How Healthy/Unhealthy are Migrants and Why?

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Outline

• Who is a migrant?
• Determinants of health for migrants
• Evidence on health of migrants
• Conclusions
Who is a migrant?

• No universally accepted definition
  – Countries and agencies use their own criteria based on their respective legislation and policies
    • Exceptions: refugees, victims of human trafficking

• Terms used inconsistently or as synonyms
  – E.g., immigrant, migrant worker, “illegal”, Latino, farmworker
Terminology used in this presentation

International migrant (~foreign-born)
- a person who is residing in a country other than his or her country of birth
- Includes:
  - Naturalized citizens
  - Legal permanent residents
  - Temporary resident visas (e.g., work, study)
  - Unauthorized immigrants
  - Refugees

(UN International Migration Report 2015, 2016)
Great diversity of migrants

- Country of birth
- Race/ethnicity
- Language
- Religion
- Education
- Economic status
- Occupation
- Migrant legal status
- Mobility patterns
- Place of residence

Source: Jakubmarian.com
Migrant health: beyond individual migrants

• Migrant’s family
  – Second and later generations

• Family and communities in country of origin

• Communities in host country
Determinants of health for migrants
Determinants of health for the native (non-migrant) population

Source: Dahlgren and Whitehead, 1991
Determinants of health for migrants: Migration as an additional factor

- Disease risks/prevalence in countries of origin, transit and destination
Determinants of health for migrants: Across the phases of migration

1. Origin country
   - Pre-departure
   - + Return

2. Journey + Transit country

3. Destination country

Disease risks/prevalence

Factors:
- Economic and social conditions
- Cultural and environmental conditions
- Age, sex, and hereditary factors
- Individual lifestyle factors
- Risk environment
- Housing
- Health and well-being
- Unemployment
- Living and working conditions
- Agriculture and land use practices
- Social and community networks
Determinants of health for migrants:

Health risks associated with journey

- Authorized migrants or enough $ => Limited health risks

- Unauthorized economic migrants and refugees => Higher health risks
  - Injuries
  - Physical/mental abuse
Broad differences on determinants of health between migrants and the native population

1. Disease risks and access to healthcare in countries of origin, transit and destination
2. Biologic and genetic factors
3. Individual lifestyle factors
4. Social determinants of health
1. Differences in disease risks and healthcare between countries of origin, transit and destination
Disease prevalence gaps:
Tuberculosis incidence rates, 2012
Disease prevalence gaps:
Age-adjusted obesity* prevalence, ages 20+, both sexes, 2008
2. Biologic and genetic factors
Biologic and genetic factors

• Genetic predispositions
  – e.g., thalassemia and hemoglobinopathies among African- and Asian-born

• Natural or acquired immunity
  – e.g., malaria, hepatitis A

• Different age and gender distributions
Age pyramids by gender and nativity, United States, 2015

Foreign-born

US-born

Source: Lopez G and Radford L, 2017
3. Individual lifestyle factors
Individual lifestyle factors

- Culture/acculturation
- Differences in health beliefs and practices
  - Alcohol, tobacco, and drug use
  - Diet and obesity
  - Physical activity
  - Mental health
  - Alternative medicines
  - Traditional treatments
- Gender roles
4. Social determinants of health
Disparities in social determinants of health for the foreign-born

• Compared to US-born, the foreign-born are more likely:
  – Racial/ethnic minority
  – Experience discrimination
  – Language barriers
  – Poor
  – Less educated
  – Poor working and living conditions
  – Excluded from social benefits by policies
Race/ethnicity distribution by nativity, United States, 2015

Overall minority (%):
- US-born: 32%
- Foreign-born: 82%

NH=Non-Hispanic

Source: Lopez G and Radford L, 2017
Compounded discrimination for migrants

- Racial/ethnic minority
- Immigrant/language
- Religion

Educational attainment by region of birth, United States, 2015

Source: Lopez G and Radford L, 2017

(Population 25 years and older)
Unemployment rate by region of birth, United States 2015

Percentage

- All U.S.-born: 6.5
- All foreign-born: 5.5
- Europe/Canada: 4.3
- South and East Asia: 4.8
- Mexico: 5.4
- Caribbean: 7.8

