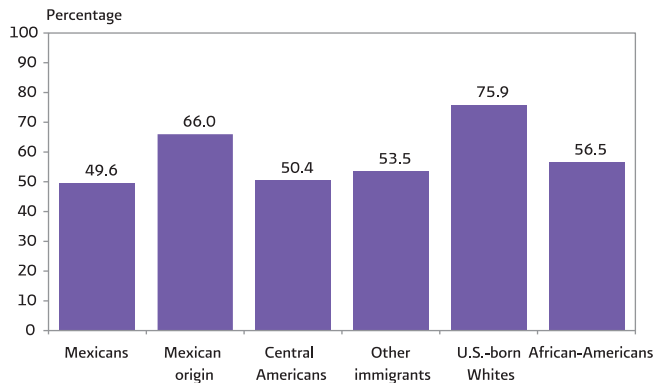
Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2010.

Alcohol and tobacco consumption

Young Mexicans consume less alcohol than U.S.-born youths and other immigrants

Excess alcohol and tobacco consumption poses a severe threat to health, since it can speed up or trigger the emergence of chronic diseases. Several studies reveal a high index of alcohol and tobacco consumption among immigrants, linked mainly to problems of adaptation, isolation, unemployment and lack of financial resources, among others. In this case, the data show that the frequency of alcohol consumption among young people living in the United States is greater among the U.S.-born than among immigrants. In fact, Latin American immigrants register the lowest levels of consumption: only 50% of Mexicans and Central Americans ages 18 to 29 reported having consumed over 12 alcoholic beverages in the past twelve months. This figure is much lower than those registered by U.S. youth of Mexican origin and non-Hispanic whites (66% and 76% respectively) (Figure 78).

Figure 78. Population ages 18 to 29 in the United States that had more than 12 alcoholic beverages in the past year, by region of origin and ethnic group or race, 2008-2010

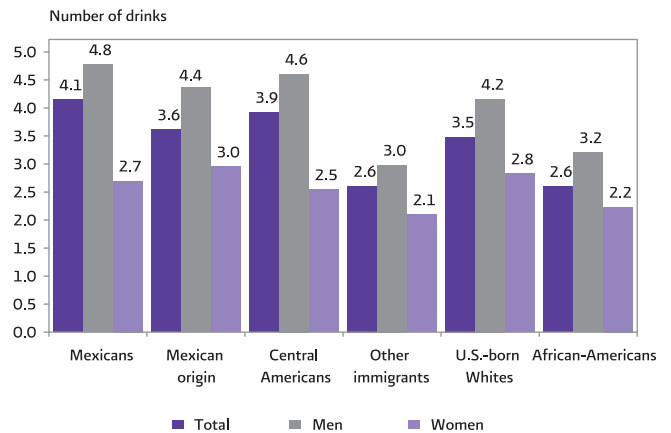


Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

A significantly high proportion of Mexican youths consume alcoholic beverages and tobacco

An analysis of the average consumption of alcoholic beverages per day when alcohol is consumed shows that those born in Mexico and Central America are more likely to drink heavily (an average of 4 drinks on days that they drink) followed by U.S.-born youth and non-Hispanic whites (an average of 3.6 and 3.5 drinks a day respectively). At the same time, the data reveal greater alcohol consumption by men than women. It is worth noting that U.S.-born white women and those of Mexican origin tend to consume alcohol more frequently than women from other groups (Figure 79). These figures are alarming, since studies have documented the fact that alcohol and tobacco consumption among the immigrant population tends to increase with length of residence in the United States.

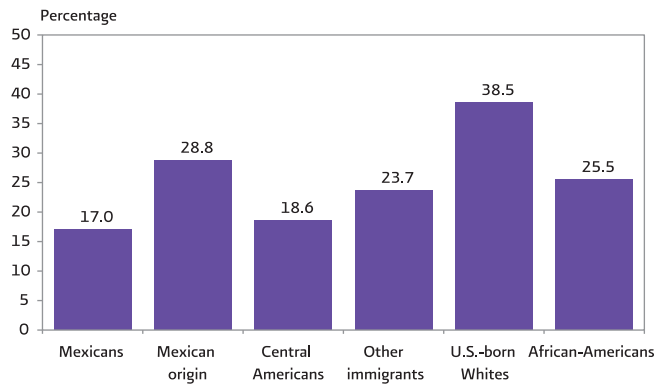
Figure 79. Youth population in the United States by average consumption of alcoholic beverages at one time,¹ by sex, region of origin and ethnic group or race, 2008-2010



