

# Migration and Health: Colombians in the U.S.



Libertad y Orden  
República de Colombia



**MIGRATION  
AND HEALTH:  
COLOMBIANS  
IN THE U.S.**



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# Foreword

Designing, executing and evaluating the public policy on migration is a priority work area for the Ministry of Foreign Affairs. The program *Colombia Nos Une*, applies itself to efficiently attend to the needs of Colombians abroad and strengthen their bonds with the country.

With the active participation of different public institutions, academic organizations and Colombian communities around the globe, the Ministry has designed a policy proposal which will be presented to the National Board of Economic and Social Policy (CONPES in Spanish, the foremost authority of national planning that coordinates national offices in charge of social development) for its approval and execution.

The public policy on migration includes the commitments of eleven national entities and sets the national guidelines through five axis: Community Abroad Plan, Services for Colombians Abroad and their Families in Colombia, Ordered and Regulated Migration, Positive Return Plan and the Observatory of International Colombian Migration.

Health Initiative of the Americas is a document of the University of California that became a substantial contribution for the development of this policy, especially for all the activities related with providing services. The better understanding of the health situation of Colombian nationals in the United States allows implementing more efficient mechanisms to address their needs.

Since 2001 the Initiative coordinates and arranges the Binational Health Week, one of the biggest social mobilizations benefiting Hispanics

living in the United States. Thanks to its leadership and the generous contributions of thousands of volunteers, Government agencies, community organizations, and the support of consulates from countries involved in this project, in 2007 over three hundred thousand Latin-Americans attended, and the past year over five hundred thousand.

On behalf of the Colombian Government, we express the gratitude for this invaluable effort and this important publication. We hope to keep working on this and more joint initiatives that benefit our population abroad.

JAIME BERMÚDEZ MERIZALDE  
*Minister of Foreign Affairs*

# I. Characteristics of Colombian Migration to the United States

## TRENDS AND SCOPE

The United States is the principal destination for Colombian emigrants.

Colombian migration is not a new phenomenon. One in ten Colombians lives outside of Colombia, making it one of the most numerous countries of emigration in South America where the United States is the principal destination for Colombian emigrants, followed by Spain and Venezuela

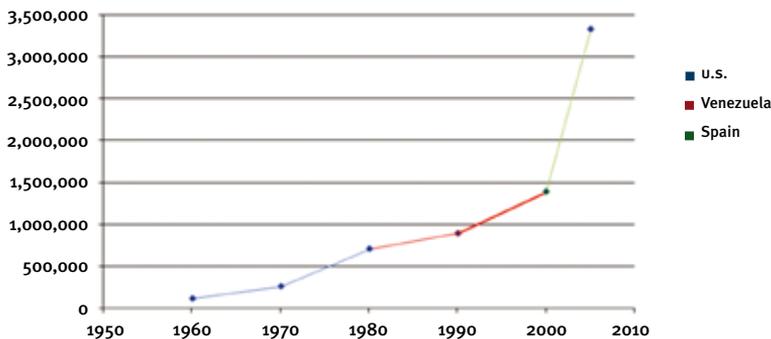
According to estimate indirect models taking into account the evolution of stocks since 1985, the National Administrative Department of Statistics (DANE in Spanish), estimated that in 2005, there was a population of 3,378,345 Colombians living permanently abroad.

International migration in Colombia is a growing and heterogeneous phenomenon, where its causes and consequences are closely linked to local and global situation. The reasons for Colombians to emigrate are diverse and they migrate also to different destinations. One of the main reasons for this is to seek more opportunities abroad, taking into account the demand for unskilled labor force in developed countries and also because of the effect of globalization over increasing skilled labor force that seeks greater incomes in developed countries. Likewise, there are reasons such as family reunification, improving levels of quality of life, political persecution and supply of higher education studies in other states.

The destinations selected by the Colombian migrants, according to DANE, are: United States (34.6%), Spain (23.1%), Venezuela (20.0%), Ecuador (3.1%), Canada (2.0%), Panama (1.4%), Mexico (1.1%), Costa Rica (1.1%) and with a minimum percentage Australia, Peru and Bolivia. (See figure 1)

Colombian immigrants in the United States contrast distinctly with other groups of Latino immigrants both in terms of the reasons they emigrate and their socio-economic and educational profile, as it will be shown in this study. Historically, Colombia is a country that has been characterized as having great population mobility in the last three last decades. The first migratory wave went to the United States in the seventies, in the eighties the second migratory wave to Venezuela, and in the nineties the third to Spain.

**Figure 1.** Phases of Colombian migration, 1960-2005



Source: Ministry of Foreign Affairs of Colombia.

According to DANE, 1,168,907 Colombians live in United States. However, the Bureau of Census in the United States has registered approximately 589,000 documented Colombians, a number that represents only 1.5% of the United States' total foreign born population and 0.2% of the overall U.S. population<sup>1</sup>.

<sup>1</sup> About these statistical estimations, different research studies agree that this numbers, in general, are underestimated.

Additionally, different studies conclude that Colombian emigration to the U.S. began in the 1960's, with a second wave following from 1970 to 1990 and a third beginning in the early 1990's. These waves occurred specially for economic reasons –finding a job and increasing their incomes- and also, due to the political situation related to the threat of illegal armed groups in Colombia. This emigrant population was characterized as having an acceptable level of education, a good knowledge of English, a higher proportion of women and an important presence of middle and high social classes.

In 2008, 56.8% of Colombian residents in the United States were women. Of all of the Colombian migrants, men and women, 75% are in the age range of 18 to 64. Approximately 12.5% of those are children or adolescents (0 to 17 years) born in Colombia, and 12.5% are over 65 years. This is unlike migrants from Ecuador, El Salvador, Guatemala and Honduras, which are even more concentrated in ages with capability to work<sup>2</sup>.

Most Colombian immigrants in the United States speak English.

Colombian immigrants and those of Colombian origin in the United States have at least a basic, and in some cases, more advanced knowledge of spoken English. In 2000, just under 9% of those born in Colombia reported not speaking English. Men have a slight advantage over women, 40% of Men and 39% of women reported speaking English very well. The 11% of the Colombians born reported speaking basic English; 12.5% of men and 9.8% of women.

Colombians emigrate to the U.S. for work, family reunification and as a response to threat of illegal armed forces in Colombia.

Though it is often assumed that Latino migration to the United States is partly motivated by the desire to take advantage of social services, Latinos tend to migrate for work and for family reunification. Migration in response to the demand for labor is traditionally defined as a *pull* factor. In

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<sup>2</sup> Bureau of the Census of the United States, Current Population Survey 2008.

the case of Colombia, migration is also spurred by push factors, as is the case when individuals or families migrate in order to escape the armed conflict in Colombia which affects economic opportunities for Colombians. Among the most frequent reasons Colombians migrate are: 1) perceived employment opportunities in the United States; 2) perceived lack of employment for the highly educated in Colombia (i.e. brain drain); 3) family reunification; and 4) fear for personal and family safety and security in the region of residence in Colombia. In 2003, the U.S. was home to 11,600 Colombians granted asylum status in the United States, and the Office of the United Nations High Commissioner for Refugees (UNHCR) described the situation of increasing Colombian asylum petitions as critical<sup>3</sup>.

## TERRITORIAL EXTENT OF COLOMBIAN IMMIGRATION IN THE UNITED STATES

Colombians are concentrated in Florida, New York and New Jersey.

Colombian immigrants as well as Colombians born in the United States are settled primarily in several states that include Florida, New York, and New Jersey. When Texas and California are included, over 77% of Colombians can be accounted for. Florida is the state of most numerous Colombian settlements and it is home of 31% of Colombian immigrants. The 22% of Colombian immigrants live in New York, 14% live in New Jersey and nearly 7% in California<sup>4</sup>.

Despite being concentrated in specific geographic areas, studies on Colombian migration have shown that they do not form *ethnic enclaves*, and that their settlement patterns are based on primarily on family reunification. Colombian communities tend to be differentiated by the class and social status that individuals bring with them from Colombia and reproduced among immigrant communities in the United States. There has been

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<sup>3</sup> UNHCR 2005. "International Protection Considerations Regarding Colombian Asylum Seekers and Refugees." Geneva.

<sup>4</sup> Migration Policy Institute & US Census Bureau 2000.

some speculation that this trend may prevent the Colombian community in the United States from realizing its full social and economic development<sup>5</sup>.

## Migratory Status

Unlike Mexican immigrants, Colombians, once in the United States, tend to stay and many are naturalized U.S. citizens. Of Colombians in the United States, nearly 30% are those who were born in the U.S. or had at least one citizen parent. An additional 30% are naturalized citizens, and 40% reside in the United States but are not citizens. Of those who are naturalized citizens, 88% have lived in the United States for over eleven years<sup>6</sup>.

The Department of Homeland Security estimates that Colombia contributes to undocumented immigration to the United States. Unfortunately, illegal immigration supposes numerous difficulties for Colombian immigrants as well as the U.S. communities where they live. Even though they make a substantial economic and social contribution to U.S. society, those with undocumented status are more likely to avoid seeking medical care and other services for fear of deportation. In addition, this status facilitates numerous situations in which immigrants' rights are unprotected and often abused.

## Socio-Economic Conditions of Colombian Immigrants in the U.S.

Colombian immigrants are active in the U.S. economy, with many professionals in their ranks.

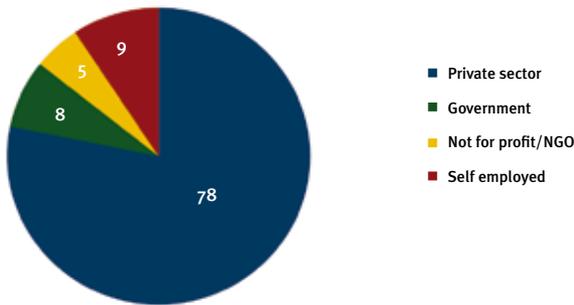
Most Colombian immigrants in the U.S. participate in the labor force, but they do so less so than immigrants from other parts of the Latin America. The 69% were economically active in 2008, compared to 66% of native-born Whites in the U.S., 71% of Ecuadorians, 79% of Salvadorans, 74% of

<sup>5</sup> GAMARRA, Eduardo A., La Diaspora Colombiana en el Sur de Florida, Seminario Internacional sobre Migración Internacional Colombiana y la Conformación de Comunidades Transnacionales, June 18 - 19 de 2003, Bogotá.

<sup>6</sup> BIDEGAIN, Ana María; AYSA-LASTRA, María; WOOLRIDGE, Brooke; *Presencia Colombiana en Estados Unidos: Caracterización de la Población Inmigrante*, Ministry of Foreign Affairs of Colombia, 2008.