Source: Lopez G and Radford L, 2017
Working conditions

• Low-paid/low skill/high-risk jobs
• Underground/unregulated work
• Overqualification
• Work multiple jobs
• Victims of human trafficking
<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S.-born</td>
<td>13.8</td>
</tr>
<tr>
<td>Foreign-born</td>
<td>16.5</td>
</tr>
<tr>
<td>Mexico</td>
<td>22.3</td>
</tr>
<tr>
<td>Central America</td>
<td>20.4</td>
</tr>
<tr>
<td>Sub-Sah. Africa</td>
<td>18.8</td>
</tr>
<tr>
<td>South &amp; East Asia</td>
<td>12.2</td>
</tr>
<tr>
<td>Europe/Canada</td>
<td>9.6</td>
</tr>
</tbody>
</table>

Source: Lopez G and Radford L, 2017
Living conditions

- Immigrants more likely to experience residential segregation ("ethnic enclaves")

- New immigrant destinations beyond traditional gateways

(Iceland, J. 2014; Pew Charitable Trusts, 2014)
Language barriers for the foreign-born

- 84% speak a language other than English at home
- 20.4 million (50%) are limited English proficient (LEP)*

*LEP = speaks English "not at all", "not well", or "well"

Source: MPI tabulation of data from the U.S. Census Bureau 2013 ACS.

Top 10 languages spoken by LEP individuals

- Spanish, 62%
- Other, 15%
- Vietnamese, 4%
- Chinese*, 7%
- Tagalog, 2%
- Korean, 3%
- Russian*, 2%
- Arabic, 2%
- Creole*, 1%
- Portuguese, 1%
- Polish, 1%
Migration legal status

- 53% of migrants are not U.S. citizens
- Determines access to work, education, healthcare and public benefits
- Distrust of government
  - Fear of law enforcement agencies and of deportation

1998-2007 (fiscal years)
2,200,000 total deportations
8% were parents of U.S.-citizen children.

2011 (fiscal year)
397,000 total deportations
22% were parents of U.S.-citizen children.
Limited social and legal protection

- Anti-immigrant policies
  - Exclusion from social benefits
- Limited political power
- High risk of abuse and discrimination
- Unaware of rights
- Fear of using services and reporting abuse
National health systems responsiveness to migrants’ needs

http://www.mipex.eu/health
State policies that affect the health of immigrants, 2015

![Map of the United States showing states with different inclusion scores for immigrants. The map is color-coded, with states such as California, Arizona, and Nevada in green representing higher inclusion scores. The map includes a legend for the total inclusion score, ranging from -7 to +9. The source is cited as: https://blumcenter.ucla.edu/files/view/pdf-files/ugchi_immigrant_health_for_web.pdf]
Migrant health: a double jeopardy

Vulnerable minorities
- Low socioeconomic status
- High-risk occupations
- Discrimination
- Others

Migration-specific factors
- Multinational exposures
- Migration legal status
- Government policies
- Language/culture
- Others

Access to health care

Health disparities
Migrants include some of the most vulnerable populations

- Victims of human trafficking
- Refugees and asylees
- Unauthorized immigrants
- Vulnerable workers (e.g., farmworkers, day laborers, housemaids)
Evidence on health of foreign-born in the United States
Great diversity in health indicators among the foreign-born

• Big differences by gender, age, country of birth and other migration-related factors:
  – Race/ethnicity
  – Age at arrival to the United States
  – Year of arrival to the United States

• Careful with overgeneralizing!
Evidence on health of foreign-born vs. U.S.-born population

- The foreign-born have:
  - Health advantages for some indicators
  - Health disparities for other indicators
- Limitations in available data, particularly for:
  - Sub-populations (e.g., specific nationalities)
  - Local data
Migrant health data limitations (1)

1. Key migration-related variables not routinely collected
   • e.g., country of birth, citizenship, years in the United States

2. Some migration-relevant diseases not routinely monitored
   • e.g., Chagas disease
Migrant health data limitations (2)

3. Some higher-risk migrant populations may not be included in studies or national data systems
   • e.g., new arrivals, unauthorized, farmworkers, non-English speakers
Broad evidence on migrant health advantages

- Mental health
- Alcohol and substance use
- Smoking
- Obesity
- Diabetes
- Maternal and child health
- Some cancers (e.g., lung, breast, prostate)
- In spite of disadvantaged socioeconomic status!!
Prevalence of current smoking among U.S. adults by selected ethnic/nativity groups, NHIS 2007-2012