Note: 1/ Corresponds to the days on which alcohol is consumed.
 Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Smoking is one of the most serious risk factors, due to its numerous harmful effects on health. This disease, regarded as a voluntary risk addiction, is extremely difficult to stop or control, since once smoking becomes a habit, it is very hard to give up. The data show that smoking is more widespread among U.S.-born youths than immigrants. Mexican youths are least likely to have smoked over 100 cigarettes in their lives (17%), a similar proportion to that registered by Central Americans (18.6%) and slightly above that of other immigrants (24%). Conversely, among the U.S.-born population, 38% of non-Hispanic whites report having smoked over 100 cigarettes, a much higher proportion than that of youths of Mexican origin (29%) and African-Americans (25%) (Figure 80). This suggests that efforts to continue to prevent Mexican immigrant youth from starting to smoke should be a high priority.

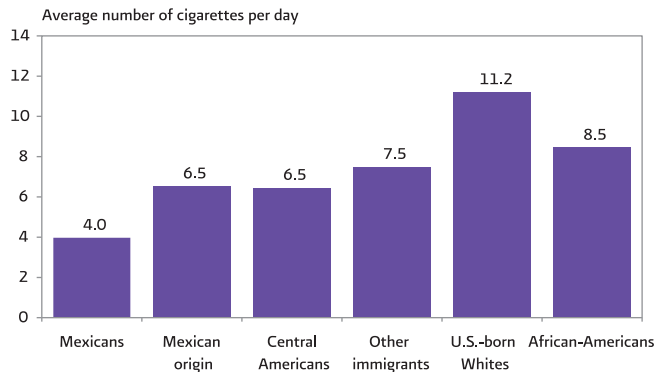
Figure 80. Population ages 18 to 29 in the United States that has smoked over 100 cigarettes in its life, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

According to previous figures, Mexican immigrants who are regular smokers smoke fewer cigarettes per day than U.S.-born youths and other immigrants (an average of 4 per day) (Figure 81).

Figure 81. Youth population ages 18 to 29 in the United States, by average number of cigarettes smoked per day, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey* (NHIS), 2008-2010.

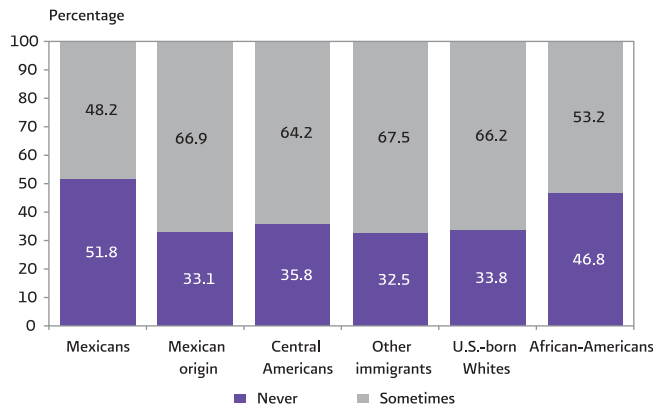
Mental Health

Most young Mexicans perceive themselves as having a good state of mental health

Most young Mexican in the U.S. perceive themselves as being mentally healthy. On the other hand, immigration and the migration process impose unique stresses on adolescents, young adults, and their families that increases the risks for depression, grief, and anxiety. It is worth noting that depression during adolescence increases the risk for serious depression later in life, and is associated with poor health outcomes that include risky sexual behaviors pregnancy, violent behavior, and suicide. Recognizing depression during this period could prevent more serious negative outcomes later in life.

Data show that over half young Mexican immigrants reported that they never felt fear, anxiety, or anguish, while 48% reported that they experienced these feelings on certain occasions. The next group with the lowest record of these feelings are African-Americans (53%). At the opposite extreme, are U.S.-born youth of Mexican origin and non-Hispanic whites who report higher proportions of poorer presence of fear, anxiety or anguish (67%) (Figure 82).