Guatemalans and 73% of Hondurans. This is partially reflective of the fact that there are fewer Colombians between the ages of 18 and 65 in the U.S. It also reflects the greater presence of children and the greater presence of women, who are slightly outnumbered by men in the workforce and sometimes opt to care for children at home. As shown in figure 2, among Colombian Immigrants in the United States, approximately 77% are employed in the private sector, 8% work in government, 9% are self-employed and 5% work for a Non-Government Organization (NGO)<sup>7</sup>.

**Figure 2.** Employment of Colombian immigrants in the U.S. (percentage)



Source: Bureau of the Census, *Current Population Survey (CPS)*, 2008.

Colombian immigrants are more likely to be employed in professional and qualified occupations than are their counterparts from other parts of Latin America. The 29% of working Colombian immigrants is employed in executive and professional occupations, a rate that exceeds that of other Latino immigrants by a margin of 10 to 20%. Colombian immigrants are essentially not represented in agriculture, where Mexican immigrants are heavily concentrated<sup>8</sup>. However, as with other Latino immigrants, they tend to work in sales, administration and services<sup>9</sup>.

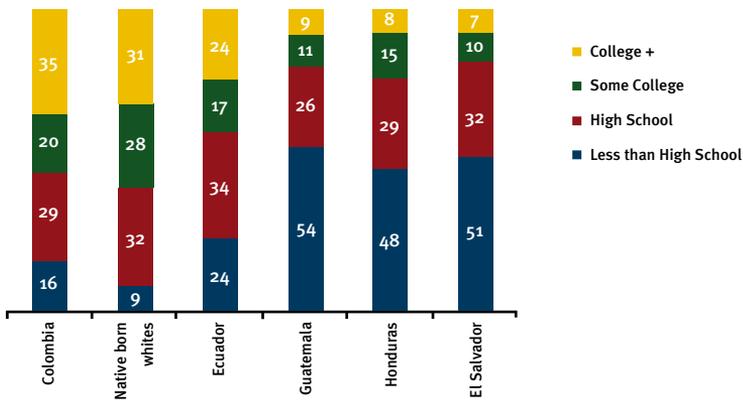
<sup>7</sup> BIDEGAIN, Ana María; AYSA-LASTRA, María; WOOLRIDGE, Brooke; *Presencia Colombiana en Estados Unidos: Caracterización de la Población Inmigrante*, Ministry of Foreign Affairs of Colombia, 2008.

<sup>8</sup> WALLACE, S., CASTANEDA, X., et al. *Migration, Health and Work: The Facts Behind the Myths*, Secretary of Health of Mexico, 2007.

<sup>9</sup> Bureau of the Census, *Current Population Survey* 2008.

The workforce status and economic wellbeing of Colombian immigrants is aided by the fact that they are relatively educated compared to immigrants from other Latin American countries. The educational profile of Colombian immigrants in the U.S. is similar to that of native-born whites. This is due in part to the fact that throughout the relatively recent history of Colombian immigration, many professionals and investors and their families have chosen to come to the United States to occupy qualified jobs. Of Colombian residents in the U.S. as of 2008, nearly 30% had graduated from high school and 34% had completed university degrees. Just 16% lacked a high school diploma, compared to 24% of Ecuadorians, and nearly 50% of Salvadorans, Guatemalans and Hondurans<sup>10</sup>. This is illustrated in figure 3.

**Figure 3.** Education of Colombian immigrants in the U.S. (percentage)



Source: Caballero y Castrillón, “Las migraciones un reto en la medición estadística”, 2006.

These factors explain the fact that, on average, Colombians in the U.S. accomplish better than other Latino groups in terms of earnings. In 2008 the 23% of Colombian immigrants were reported as being *low income*, that is - reported annual incomes of below 150% of the federal poverty line. The Census Bureau’s *poverty threshold* measure for 2008 defines 1.5

<sup>10</sup> Bureau of the Census, Current Population Survey 2008.

times the federal poverty line as \$32,700 in annual income for a family of four<sup>11</sup>. Colombian immigrants rank just below native-born whites, 17.7% of this group is categorized as low income according to the measure described above. Other immigrants from Latin America present much more pervasive poverty levels than do Colombians. The 28% of Ecuadorians are of low income, as well as 34% of Salvadorans, nearly 40% of Guatemalans and 37% of Hondurans. Other immigrants from Latin American and the Caribbean, a category that includes Mexicans, reports 39% of families/ individuals below 150% of the federal poverty line<sup>12</sup>. Thus, on average, Colombian immigrants in the U.S. enjoy somewhat higher economic standing than other immigrant groups from Latin America. That more Colombians in the United States have been to accumulate higher incomes may reflect their propensity to stay in the United States, the increased earning potential of long-stay immigrants, and the relatively higher education levels that Colombians in the U.S. tend to have.

## PRELIMINAR CONSIDERATIONS

In summary, Colombian immigrants and those of Colombian origin in the United States present a unique picture in relation to other Latino groups. Though they constitute the most numerous South American group in the U.S., their numbers are far outweighed by Mexicans as well as Cubans, Guatemalans and Salvadorans in the U.S. Like other Latino groups, many Colombians come to the United States in order to work, however, the ongoing civil conflict in Colombia is also a primary push factor in Colombian emigration. There are many highly educated professionals among their ranks, and most Colombians in the U.S. have a primary education and often a university degree. This contributes to their higher earning potential. While those of Colombian origin earn less than their native-born white counterparts, they earn more on average than most other Latino immigrant groups.

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<sup>11</sup> Bureau of the Census, Housing and Economic Statistics Division, *Poverty Thresholds for 2008 by Size of Family and Number of Related Children Under 18 years*.

<sup>12</sup> Bureau of the Census, Current Population Survey 2008.

Statistically speaking, Colombian immigrants tend to enjoy an advantage in terms of socio-economic status compared to their counterparts from other parts of Latin America; however, the status of those Colombians without proper documentation is a matter of serious concern. While Colombian immigrants seem to be relatively better off than other Latino immigrants, more information on the undocumented might bring to light trends not visible in the data presented here. Significant speculation remains about the true number of Colombians in the U.S. In addition, they share with other Latino groups a distinct disadvantage in terms of their access to the healthcare system in the United States when compared to native-born whites and immigrants from other parts of the world. The next chapters in this publication are dedicated to further exploration of this topic.



## II. Coverage and Type of Health Insurance

The U.S. health system is based primarily on the private sector while the state's responsibility is limited to dealing with the most vulnerable limited-income groups. In particular, the health system depends on private health insurance mainly obtained through employment (whether one's own or that of a relative). Thus, the state is exclusively responsible for less than a fifth of the country's insured population. Firstly, health insurance depends largely on the employer's disposition and the workers' ability to negotiate job benefits. Secondly, access to public programs targeting limited-income groups such as Medicaid are conditioned by meeting certain eligibility criteria associated with income levels and in the case of immigrant populations, with migratory status and length of legal residence in the country.

This reveals a system of health provision in which a significant sector of the population lacks health insurance, which negatively conditions their state of health. Within this context, incorporating immigrant populations into health insurance schemes is a key issue in the current discussion of the U.S. health system. Immigrants' level of access to various types of health insurance corresponds to and expresses their process of insertion into the receiving society. Latin American and Caribbean immigrants' unfavorable processes of integration into the United States in relation to other groups means that they have more limited access to the North American health system. These immigrants (many of whom are undocumented), living in the context of scarce resources, experience serious financial crises when they have to be admitted to hospital centers because of a serious illness or injury.

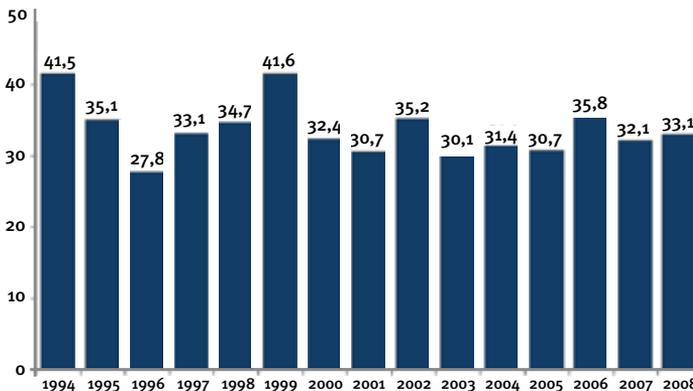
## HEALTH INSURANCE COVERAGE

Health insurance coverage was analyzed as a part of this study on the basis of the March 2008 Current Population Survey (CPS). However, for some variables, the insufficiency of the sample size for the case of Colombian immigrants meant that the data base had to be integrated and reweighted for a period of three years (2006, 2007 and 2008) to ensure the representativeness of the information.

One in three Colombian immigrants in the United States is not covered by any health system.

A significant proportion of Colombian immigrants in the United States face serious problems in terms of access to health insurance systems. Nevertheless, the relative number of Colombians lacking health insurance has fallen between 1994 and 2008, which may reflect more favorable processes of integration into U.S. society: whereas in 1994 Colombians living in the United States without health insurance accounted for 42% of the total number of Colombians resident in the country, this figure had decreased to 33% in 2008 (Figure 1).

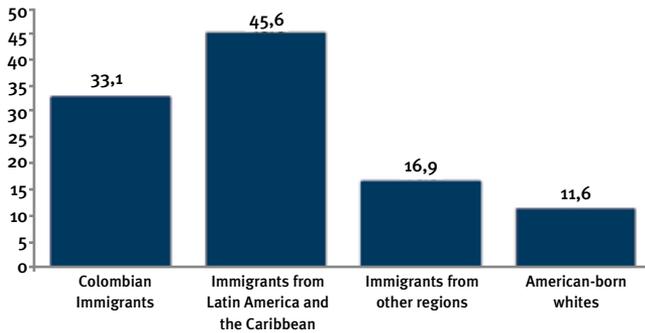
**Figure 1.** Colombians living in the United States without health insurance 1994-2008 (percentage)



Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 1994-2008.

Colombians have a lower percentage without health insurance (33%) than the group comprising immigrants from other Latin American and Caribbean countries (46%), yet they have less coverage in comparison to immigrants from other world regions (17%) -also referred to in this report as “other immigrants,” and compared to the white, U.S.- born population (12%). First of all, these figures permit the identification of the existence of ethnic disparities in access to U.S. medical health insurance systems in which Latin Americans and Caribbeans emerge as the most vulnerable population group (Figure 2).

