

IMMIGRANT WOMEN

In 2011, 19.3 million women, representing 15.8 percent of all women residing in the United States, were immigrants, defined as foreign-born and not a U.S. citizen at birth. About half of immigrant women had become naturalized U.S. citizens, with the remaining half of non-citizens comprising legal permanent residents, temporary residents (e.g., foreign students), humanitarian migrants (e.g., refugees), and undocumented migrants. Over half of all U.S. immigrants are from Latin America (53.1 percent), followed by Asia (28.2 percent) and Europe (12.1 percent; data not shown).⁶⁰ Immigrants tend to be younger and have lower levels of education and income than the general U.S. population, despite having higher levels of labor force participation.⁶⁰

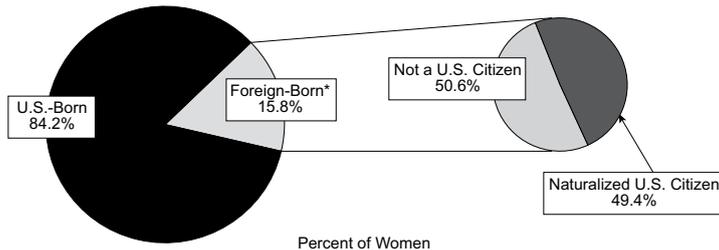
Although immigrants tend to be healthier than U.S.-born populations, perhaps due to culturally-protective behaviors, this advantage erodes with length of U.S. residence⁶¹ and may be hastened by barriers to health care, including limited health insurance access, lower income, and language barriers.⁶² In 2011, nearly one in three foreign-born women were uninsured (29.4 percent) compared to 13.9 percent of U.S.-born women. Immigrant women were also nearly twice as likely as U.S.-born women to lack a usual source of care (19.9 versus 11.3 percent, respectively). Among immigrant women, non-citizens were most likely to be uninsured (41.1 percent) and have no usual source of care (25.6 percent). These barriers to care may translate into lower utilization of preventive services. In 2011,

immigrant women were less likely than their U.S.-born counterparts to have received recommended vaccinations for HPV (15.2 versus 32.6 percent, respectively) and pneumococcal disease (45.4 versus 67.4 percent, respectively), which protect against cervical cancer and an infection that may cause pneumonia and other life-threatening complications. Non-citizen immigrant women were less likely than those with citizenship to have received pneumococcal vaccination.

Citizens and legal immigrants without health insurance may gain coverage options through Medicaid expansions and health insurance marketplaces as part of the Affordable Care Act, while community health centers will continue to be critical providers of high-quality, culturally-competent care for those who lack coverage (see *Women Served by Community Health Centers*).⁶³

Women Aged 18 and Older, by Nativity and Citizenship Status, 2011

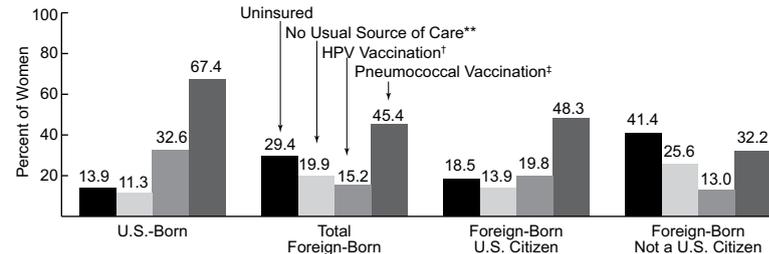
Source II.19: U.S. Census Bureau, American Community Survey



*Includes those born in another country and not a U.S. citizen at birth; naturalized citizens are those that have applied and been granted citizenship through a test and interviews; non-citizens include legal permanent residents, temporary residents (e.g. foreign students), humanitarian migrants (e.g. refugees), and undocumented migrants.

Selected Health Care Indicators for Women Aged 18 and Older,* by Nativity and Citizenship Status, 2011

Source II.20: Centers for Disease Control and Prevention, National Center for Health Statistics, National Health Interview Survey



*Estimates of uninsured and no usual source of care are age-adjusted. **Defined as having a place where one usually receives care when sick, excluding emergency departments. †Aged 18-26 years; received at least one dose. ‡Aged 65 years and older.