

Immigration Status Disparities in California

HEALTH CARE
NUTS AND BOLTS
with



California has the largest immigrant population of any US state, making up about 28% of the state's total residents. Given the size of this population, understanding disparities is important, as immigration status shapes both health outcomes and access to medical care.

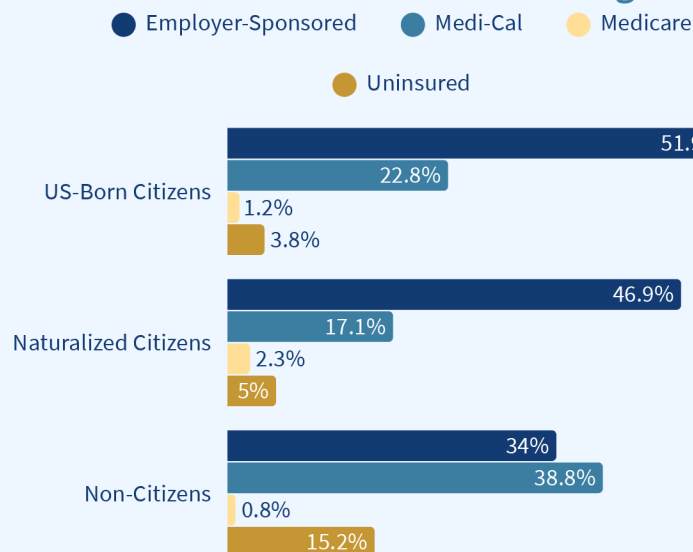
DEMOGRAPHIC CONTEXT

Race	US-Born Citizen	Naturalized Citizen	Non-Citizen	All
American-Indian/Alaska Native	0.50%	2.60%	0.00%	0.40%
Asian	9.00%	43.10%	18.30%	16.85%
Black	6.60%	6.50%	3.90%	5.30%
Latino	35.50%	15.60%	17.80%	38.65%
Native Hawaiian/ Asian and Pacific Islander (API)	0.30%	28.70%	0.00%	0.39%
Two or More Races	5.40%	3.80%	3.00%	4.20%
White	42.70%	6.60%	2.90%	34.22%

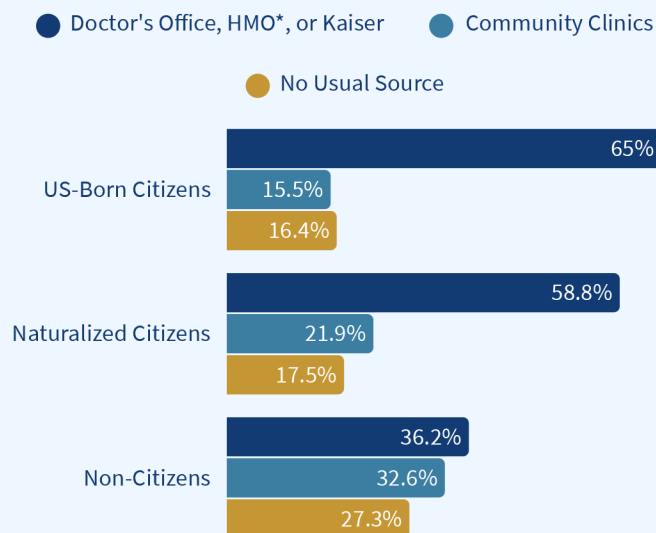
HEALTH DISPARITIES

Most US-born Californians (60%) report “excellent” or “very good” health, while most naturalized citizens (64.7%) report “very good” or “good” health. Non-citizens report the highest rates of “fair” or “poor” health (24.2%), compared to naturalized citizens (20.5%) and US-born citizens (11.7%).

Health Insurance Coverage



Usual Source of Care



*HMO = health maintenance organization, or a type of health insurance plan that limits coverage to providers within a specific network

STRUCTURAL DRIVERS OF DISPARITIES



Language Barriers

40%

of naturalized citizens and 50% of noncitizens report difficulty understanding their doctor.

29%

of people with limited English proficiency (LEP) rely on family members or friends to understand their doctors, and 23% are unaware of their rights to an interpreter.



Employment

Undocumented immigrants face challenges due to lack of work authorization, workplace abuse, violations of wage and labor laws, and poor working and living conditions.



Racism

Reported Rates of Unfair Treatment by a Healthcare Professional



Immigration Enforcement

Fear of deportation is linked to chronic stress and health conditions, such as **hypertension, obesity, and mood disorders**.

Threat of deportation is associated with lower birthweight among babies born to **undocumented immigrant women** due to heightened perinatal stress.



Acculturation

Larger differences between immigrant **heritage and host environments** are associated with stress-related health conditions, including cardiovascular disease and depression.

Unfair treatment by a health care professional is reported to stem from:

15% — accent or ability to speak English

13% — race, ethnicity, or skin color

REDUCING DISPARITIES



Pathways to Citizenship: The Deferred Action for Childhood Arrivals (DACA) — program which offers deportation and work authorization to those who arrived in the US before age 16 — has been linked to **improved health outcomes** among API young adults and 50% fewer **anxiety disorder diagnoses** in children of protected mothers.



Expanded Coverage: Coverage expansions to immigrant populations are shown to improve health outcomes and increase use of **medical, dental, and preventive care**. Non-citizen children's health status improved by 10% in California after the 2016 Medi-Cal expansion — and nationally, insuring immigrants through Medicaid costs less than half as much per person as insuring US-born adults.



Culturally Competent Care: Beyond bilingual providers, healthcare practitioners who practice cultural curiosity — by engaging with immigrant communities and understanding their own self-awareness — can help practitioners identify and address **power imbalances** of the provider-patient relationship.

WANT TO LEARN MORE? READ THE FULL EXPLAINER AT [CHBRP.ORG](https://chbrp.org)!

Data sources linked in the explainer. Last updated August, 2026.