**Figure 2.** Immigrants and American-born whites lacking health insurance, 2008 (percentage)

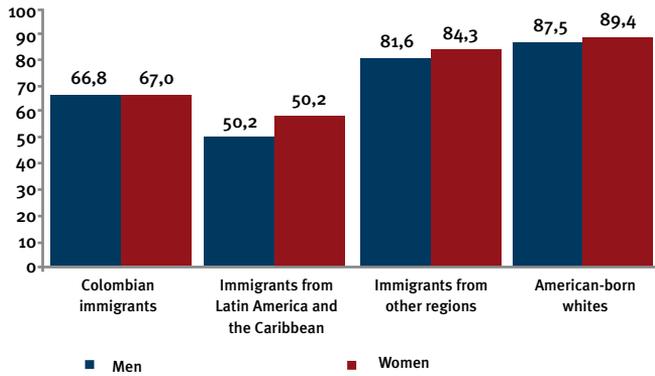


**Source:** Author's estimates based on Bureau of the Census, Current Population Survey (CPS), March 1994-2008.

There are no pronounced differences in access to health insurance schemes between men and women. In general, women tend to have slightly higher coverage rates than men. However, this trend is not found among Colombian immigrants, where men have similar rates to women (67%) (Figure 3).

The lack of health insurance coverage is most acute among recent Colombian arrivals to the United States who display fairly high percentages lacking protection: 64% of those that have resided in the country for less than 4 years lack health insurance, and as their length of stay increases, the percentage of non-insured decreases. For Colombians with over 10

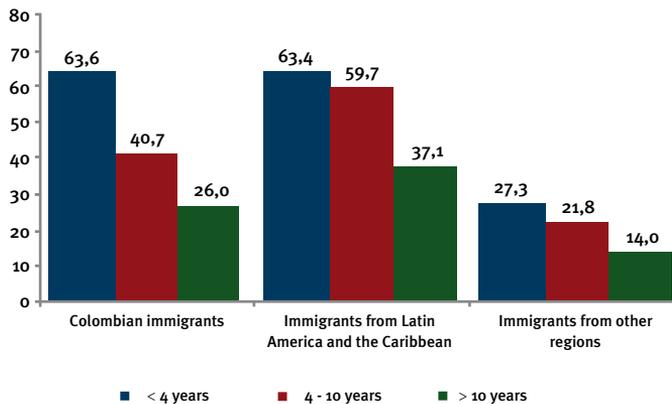
**Figure 3.** Immigrant men and women without health insurance in the United States, 2008 (percentage)



Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2008.

years residence only a quarter lack health insurance coverage. These data show how the length of stay in the receiving society constitutes a factor that favorably conditions the immigrant populations' social integration (Figure 4).

**Figure 4.** Immigrant population lacking health insurance by time of residence in the United States, 2008 (percentage)



Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2008

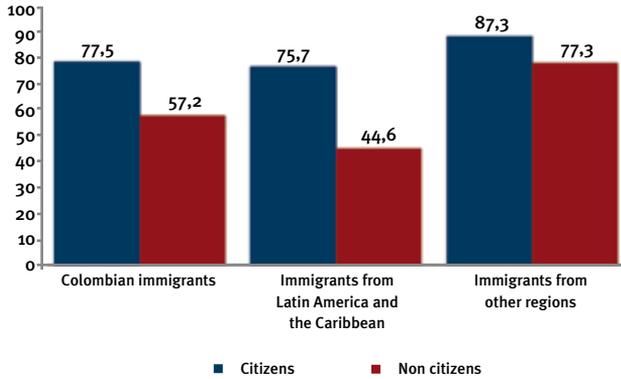
However, Colombians' pattern of disadvantage in relation to immigrant populations from other world regions persists over time. Despite similar lengths of residence, Colombians have higher prevalences of lacking medical insurance. It is worth noting that Colombian immigrants who have spent the longest time in the U.S. display similar levels of lack of protection to those of "other immigrants" with periods of residence of less than five years (26 and 27% respectively).

The non-naturalized Colombian population has the lowest health insurance coverage rates.

Recent years have seen the imposition of new barriers that severely restrict the ability of immigrant populations to benefit from public health programs that target limited-income families. This is because citizenship is critical in that non-citizens experience severe limitations in access to social benefits of these programs. Similarly, to be eligible for public health programs designed for limited-income families, the social security law requires immigrant populations to prove a minimum of five years' regular residence in the country.

One of the bases of this change of policy appears to be an attempt to discourage immigration, which has proved largely unsuccessful, since employment opportunities rather than possible access to social privileges provide the incentive for migration to the United States. These measures, however, have backfired by deepening social inequalities in the country, leading to an acute difference between U.S. nationals and foreigners as well as sharp disparities by ethnic group. The data clearly show that obtaining citizenship constitutes a factor of social integration for immigrant population, expressed through the greater provision of rights and social and work benefits, which include health insurance: approximately three out of every four naturalized Colombians (78%) have health insurance. The situation of non-naturalized Colombian citizens, which includes the undocumented population, is much less favorable: only 57% have health coverage (Figure 5).

**Figure 5.** Immigrant population with health insurance by residence status in the United States, 2008 (percentage)



Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2008.

It is worth noting, however, that despite having similar citizenship status, Colombians have lower coverage rates than immigrant populations from other world regions (87%), which is undoubtedly linked to a pattern of work insertion in which employee benefits are more limited.

Despite the greater exclusion of Latin American and Caribbean immigrants from the U.S. health provision system, it is important to note that the size of this population does not constitute the main factor in the problem of lack of medical insurance in the country. The exclusion of 46 million persons nationwide means that this problem is mainly the result of a system that essentially delegates responsibility for health insurance provision to employers who tend not to provide benefits for poorly paid workers with a low level of human capital.

## HEALTH INSURANCE COVERAGE BY AGE GROUP

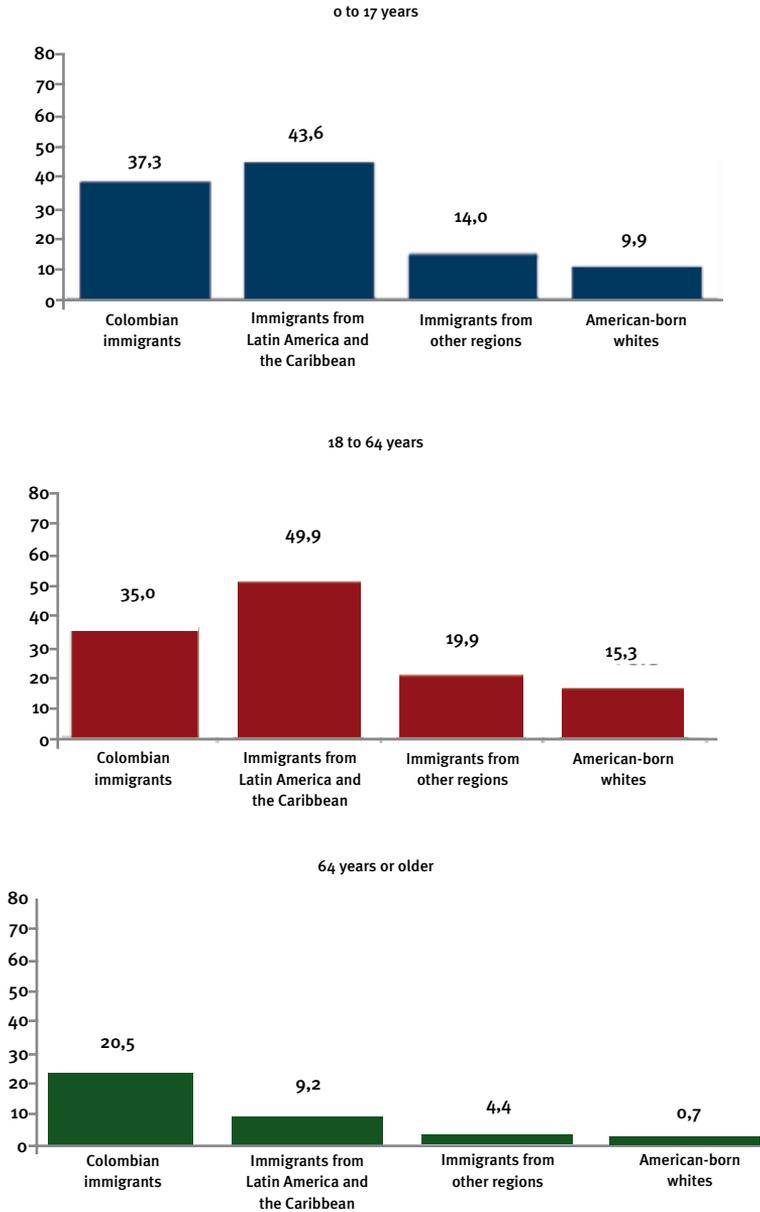
At every stage in their life cycle, Colombians have higher degrees of exclusion from the health system than immigrants from other regions and U.S.-born whites.

An analysis of health insurance coverage at the various stages of the life cycle shows that in general, Colombians are at an advantage over other Latin American and Caribbean immigrants while being at a severe disadvantage in relation to “other immigrants” and U.S.-born whites.

There is, however, an unusually high degree of lacking medical insurance for Colombian children and youths in relation to adults of the same origin (37 and 35% respectively) since the former usually have greater access to the health system (Figure 6).

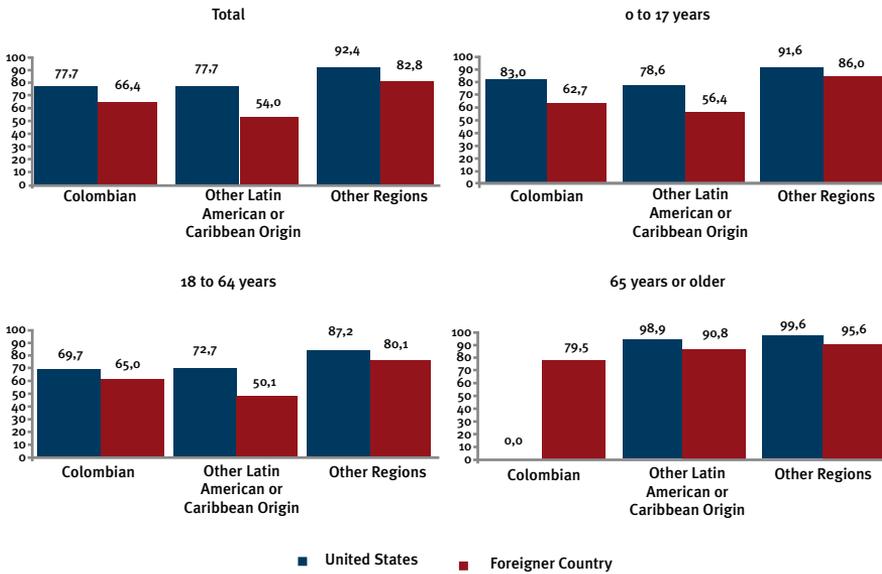
Health insurance for the U.S. population of Colombian origin varies according to the country of birth while citizenship is reflected in higher health coverage rates among U.S.-born Colombians. Nevertheless, in all age groups, the U.S.-born population of Colombian origin has lower coverage levels than the U.S.-born populations of other origins (Figure 7). It is important to note the particularly delicate situation of Colombian families with mixed-status children. Those that are citizens by virtue of having been born in U.S. territory have health insurance whereas those born in Colombia are ineligible.