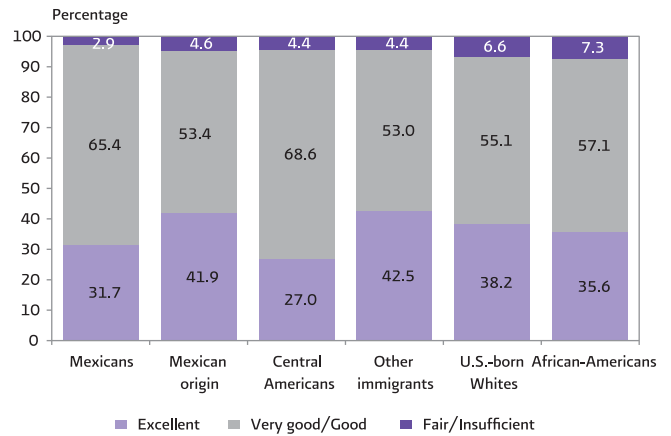
Figure 82. Youth population ages 18 to 29 in the United States, by presence of fear, anxiety or anguish, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

At the same time, Mexican youths report that their mental health is good or very good (65%) while only three out of ten Mexicans consider that it is excellent (32%). These proportions are very similar to those observed among Central American migrants (69% and 27% respectively). Among U.S.-born youths of Mexican origin and non-Hispanic whites, although over half declared that their mental health was very good or good, 42% and 38% respectively rated it as excellent. However, it is worth noting that in both groups, the proportion that defines it as bad is larger than in the rest of the youth population (Figure 83).

Figure 83. Youth population ages 18 to 29 in the United States by perception of risk of its state of mental health, by region of origin and ethnic group or race, 2008-2010



Source: CONAPO estimates based on the *National Health Interview Survey (NHIS)*, 2008-2010.

Some authors note that many of the symptoms observed in the immigrant population, rather than being mental or emotional disorders, can be considered part of the *Ulysses Syndrome*, which consists of a sensation of listlessness and profound sadness that often disappears when the person is reunited with his loved ones.

In short, the data presented in this document show that young Mexicans have a lower prevalence of illnesses diagnosed and ailments than other populations. However, given their access to health care services, it is difficult to ascertain whether a substantial proportion of immigrants are ill or healthy. However, diabetes mellitus is one of the diseases that disproportionately affect this sector of the Mexican population. The situation is a matter for concern since the disease causes several long-term complications. These include cardiovascular diseases, hypertension and blindness. Since diabetes not only affects young Mexicans but also U.S.-born youths, especially those of Mexican origin born in the United States, it would be advisable to launch programs for the prevention and treatment of this disease that is widespread and does not discriminate against immigrants.

Likewise, obesity and alcohol consumption are risk factors that may hasten the increase of chronic diseases in the long term. Moreover, although Mexican men and women

have low rates of prevalence of sexually-transmitted diseases, they are less likely to have medical check-ups to detect the spread of diseases such as HIV and cervical-uterine cancer. At the same time, data on maternal health show that teenage pregnancy is more common among Mexicans than other immigrants, which sometimes jeopardizes the health of both mother and child and impacts teenagers' lifelong educational, social, and economic outcomes. These results indicate that although Mexican youths often have a better state of health than other populations, they also report a pattern of illnesses and diseases requiring medical services for their treatment and prevention.

Lack of access to health insurance and health services experienced widely by immigrants also prevents the delivery of preventive health care and early interventions which could help ameliorate a number of health conditions which impact both the individuals themselves, as well as the broader society, who are ultimately responsible for paying for many of these costs. An investment in this population represents both a moral commitment, as well as recognition of the role that immigrants play in the U.S. society.

Conclusions

As the largest immigrant group in the U.S., Mexican immigrants and their descendants are changing the demography of the nation. Mexican immigrant and Mexican origin youth ages 12-29 are a key part of this change. They are generally healthy. It is expected that they will live their productive adult years in the U.S. contributing to the social and economic well-being of a nation which has always been highly dependent on its immigrants. It is estimated that about the same proportion of today's U.S. population is immigrant as was the case a century ago.

Given these circumstances, it is imperative to create public policies to assure that this sector of the population benefit from the equal opportunities that support the social well-being, of its diverse and vulnerable populations. Unfortunately, for a significant portion of Mexican immigrant youth, this is not the case and they experience disadvantages that may dramatically influence their future. In this sense, protecting the health and well-being of young people sets the stage for a healthy and productive population that affects three generations: adolescents, young adults, and their future children.

