

Asian New Immigrants and Health

The relationship between immigration and health status remains inconclusive, largely due to data limitations. In particular, much remains to be learned about the health status of new immigrants and the extent of return migration due to illness. Of the two major immigrant groups to the US –Asians and Hispanics- much less is known about Asian new immigrant health status, particularly among different Asian subgroups. In this study, microdata from the 2000 US Census provided a unique opportunity to describe and better understand the health status of 6 Asian immigrant groups aged 16 over who immigrated to the US in 2000. Using data collected the same year of immigration served to minimize any confounding effect of acculturation on health outcomes. The race categories include: Chinese, Japanese, Korean, Vietnamese, Filipino, and Asian Indian. Among these, cases were included in the analysis only when an individual's birth place matched his or her own race. Findings (see Table below) show that the average disability level for these Asian subgroups varied across measured health items: 1% had personal care difficulty, 1.2% had vision or hearing difficulty, 2.2% had difficulty remembering, 2.9% had physical difficulty, 8.5% had limited mobility, and 9.6% had work disability. [Something here about how this compares to US-born Asians] The findings also show that health status varied between the Asian subgroups. For instance, mobility limitation existed among 1.5% of Japanese, 5.7% of Asian Indians, 10.2% of Chinese, 10.2% of Korean, 11.7% of Vietnamese, and 11.9% of Filipinos. The item with the most number of cases – mobility limitation- was used for the regression analysis. After controlling for age, sex, English skills, marital status, and personal income (log), Japanese immigrants were least likely to have mobility limitations than any other Asian subgroup. On this health measure, Asian Indians were less likely to have mobility limitations than Filipinos, but did not differ significantly from Chinese, Korean, and Vietnamese immigrants. Filipinos were more likely to have limitations than Japanese, Asian Indians, and Chinese, but did not differ significantly from Koreans or Vietnamese immigrants. The subgroup differences among new immigrants from Asia in 2000 contribute to our understanding of the complexity of immigrant health; they suggest that not all who immigrate are equally healthy. Further study is needed to explore health differences between subgroups that are not due to individual-level characteristics. Moreover, if it is assumed that immigrants are healthier than the home country population, the observed subgroup differences may provide information about the health status of each country of origin.

	Chinese n=473	Japanese n=323	Korean n=440	Filipino n=319	Vietnamese n=178	Asian Indian n=724	Mean %
Vision or hearing difficulty	0.8	0.3	1.4	2.2	1.7	1	1.2
Physical difficulty	1.9	1.2	3.4	4.1	5	1.6	2.9
Difficulty remembering	3.2	0.6	1.4	2.5	4.5	1	2.2
Personal care	2.1	0.3	0.9	0.6	1.1	1.1	1.0
Limiting mobility	10.2	1.5	10.2	11.9	11.7	5.7	8.5
Work disability	10.4	3.7	7	13.8	15.2	7.5	9.6