**Figure 6.** Immigrant population and American-born whites lacking health insurance by age in the United States, 2006-2008 (percentage)



Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2006, 2007 and 2008.

**Figure 7.** The insured U.S. population by origin, birth place and age, 2006-2008 (percentage)



\* / The origin is determined by the place of birth of parents.

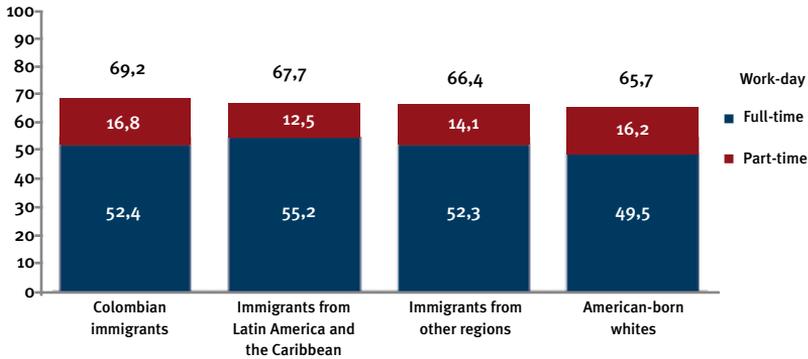
Source: Author's estimates based on Bureau of Census, *Current Population Survey (CPS)*, March 2006, 2007 and 2008

## TYPE OF MEDICAL INSURANCE

The vast majority of the uninsured Colombian adult population work in the U.S. labor market.

The lower health insurance coverage of Colombian immigrants and those from other Latin American countries cannot be explained by low indices of participation in the labor market; over two out of every three adults from Colombia and other countries in Latin America without health insurance coverage work in the U.S. labor market, with most doing so on a full-time basis (Figure 8).

**Figure 8.** Labor participation of immigrants and American-born whites without health insurance, by work-day in the United States, 2008 (percentage)



Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2008.

Since they are less likely to obtain health insurance through their employers than “other immigrants” and the white, U.S.-born population, it is hardly surprising that, given the high cost of private insurance and lower access to public health programs, Colombians should have much higher rates of lack of insurance than other groups. The data show that only half of all Colombian children and young people and 55% of adults of the same origin have private medical insurance, which is primarily obtained through employment. These rates are lower than those for immigrants from other world regions (60 and 69%) and even lower than the prevalences for the white U.S.-born population (63 and 73%) (Figure 9).

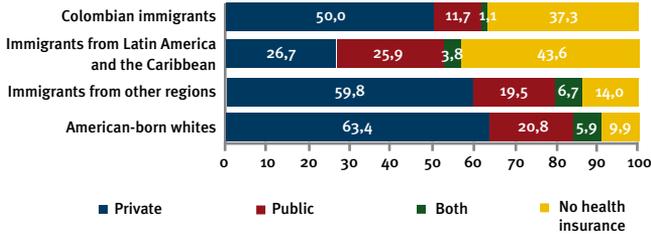
Engaging in occupations with a high incidence of accidents exacerbates vulnerability to the lack of medical insurance.

The possibility of obtaining health insurance through employment varies according to the type of occupation, to the detriment of workers employed in less skilled activities and to the benefit of those at the top of the occupational ladder.

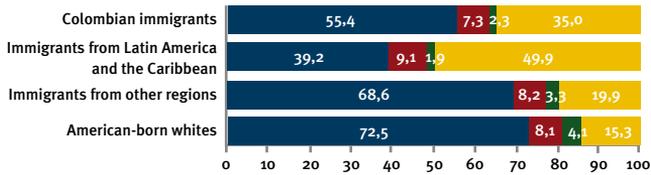
Construction work, unskilled services and manufacturing, which together account for nearly half of all Colombian workers, have by far the

**Figure 9.** Immigrants and American-born whites by age and type of health insurance in the United States, 2006-2008 (percentage)

0 to 17 years



18 to 64 years

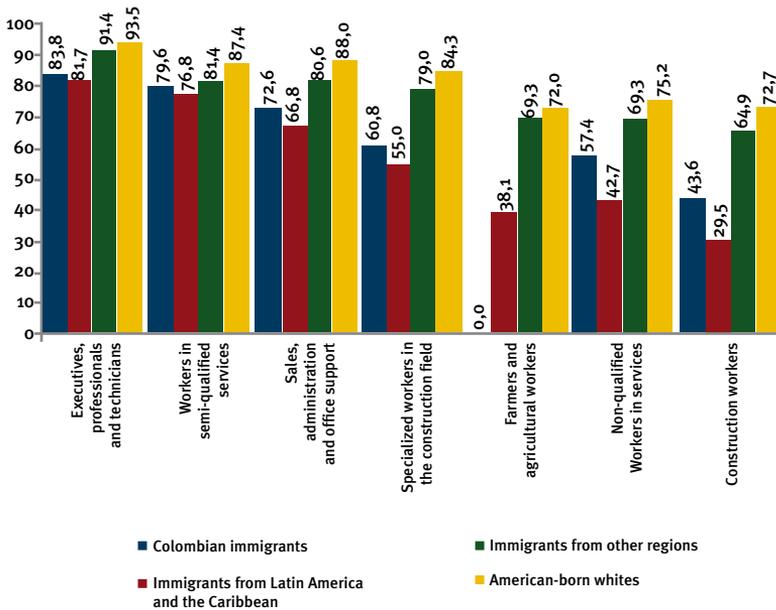


Source: Author's estimates based on Bureau of the Census, Current Population Survey (CPS), March 2006, 2007 and 2008.

lowest rates of health insurance coverage, despite the high incidence of work injuries in these activities (Figure 10 and chapter IV figure 8).

At the other extreme, professional and technical occupations are characterized by high levels of health insurance coverage, although the pattern of Colombians' disadvantage (84%) in relation to other populations (91 and 94% for "other immigrants" and U.S.-born whites, respectively) continues.

**Figure 10.** Immigrants and American-born whites by age and type of health insurance in the United States, 2006-2008 (percentage)



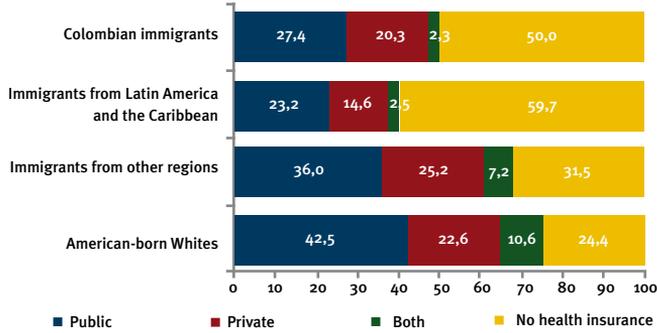
**Source:** Author's estimates based on Bureau of the Census, Current Population Survey (CPS), March 2006, 2007 and 2008.

The lack of health insurance coverage significantly affects the Colombian population with limited income.

Approximately one in every five Colombians residing in the United States (23%) falls into the limited-income category<sup>1</sup>. In comparison with other population groups, however, this population has restricted access to federal programs designed to provide health care for the most disadvantaged populations. Only approximately 30% meet the eligibility criteria that provide them with access to public health insurance (27.4% have public health insurance while 2.3% have public and private insurance) and half the Colombians in limited-income families lack health insurance coverage (Figure 11).

<sup>1</sup> Income below 150% of the U.S. federal poverty line.

**Figure 11.** Low income\* immigrant population and American-born whites by type of health insurance in the United States, 2006-2008 (percentage)

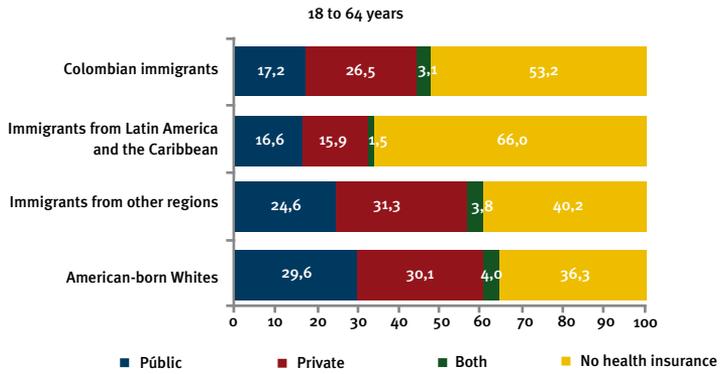


\* Income below 150% of the United States Federal poverty.

Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2006, 2007 and 2008.

Available information sources are not representative for analyzing the access of Colombian children living in contexts of meager resources to health care coverage programs such as Medicaid and the Children's Health Insurance Program (CHIP) that are crucial to guaranteeing protection for children without private insurance. However, their health insurance pattern is probably similar to that observed in the adult population group. In other words, everything suggests that, as in adulthood, children and young people of this origin are at a disadvantage compared to immigrants from other world regions and the white U.S.-born population (Figure 12).

**Figure 12.** Immigrants and American-born whites: low income\* population from 18 to 64 years of age in the U.S., by type of health insurance, 2006-2008 (percentage)



\* Income below 150% of the United States Federal poverty line.

Source: Author's estimates based on Bureau of the Census, *Current Population Survey (CPS)*, March 2006, 2007 and 2008.

### III. Use of Health Care and Medical Services

Race and ethnicity are two of the most important factors in determining social indicators in the United States. Unequal degrees of access to health services in the United States respond to and express processes of social integration that differ according to these categories, together with migratory status. In this respect, the Latino immigrant population as a whole is more vulnerable than other groups in that Latinos have fewer possibilities of regularly attending medical health centers, which in turn negatively affects their state of health.

Health insurance is the main mechanism for obtaining regular access to medical care services in that it provides financial access to a wide range of services for health prevention, diagnosis and treatment services. Nevertheless, lack of medical insurance, which characterizes a broad segment of the limited-income population, constitutes the main inhibitor of periodic medical supervision.

Health insurance usually does not cover the full cost of these services, since part of the consultation expenses and prescriptions are directly absorbed by the patient through joint payments which may be quite high, particularly for the population with limited incomes. This means that although a person may have health insurance, socio-economic disparities between groups are at least partly responsible for determining different health care practices. At the same time, it is important to note that in addition to financial limitations, immigrant populations may also face cultural, linguistic and legal barriers that prevent access to health care services.