While adolescents and young adults may begin with good health, they begin to encounter risks for major public health problems during this period. These risks include: smoking, substance abuse, reproductive health problems that include teen pregnancy, sexually transmitted diseases, and mental health issues. The behaviors developed during the adolescent years are therefore an important determinant of health status and risks for adult health problems.

Environmental influences are extremely important to the health and development of adolescents and young adults. This is particularly important for Mexican immigrant youth who often live in ethnic enclaves and low-income communities and who have less access to education and other opportunities. Over half of Mexican immigrant youth live in low-income families, a higher rate than for

any other group in this report. The low educational attainment of Mexican immigrant youth is especially worrisome. Over half of Mexican immigrant youth ages 24-29 did not graduate from high school, and only 46% of Mexican origin youth born in the U.S. has received any higher education at all. Just 30% percent of school-aged Mexican immigrant youths attend school and nearly 40% have limited English proficiency. This affects future prospects in the labor market, potential earnings, social integration and ultimately their quality of life.

This age group also includes "*Dream Act*" immigrants. They are the youth who were brought to the U.S, by their parents without the appropriate documentation to enter and live in U.S. They often have little or no links to their place of birth. Providing a path to citizenship for those youths who stay in school would provide a powerful incentive for them to complete their education. It would also provide them with access to the health care and other social protections that would help them start and maintain a socially a productive life that not only contributes to their own welfare, but that of their families, and ultimately, the U.S. economy.

Mexican immigrant young adults are active in the labor market, though it is often in unskilled, low-wage jobs without health insurance. They are less likely to have access to healthcare and health insurance than native-born whites and immigrants from other regions, though Central American immigrants share a similar disadvantage. Over half lack a regular source of care. Having a regular source of care is not only critical to accessing primary care, but is also a predictor of future need for health services. This disparity mirrors the social inequalities inherent in the U.S. health system, in which the most disadvantaged groups receive lower quality healthcare.

Since health insurance is the primary means for access to care, particularly for persons with limited incomes, Mexican immigrant youth are more often deprived of needed

health services. These include mental, reproductive, oral and visual health check-ups. Between 2008-2010, nearly 25% of the Mexican immigrant youth population, for example, did not receive needed dental and visual health services due to the cost of services and lack of health insurance.

Risk-taking is a characteristic of development during the adolescent and early adult years. Teenage pregnancy is more common among young Mexican immigrant women than among other immigrants. It is also worrisome that young Mexican origin men who drink consume more alcohol than any other group including the U.S.-born white young population. Alcohol abuse can produce chronic health conditions and increase the need for health care services.

However, Mexican immigrant youths show remarkably low overall rates of alcohol and tobacco use when compared to U.S.-born white and Mexican origin youths. This likely reflects the of protective influence of Mexican culture and limited acculturation to U.S. society. These are protective factors that should be considered in the development of public programs for underserved populations.

Low socio-economic status, lack of insurance coverage and lack of access to timely medical care has consequences for health status. Though Mexican immigrant youth have the highest prevalence of diabetes among their age group, on many other measures they are healthier than U.S.-born white and Mexican origin youth. This reflects the high level of health capital with which they arrive in the U.S. Preserving this health capital is of utmost importance, especially given the disparities in health insurance coverage and living and working conditions that Mexican immigrants face in the U.S.

This report sheds light on several key measures of health and well-being as well as disadvantages that Mexican immigrant young people in the United States experience. This study focuses on health behaviors and risks, but it should be noted that there are strengths, resilience and protective factors that influence this population. Research must be undertaken to understand these factors. The adolescent and young adult years mark the transition into adulthood. Providing for the health and well-being of Mexican immigrant youth is an opportunity to promote the future population health of a vulnerable segment of the nation that is, and will continue to be, critical to the future success of the U.S. in the 21st Century.

As ethnic diversity increases, it will be important to give attention to disparities in health outcomes and their relationship with social inequalities that are the antecedents of the health conditions studied here. Further research is needed- and young people should participate- to translate these findings into programs and practices that promote adolescent and young adult health.

The health of today's Mexican immigrant youth will affect future population health as they develop and grow into productive members of society and have their own children. In this context, it is in society's best interest to attack the root causes of poor health -inequalities in education, access to care, and poverty- to which Mexican immigrant youth are disproportionately exposed.

Improving the conditions in which Mexican immigrant and Mexican origin youth live, grow, and work should be among the highest priorities of the nation.

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