

WHY DOES NATURALIZATION MATTER FOR THE HEALTH OF OLDER IMMIGRANTS IN THE UNITED STATES?

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RESEARCH PROBLEM AND DATA

Despite population aging and continuing immigration, health disparities among older immigrants in the United States are understudied. This research explores whether immigrants' naturalization helps to explain diverse health outcomes among the older foreign-born in the United States. On the one hand, naturalization indicates greater political and social incorporation, especially for those who arrive in childhood and young adulthood. On the other hand, the 1996 Welfare Reform Act increased the salience of citizenship for economically vulnerable immigrants, such as those who migrate at older ages, which is likely to increase negative health selection into naturalization for this group.

We use data from the 2008-2010 American Community Survey to analyze whether naturalization is beneficial for health in later life. Recognizing the importance of age-at-migration, we estimate the probability of activity limitations among naturalized citizens and non-citizens, splitting the sample into four age-at-arrival groups: those who migrated as children ($n = 47,710$), as younger adults ($n = 168,140$), during middle adulthood ($n = 82,819$), and in later adulthood and older age ($n = 35,837$). We then test whether race, ethnicity, and education help explain the difference in functional health between older foreign-born naturalized citizens and non-citizens.

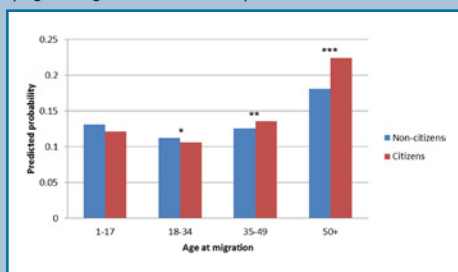
KEY FINDINGS

- Among those foreign-born who immigrated as children and young adults, naturalized citizens indicate *better* health in older age compared to non-citizens (Figure 1).
- Among those older foreign-born who immigrated at middle and older ages, naturalized citizens indicate *worse* health compared to non-citizens.
- Negative health selection into naturalization among older newcomers is stronger after the passage of the 1996 Welfare Reform Act (Figure 2).

POLICY IMPLICATIONS

Legal status can be a powerful risk factor of poor health in old age. Many of those who migrate early in life, and have not naturalized by age 50, are likely to be undocumented. They will not be eligible for public assistance and health care programs even after reaching age 65. Migrants arriving after age 50 constitute another risk group. Many experience health problems but lack health insurance. Eventually, these immigrants may naturalize and gain access to public health care programs. However, having no health insurance at this critical age is likely to result in worse health outcomes and higher accumulated costs of health care later. In summary, delayed immigration reform and the five-year ban on participation in Medicaid for the foreign-born may not be cost effective in the long run.

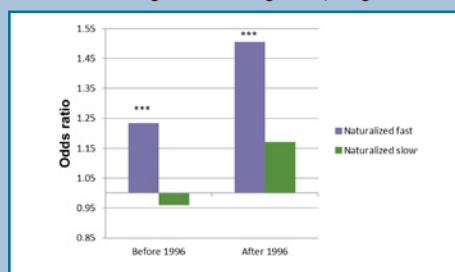
Figure 1. Predicted Probabilities of Having Activity Limitations at Age 65 by Age at Migration and Citizenship Status.



Note: Estimates are for a non-Hispanic white male with a high school education.

* $p < .05$, ** $p < .01$, *** $p < .001$.

Figure 2. Odds Ratios of Having Activity Limitations by the Period of Naturalization: Foreign-Born Who Migrated after Age 50.



Note: Reference group: non-citizens. Fast naturalization = within 10 years of migration. Slow naturalization = after 10 or more years in the United States.

* $p < .05$, ** $p < .01$, *** $p < .001$.

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