## ACCESS TO HEALTH AND HEALTH INSURANCE SERVICES

This analysis of the use of health care services is based on information from the 2007 National Health Interview Survey (NHIS). Since this source does not contain information on the Colombian immigrant population, this study analyzes the Latin American and Caribbean immigrant population as a whole, in comparison with the immigrant population from other parts of the world (also called “other immigrants”) and the white U.S.-born population. It is worth noting that Colombian immigrants in the United States account for less than 3% of the total Latin American population in the country.

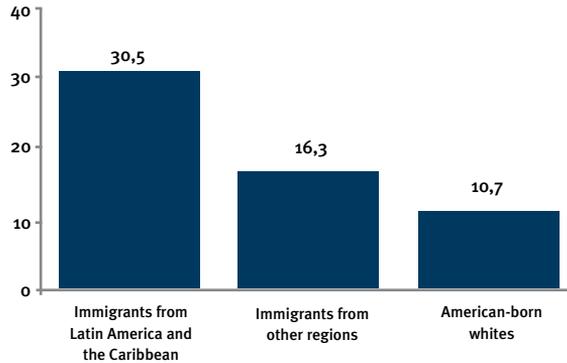
Nearly one out of every three Latin American and Caribbean immigrants in the United States has no place for regular medical care.

Consistent health monitoring necessarily requires having a place for regular medical check-ups. There are discrepancies between population groups, with Latin American and Caribbean immigrants being relatively more disadvantaged when compared to other groups: nearly one in three lacks a source of periodic medical care whereas this situation only affects 16% of immigrants from other regions and 11% of the white U.S.-born population (Figure 1).

This disadvantaged situation occurs among all age groups in Latino immigrants, although it is important to note that the implications of not having a regular physician have varying degrees of severity, depending on the stage in the life cycle.

Not having medical coverage undoubtedly negatively affects the regular use of health care services for both preventive purposes and the diagnosis and treatment of illness. As mentioned earlier, a weak link between the population in question and the use of health services has an unfavorable effect on its health status.

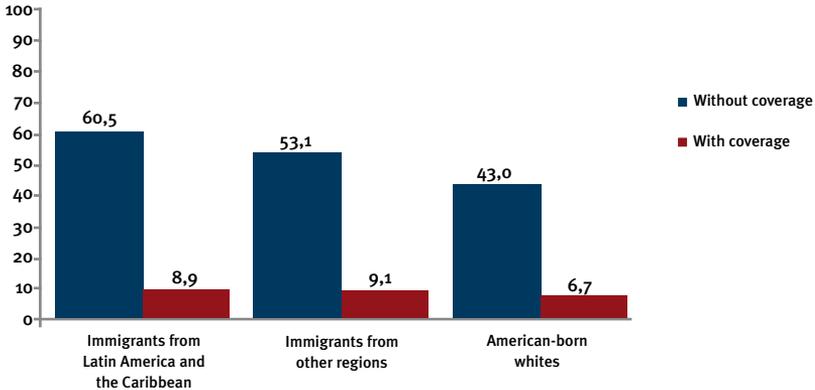
**Figure 1.** Immigrant population (from Mexico and other regions) and American-born whites lacking a regular source of healthcare in the United States, 2007 (percentage)



Source: : Author's estimates based on National Health Interview Survey (NHIS), 2007.

The previous chapter showed that the lack of health insurance coverage mainly affects the most disadvantaged population groups. The data clearly show that people without health insurance are far more likely not to have a regular physician, a tendency that is more common among Latin American and Caribbean immigrants (61%) than among other immigrants (53%) and the white U.S.-born population (Figure 2). The low level of regular use of medical services by uninsured Latin American and Caribbean immigrants is probably not only linked to greater financial difficulties but also to the fear associated with the lack of documents and linguistic and cultural barriers.

**Figure 2.** Immigrants and American-born whites lacking a regular source of healthcare in the United States, by health insurance status, 2007 (percentage)



Source: Author's estimates based on National Health Interview Survey (NHIS), 2007

## TYPE OF HEALTH CARE SERVICE

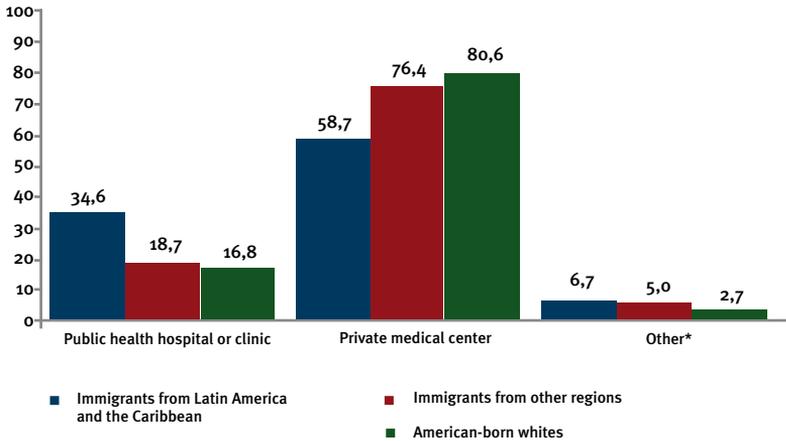
Latin American and Caribbean immigrants are less likely to be attended by private physicians.

The quality of medical service received is closely linked to the type of source of medical care. Those that consult private physicians may be more likely to receive better care than those that visit public health centers or clinics since they are able to establish a more stable, personalized relationship with their doctors. The type of health service used naturally reflects the prevailing socio-economic disparities between population groups.

Latin American and Caribbean immigrants with a regular source of health care are less likely to utilize private health care (59%) than other immigrants (76%) and the white U.S.-born population (81%). Conversely, the proportion that uses public centers or clinics (35%) is significantly higher than that of immigrants from other regions (19%) and U.S.-born whites (17%) (Figure 3). These figures speak of social disparities in the

health system where the most disadvantaged groups have less access to personalized medical supervision.

**Figure 3.** Immigrants and American-born whites by type of medical attention in the United States, 2007 (percentage)

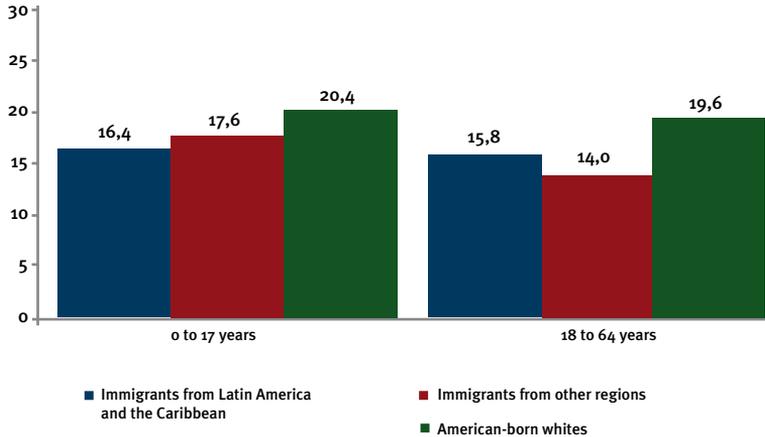


\* Other: Includes emergency centers, hospital out-patient departments and others.

Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

The notion that immigrant populations without health insurance and a regular source of medical care tend to use emergency services more is a common myth. The low rate of use of these units by Latin American and Caribbean immigrants (16%, including both children and teenagers and those ages 18-64) in comparison with that of other populations, belies this statement (Figure 4).

**Figure 4.** Access to emergency services among immigrants and American-born whites, minors and adults, in the United States, 2007 (percentage)



Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

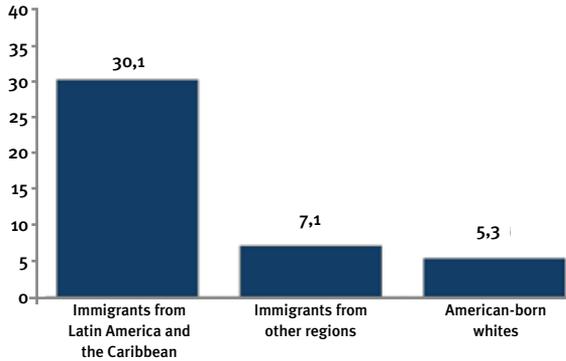
## CHILDREN AND TEENAGERS

### Preventive and Primary Health Care

30% of Latin American and Caribbean immigrant children and teenagers do not have a place for regular health care.

Childhood and adolescence are stages in the life cycle requiring continuous, integral medical supervision. Just over a third of Latin American and Caribbean immigrant children and teenagers (30%) have no place to receive regular medical care, which prevents the consistent monitoring of their physical and intellectual development and state of health. The high degree of vulnerability of this group is particularly notable since this figure is four times that of immigrant children and teenagers from other regions and U.S.-born whites (Figure 5).

**Figure 5.** Immigrants and American-born whites: minors lacking a regular source of healthcare in the U.S., 2007 (percentage)



Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

One out of every three Latin American and Caribbean immigrant children fails to meet minimum standards for health care.

The regularity with which children and teenagers seek health services constitutes an important indicator of health care. The American Academy of Pediatrics stresses the importance of these groups' receiving continuous care in an integral health care context. This organization recommends that children over the age of two pay a visit to the doctor at least once a year to prevent health problems<sup>1</sup>. Those that meet this requirement are assumed to engage in regular preventive practices that will favorably affect their physical and intellectual development (immunizations, supervision of growth, etc.) and their lifelong health status.

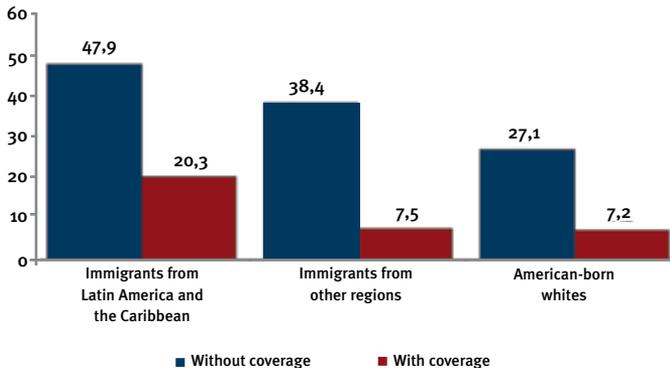
The data available show that one out of every three Latin American and Caribbean origin children (over the age of two) and teenagers in the United States fail to meet the minimum standard of medical check-ups, meaning that they are exposed to increased risk for illness and late detection

<sup>1</sup> For children under 24 months, the American Academy of Pediatrics recommends a greater number of visits.

of developmental problems. In the long run, this situation may affect their physical and academic performance, making them extremely vulnerable to certain health-related disorders.

Lacking health insurance coverage is reflected in greater failure to meet these standards in all the populations analyzed, even though this situation is particularly evident in immigrants from the Latin American and Caribbean region: 48% did not visit a physician or visited one late (Figure 6). At the same time, in comparison with other groups, the low proportion of insured children and teenagers from this region that received timely supervision of their state of health suggests that the financial limitations in covering the fraction of expenses they have to pay are still a key determinant in their health seeking behaviors.