NHIS= National Health Interview Survey

Singh et al., 2013
Prevalence for obesity (BMI>30) among U.S. adults (18+) by selected ethnic-nativity groups, NHIS, 2007-2012

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>U.S.-born</th>
<th>Foreign-born</th>
</tr>
</thead>
<tbody>
<tr>
<td>NH-White</td>
<td>26.8</td>
<td>20.0</td>
</tr>
<tr>
<td>NH-Blacks</td>
<td>39.3</td>
<td>22.0</td>
</tr>
<tr>
<td>Mexican</td>
<td>37.3</td>
<td>29.4</td>
</tr>
<tr>
<td>Cuban</td>
<td>25.9</td>
<td>28.2</td>
</tr>
<tr>
<td>Chinese</td>
<td>7.0</td>
<td>3.1</td>
</tr>
<tr>
<td>Filipino</td>
<td>20.9</td>
<td>11.9</td>
</tr>
</tbody>
</table>

NHIS = National Health Interview Survey

Singh et al., 2013
Adjusted* diabetes prevalence, adults 30-60 yrs old

*Age, gender, education, health insurance, smoking, obesity


Source: Barcellos SH et al., 2012
Broad evidence on migrant health disparities

• Compared to U.S.-born, foreign-born experience disparities in:
  • Some cancers (e.g., cervical, stomach, liver)
  • Occupational health
  • Infectious diseases
  • Access to health care and preventive services
Fatal work injuries involving Hispanic workers by nativity, 2013-2015

Infectious disease disparities (1)

• Foreign-born from higher-endemicity countries may represent a disproportionate share of cases diagnosed in the United States
  – Tuberculosis (TB), HIV, typhoid fever, Hansen’s disease, parasitic diseases

• May develop disease years after arrival

Sources: Barnet et al. 2008; Avery, 2001; White et al. 2002; Tsang et al., 2017; Prosser, 2012; Scott et al 2015)
TB incidence (cases per 100,000), by race/ethnicity and nativity, United States, 2015

Salinas et al., 2016
Evidence on infectious disease disparities (2)

- Late diagnosis for TB and HIV
- Lower completion of TB treatment
- Risk factors may be different than U.S.-born population
  - Higher % of heterosexual HIV transmission
  - Consumption of Mexican-style unpasteurized cheese as risk factor for listeriosis

Source: Barnet et al. 2008; Avery, 2001; White et al. 2002; Tsang et al., 2017; Prosser, 2012)
% without health insurance by age group and citizenship, 2015

Source: Lopez G and Radford L, 2017
Adult vaccination coverage by country of birth, NHIS, 2012

- Influenza (18+): U.S.-born 40%, Foreign-born 34%, Mexico/Central America/Caribbean Islands 28%
- Pneumococcal (ever received, 65+): U.S.-born 63%, Foreign-born 41%, Mexico/Central America/Caribbean Islands 35%
- Tetanus (past 10 yrs, 18+): U.S.-born 65%, Foreign-born 51%, Mexico/Central America/Caribbean Islands 48%
- Tetanus + pertussis (past 7 yrs, 18+): U.S.-born 16%, Foreign-born 9%, Mexico/Central America/Caribbean Islands 6%
- Hepatitis B (≥ 3 doses, 18-49): U.S.-born 37%, Foreign-born 28%, Mexico/Central America/Caribbean Islands 20%
- HPV (≥ 1 dose, 18-26 Female): U.S.-born 39%, Foreign-born 15%, Mexico/Central America/Caribbean Islands 9%

HPV = Human papillomavirus

Lu P-J et al., 2014
Conclusions (1)

- Compared to the US-born, the foreign-born experience disparities in social determinants of health, access to care, and some health outcomes, but also have health advantages for other health indicators.

- Great diversity among the foreign-born by country of birth and other migration-related indicators.
Conclusions (2)

• Need for enhanced research and health monitoring to identify higher-risk and underserved groups

• Need for targeted culturally and linguistically appropriate interventions
Conclusions (3)

• Addressing the health needs of the foreign-born population can help advance the national health goal of eliminating health disparities and protecting the health of all communities in the United States
References


References


- Barcellos SH, et al. Undiagnosed disease, especially diabetes, casts doubt on some of reported health ‘advantage’ of recent Mexican immigrants. *Health Aff* 2012;31(12): 2727-2737.


References

Thank you!
¡Muchas gracias!

For more information, please contact:
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The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.