**Figure 6.** Immigrants and American-born whites: children aged 2 to 17 without medical examination in the past year, by health insurance status, 2007 (percentage)



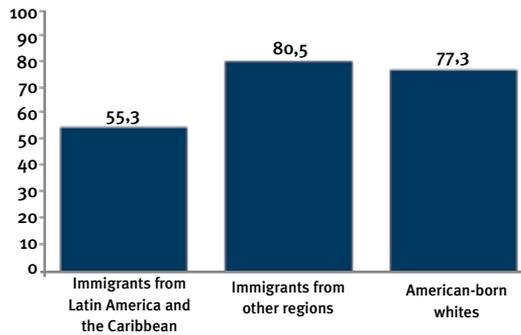
Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

It is worth noting the extremely alarming situation of all those who have never seen a doctor in the United States. This situation affects 74,000 Latin American and Caribbean immigrant children and teenagers living in the country, most of whom lack health insurance.

Visits to the dentist are infrequent among Latin American and Caribbean immigrants.

Routine visits to the dentist constitute a significant indicator of the preventive and palliative actions carried out by a population. The data available show that in comparison with other groups, Latin American and Caribbean children are less likely to visit the dentist, making it more difficult to prevent, diagnose and treat dental illnesses. Only 55% consulted a dentist within the last year, a far lower proportion than that of immigrants from other regions (81%) and U.S.-born whites (77%). (Figure 7). Once again, having health insurance has a positive effect on the frequency of visits to the dentist.

**Figure 7.** Immigrants and American-born whites: children aged 2 to 17 with a dental exam in the past year, 2007 (percentage)



Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

## IMMIGRANT ADULTS AND SENIOR CITIZENS

### Preventive and Primary Health Care

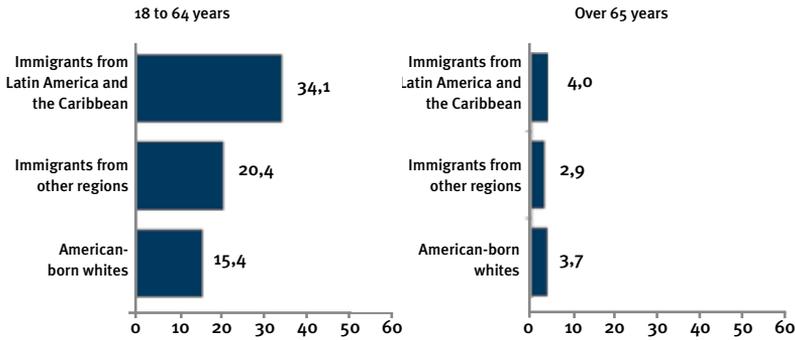
Latin American and Caribbean immigrant adults and senior citizens are far less likely to have a place for regular medical care.

In comparison with other population groups in the same age range, Latin American and Caribbean immigrant adults are far less likely to have a regular source of medical care in the United States. Whereas 34% of Latin American and Caribbean immigrant adults do not have a place to go to receive regular health care, the proportions for immigrants from other countries and U.S.-born whites are 20 and 15% respectively. The data also reflect the existence of discrepancies in the opportunities to benefit from continuous, consistent monitoring of immigrants' state of health (Figure 8).

Senior citizens are much more likely to have a place for medical care. The same figures for senior citizens show a similar pattern across all the groups analyzed: The percentage without a regular place for health care oscillates between 3 and 4% (Figure 8).

It is important to acknowledge the fact that the elderly population is at a stage of life in which one's state of health deteriorates more rapidly and chronic-degenerative diseases may develop. Consequently, the problems associated with the lack of continuous, consistent medical care multiply as the population becomes older.

**Figure 8.** Immigrants and American-born whites: adults and elderly lacking access to a regular source of healthcare in the U.S., 2007 (percentage)



Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

The vast majority of Latin American and Caribbean immigrant adults perceive themselves as having a good state of health.

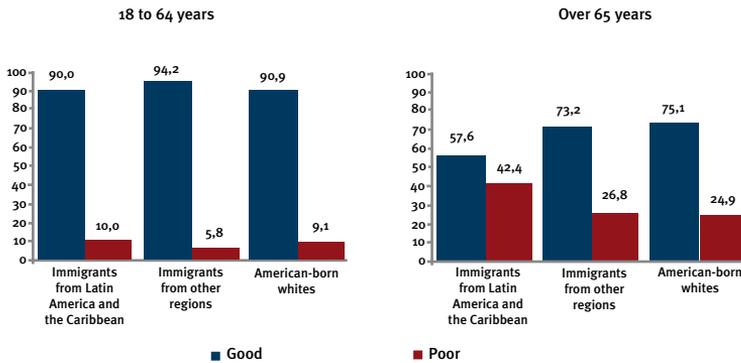
The regularity with which the adult population in the United States seeks medical services is very closely linked to the perception of their state of health. More frequent medical visits are made within short periods of time when health problems are perceived, whereas medical consultations tend to be more widely spaced when one's state of health is perceived as being good or excellent.

In this study, a medical consultation within a period of time of less than six months is regarded as the minimum for those reporting average or poor health. Conversely, the minimum standard for those that regard themselves as having a good or excellent state of health is a medical visit every two years, in the case of the adult population<sup>2</sup>, and every year in the case of senior citizens.

<sup>2</sup> This criterion is based on the recommendations of the American Medical Association and other similar associations.

No significant differences have been detected among populations in adults' perceptions of their state of health: only about one out of ten reports having an average or good state of health. Discrepancies occur, however, among the older population, since 42% of Latin American and Caribbean immigrants regard themselves as having health problems, whereas only a quarter of immigrants from other regions and U.S.-born whites evaluate themselves in this way (Figure 9).

**Figure 9.** Immigrants and American-born whites: personal perception of health, 2007 (percentage)



Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

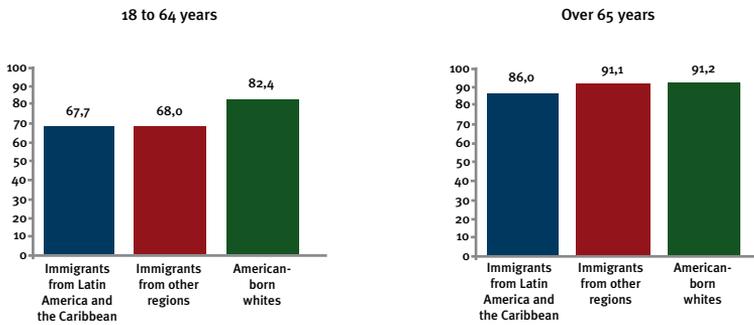
Uninsured Latin American and Caribbean immigrant adults with health problems are less likely to receive timely medical care.

The data show that Latin American and Caribbean immigrant adults and senior citizens that perceive their health as average or poor are less likely than the white U.S.-born population to consult a physician in a timely fashion (Figure 10).

Once again, having health insurance encourages all of the populations analyzed to seek medical consultations earlier (Figure 11). However, major discrepancies have been discovered suggesting that immigrants from the Latin American and Caribbean region with health problems experience greater difficulty in consulting a doctor; 77% of insured adults visited a

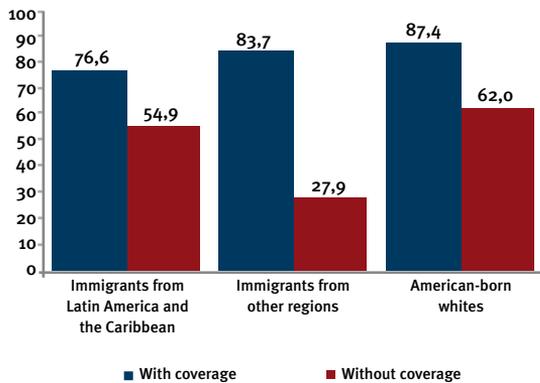
doctor within a period of less than six months while the proportion corresponding to the uninsured population was just 55%. These figures are below those for other immigrants and U.S.-born whites and confirm their condition of greater vulnerability.

**Figure 10.** Immigrants and American-born whites in the U.S. that perceive their health as “regular” or “poor” and had a medical visit in the last six months, by age, 2007 (percentage)



Source: Author’s estimates based on National Health Interview (NHIS), 2007.

**Figure 11.** Immigrants and American-born whites in the U.S. that perceive their health as “regular” or “poor” and had a medical visit in the last six months, health insurance coverage, 2007 (percentage)

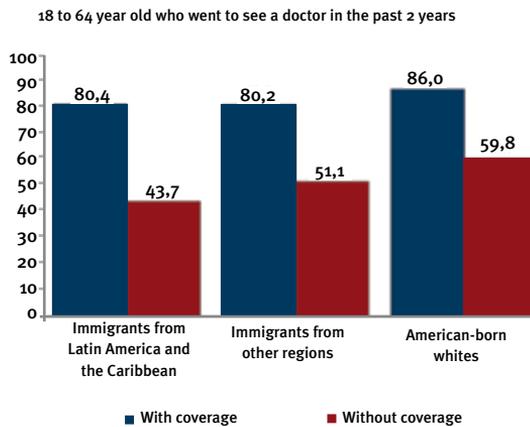


Source: Author’s estimates based on National Health Interview (NHIS), 2007.

Adult Latin American and Caribbean immigrants who perceive themselves as having good health visit the doctor less often if they lack medical insurance

At the same time, among adults that regard themselves as having good health, Latin American and Caribbean immigrants without health insurance are least likely to seek medical services within a period of less than two years (44% whereas among other immigrants and the U.S.-born population, figures rise to 51 and 60% respectively) (Figure 12).

**Figure 12.** Adult immigrants and American-born whites that perceive themselves as healthy, by health insurance coverage, 2007 (percentage)



Source: Author's estimates based on National Health Interview (NHIS), 2007.

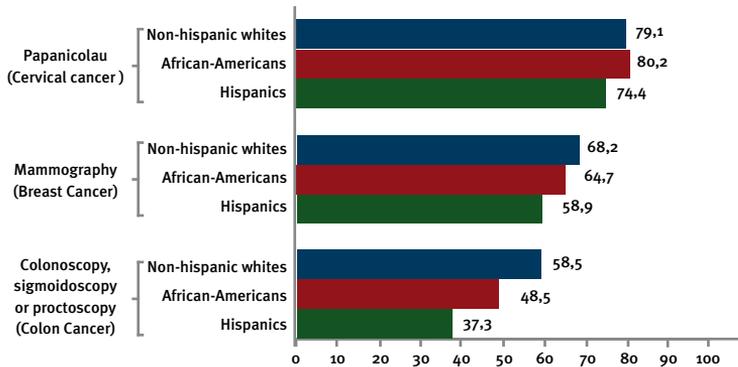
It is important to stress that those that do not seek health services within the recommended period are exposed to greater risk, since prevention and treatment of the development of cardiovascular diseases, diabetes, cancer and other types of disease is delayed. In addition, these illnesses occur at a high incidence among the Latino population.

## CANCER DETECTION TESTS

Latinos have cancer detection tests less often.

The disparities in access to health care described earlier are also reflected in the actions carried out to prevent the development of cancer. Once again, tests oriented towards the timely prevention of the development of this type of disease are performed less often by the Latino population in the United States (Figure 13). As noted earlier, these discrepancies between groups are the result and expression of other forms of social inequality in the United States.

Figure 13. Exams for early detection of cancer, by ethnic group, 2005 (percentage)



\* Men and Women over 50 that have never reported a colonoscopy, sigmoidoscopy or proctoscopy or have had a fecal blood test in the last two years. Women over 40 that have had a mammography in the last 2 years. Women over 18 that have had a papanicolau in the last 3 years.

Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.



# IV. Health Disorders

## PREVALENCE OF DISEASE

Latin American and Caribbean Immigrants have more favorable health indicators than other populations.

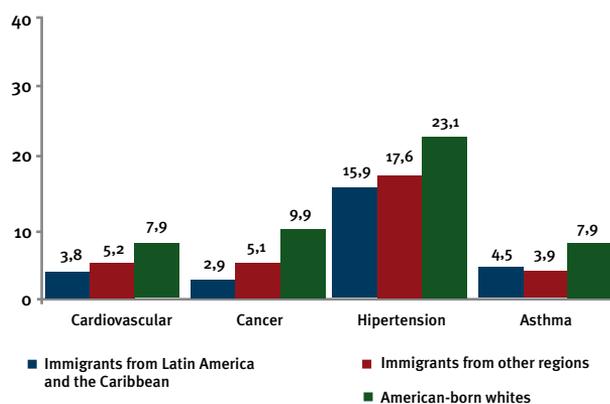
Available statistics on the prevalence of a broad range of disorders suggest that in general, Latin American and Caribbean immigrants in the United States are in better health than other population groups.

For example, data on cardiovascular diseases and cancer –the two main causes of death among Latinos in the United States, as well as hypertension–, reveal a lower prevalence of these ailments among Latin American and Caribbean immigrants than among immigrants from other regions and U.S.-born whites (see Figures 1 and Table 1).

However, the prevalence of disease among Latin American and Caribbean immigrants is probably higher than that recorded in statistics. This can partly be explained by the fact that there is a close link between socio-economic level, health insurance, use of health services and state of health. Due to lower income levels, limited health insurance coverage (see Chapter II), and the lower frequency and timeliness with which these immigrants receive medical care (see Chapter III), one would expect their health status to deteriorate, particularly for long-term residents in the country. Thus, the prevalence of disease among this population might be underestimated. However, the prevalence of disease among Latin American and Caribbean immigrants is probably higher than that recorded in statistics. This can partly be explained by the fact that there is a close link between socio-economic level, health

insurance, use of health services and state of health. Due to lower income levels, limited health insurance coverage (see Chapter II), and the lower frequency and timeliness with which these immigrants receive medical care (see Chapter III), one would expect their health status to deteriorate, particularly for long-term residents in the country. Thus, the prevalence of disease among this population might be underestimated.

**Figure 1.** Immigrants and American-born whites: ailments of adults over 18 in the U.S., 2007 (percentage)



Source: Author's estimates based on National Health Interview (NHIS), 2007.

**Table 1.** Principal causes of death by ethnic group, 2005

RANGE	TOTAL	HISPANICS	NON-HISPANIC WHITES	NON-HISPANIC AFRICAN-AMERICANS	ASIANS/PACIFICS	AMERICAN INDIANS
1	Heart Diseases	Heart Diseases	Heart Diseases	Heart Diseases	Cancer	Heart Diseases
2	Cancer	Cancer	Cancer	Cancer	Heart Diseases	Cancer
3	Brain Vascular Disease	Accidents	Brain Vascular Disease	Brain Vascular Disease	Brain Vascular Disease	Accidents
4	Chronic respiratory disease	Brain Vascular Disease	Chronic respiratory disease	Accidents	Accidents	Diabetes
5	Accidents	Diabetes	Accidents	Diabetes	Diabetes	Brain Vascular Disease

Source: Author's estimates based on National Health Interview Survey (NHIS), 2007.

In part, the vulnerability of immigrant groups in the United States has played a role in securing limited health protections for them as other advocates increasingly perform the role of health providers, thereby helping to fill the gap left by the U.S. health system. Of note are the initiatives carried out by community clinics, health promoters, churches, and others who promote health care among Latinos, including those who, because of their migratory status, are excluded from public programs targeting the most vulnerable groups. An important program working within this context is *The Health Initiative of the Americas*<sup>1</sup>, a group that advocates for the improvement of the quality of life and health of immigrants in the U.S. through the mobilization of networks for the provision of health services, human resource training and undertaking research projects to increase knowledge of the Latino population's state of health.

Certain chronic illnesses are extremely common among Latin American and Caribbean immigrants.

Despite the indicators that point to a good state of health, in general, several studies have shown that Latino immigrants experience a high prevalence of certain chronic and infectious diseases, such as diabetes, HIV/AIDS and tuberculosis, among others, that require special, lifelong care. Effective management of these diseases requires continuous, integral medical care, and (usually) medical insurance.

## ***Diabetes***

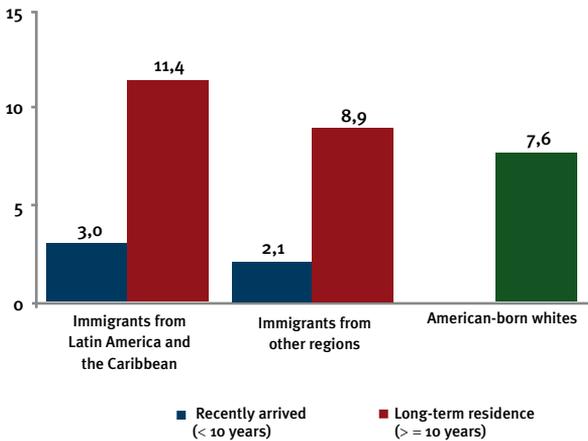
In the context of this study, North American data sources provided extremely limited information on chronic and infectious diseases that particularly affect certain immigrant groups. It is, however, possible to undertake a comparative analysis of the prevalence of diabetes among the various

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<sup>1</sup> The Health Initiative of the Americas is a Latino health outreach organization focusing mainly on migrant and immigrant issues, part of the School of Public Health at the University of California, Berkeley. The Initiative works with different kinds of voluntaries, foundations and seven Latin American countries: Colombia, Ecuador, El Salvador, Guatemala, Honduras, Mexico and Peru.

populations. Rates for this disease are particularly high among long-term Latin American and Caribbean residents in the United States (11.4%) and are higher than among the U.S.-born population. Only 3% of recently arrived Latino immigrants report suffering from this disease, which is similar to the figures for other immigrants with a similar length of stay in the country (Figure 2). This suggests that the poor eating habits acquired in the United States combined with the effects of insufficient health monitoring over time have encouraged the development of diabetes among this population. In fact, it is the fifth leading cause of death among the Latino population living in the United States (both immigrant and U.S. born) (Figure 2).

**Figure 2.** Diabetic population over 18 in the United States, 2007 (percentage)

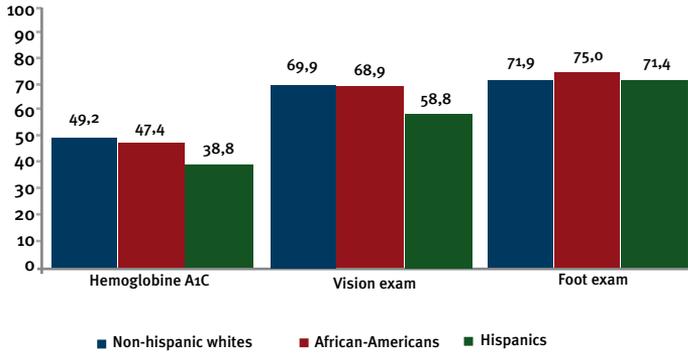


Source: Author's estimates based on National Health Interview Survey (NHIS), 2007

Diabetes is an extremely serious disease requiring lifelong management. Without proper treatment and control, diabetes sufferers run the risk of developing severe complications such as blindness, amputation of the lower limbs and cardiac and renal disorders, among others. That is why continuous monitoring of the evolution of this disease is a crucial requirement for preventing these complications. The low number of hemoglobin A1C, sight

tests and other clinical studies carried out by diabetic Latino<sup>2</sup> residents in the United States (see Figure 3) is therefore a cause for serious concern.

**Figure 3.** Recommended exams for diabetics in the United States, 2004 (percentage)

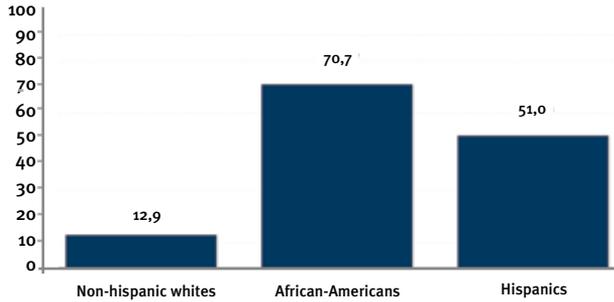


Source: Author's estimates based on the National Healthcare Disparities Report, 2007.

Given the lower degree of medical supervision, it is hardly surprising that Latinos in the United States, together with African-Americans, should register the highest hospital admission rates due to serious complications derived from uncontrolled diabetes (see Figure 4). The enormous disparity in lower limb amputation rates between minority groups such as Latinos and the U.S.-born white population clearly expresses the disadvantage created by the lack of access to effective diabetes monitoring (see Figure 5).

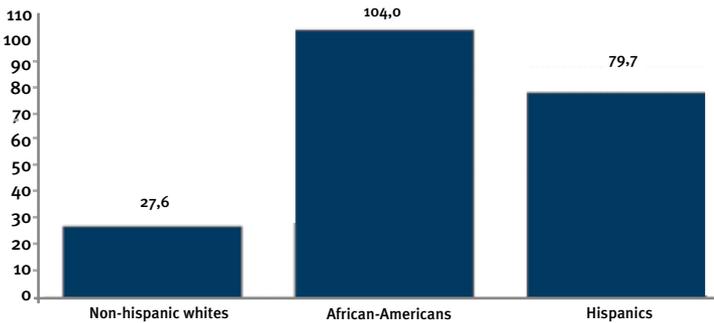
<sup>2</sup> In view of the lack of information on diseases affecting Colombian, Latin American and Caribbean immigrants –populations analyzed in previous chapters- in this chapter, it was decided to added information on the Latino population residing in the United States which strictly speaking, includes both Latin American and Caribbean immigrants and the U.S.-born population of this origin.

**Figure 4.** Hospital admission rates related to uncontrolled Diabetes, 2004 (per 100,000 people)



Source: Author's estimates based on the National Healthcare Disparities Report, 2007.

**Figure 5.** Hospital admission rates related to amputated inferior limbs due to Diabetes complications, 2004 (per 100,000 people)



Source: Author's estimates based on the National Healthcare Disparities Report, 2007.

## ACCIDENTS

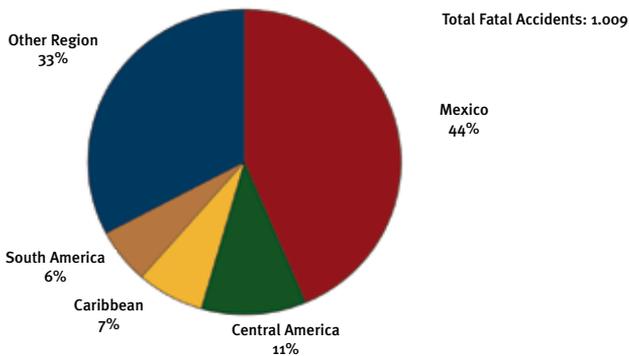
Latin American immigrants are more exposed to fatal accidents at work.

Accidents constitute the third cause of death among the Latino population in the United States. Many of the accidents affecting Latin American

immigrants occur in the work place. Indeed, this group, which comprises the largest immigrant contingent in the country, is more exposed to negligence in work protection mechanisms, particularly immigrants without work permits.

The data available on occupational accidents affecting immigrants reflect this situation: nearly half the victims are Mexican-born, while 11% are from Central American and 6% from South America (see Figure 6).

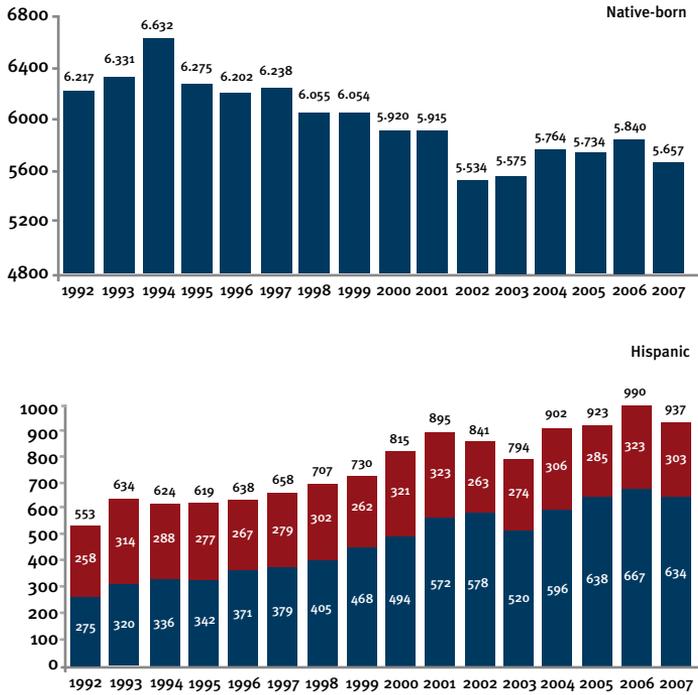
**Figure 6.** Fatal accidents of immigrant workers in the United States by origin, 2007 (percentage)



Source: U. S. Bureau of Labor Statistics, U.S. Department of labor, 2009.

The vulnerability and lack of labor protections of the Latino population in the United States have helped give rise to a dramatic increase over time in the number of deaths related to work accidents. The frequency of fatal accidents at work has increased by 69% over the past 15 years, reaching a total of 937 persons in 2007. Nearly two thirds were foreign-born. This trend runs counter to the national trend; the 5,657 deaths reported in 2007 reflect a 10% decrease from the total of 6,217 persons reported in 1992 (see Figure 7).

Figure 7. Fatal Accidents of workers in the United States, 1992-2007

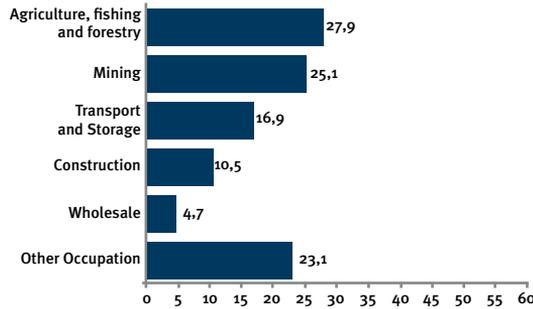


Note: The data from 2001 excludes the fatal accidents resulting from the September 11 attacks.

Source: Author's estimates based on the Bureau of Labor Statistics, U.S. Department of Labor, 2009

The high incidence of fatal work accidents among the Latino population in the United States is closely linked to an unfavorable pattern of labor insertion, marked by a heavy concentration in low paying jobs characterized by high risk and greater vulnerability in terms of labor and social protection. Certain jobs in the agricultural, mining, transport, storage and construction sectors are more likely to involve fatal accidents (see Figure 8), and it is precisely these jobs that employ Latino immigrant workers.

**Figure 8.** Work-Related fatal accidents by occupation in the United States, 2007 (percentage)



Source: U. S. Bureau of Labor Statistics, U.S. Department of labor, 2009.

Many Latinos engaged in farm and construction work are victims of non-fatal, work-related accidents and diseases.

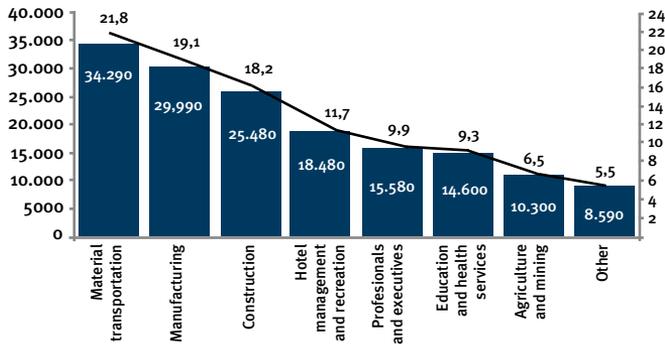
At the same time, nearly 57% of the non-fatal, work-related injuries and diseases affecting the Latino population in the United States occur in just three sectors of activity: transportation and materials transportation (22%), manufacturing (19%) and construction (16%) (Figure 9).

A disproportionate number of Latino workers have suffered work-related injuries and accidents when compared to the total number of victims in the country in the agricultural and mining sectors (38%) and recreation and the hotel business (20%) (See figure 10).

The risk of suffering an accident at work is much higher among Latino immigrants, since many of them lack health insurance coverage, which in turn restricts access to health services (Chapters II and III). At the same time, they often do not receive the benefits of labor protection in the event of disability caused by long recovery periods, etc. Undocumented Latino immigrants that are injured may be subject to a high degree of negligence on the part of employers and are exposed to situations that require them to cope with the consequences of accidents using their already meager

resources. That is why the system described here –which on the one hand delegates the responsibility of providing work benefits to employers and on the other, fails to effectively supervise compliance with labor laws- is inadequate to guarantee labor protection, a universally accepted human right.

**Figure 9.** Missed work days of latinos in the U.S. caused by illness and injuries, by sector, 2007 (percentage)



Source: Author's estimates based on the Bureau of Labor Statistics, U.S. Department of Labor, Economic News Release, March 2009.

**Figure 10.** Latinos as a percent of total work-related accidents and injuries in the U.S., by sector, 2007 (percentage)



Source: Author's estimates based on the Bureau of Labor Statistics, U.S. Department of Labor, Economic News Release, March 2009.

## V. Final Considerations

Unequal access to the U.S. health care system reflects integration processes that differ according to ethnic group and migratory status. The fact that much of the Latin American and Caribbean immigrant population falls outside of formal coverage by the health system demonstrates the insufficient socioeconomic integration of this group into the United States. On one hand, according to the statistical information presented in this report, Colombian immigrants are at an advantage compared to other Latin American and Caribbean immigrants, with lower indices of vulnerability in terms of health insurance. At the same time, the data show that Colombian immigrants continue to experience an enormous disadvantage in comparison with immigrants from other parts of the world and the white, U.S.-born population.

This situation is linked to lower health insurance coverage through employment. A significant proportion of Colombian workers are engaged in poorly-paid, unskilled activities that do not usually include employee benefits. Particularly worrying is the vulnerability of Colombian workers in manufacturing, unskilled and construction work, since only a small proportion have health insurance, despite the high incidence of accidents in these sectors, many of which are fatal.

Colombian immigrants (and even more so, immigrants from the rest of Latin America and the Caribbean) are less likely to enroll in public programs designed for limited-income families. Indeed, immigrant populations face enormous obstacles to gaining access to these programs, since the law requires citizenship or permanent residence for a minimum period of five years. These measures have had an effect on the levels of access to

health care, not only between the different ethnic groups but also within each group, particularly within mixed status families.

Given their lack of employer-based health insurance coverage and their limited economic resources with which to acquire private coverage, many Colombian immigrants may experience financial difficulties in the event of illness or serious accidents. In view of these circumstances, these immigrants may tend to postpone treatment for illness for as long as possible.

Lack of health insurance coverage constitutes the main obstacle to periodic access to health services, which is why the Latin American and Caribbean immigrant population displays more limited use of health services. Especially problematic is the lack of continuous medical monitoring of a significant number of Latin American and Caribbean immigrants during childhood and adolescence, which means that illnesses and development problems are more difficult to detect in a timely fashion.

The available data show a high prevalence of certain chronic diseases among the Latino population, as in the case of diabetes, which is often not properly supervised during their stay in the United States, which can lead to complications.

In this respect, the development of integral initiatives to positively impact the Latino immigrant population's social protection are crucial. The design and implementation of initiatives from the countries of origin, and above all, the countries of destination, accompanied by the actions of public and private entities responsible for health care provision, together with the active participation of civil society, are strategies that may create scenarios that will make it possible to cope with existing health challenges that affect the Latino population, particularly immigrants.

As mentioned earlier in this study, in the inclusion of immigrants in the U.S. health system requires a more comprehensive approach that aims, above all, to increase health insurance coverage levels. Analyzing the issue

of immigrants' health in the United States therefore requires studying the improvements that can be made to the health system in order to include the most disadvantaged minority groups.

The health and well-being of the immigrant population is a key issue that must be considered in the development of immigration policies. In short, increasing health insurance coverage constitutes a crucial step towards reducing social disparities in health care.



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