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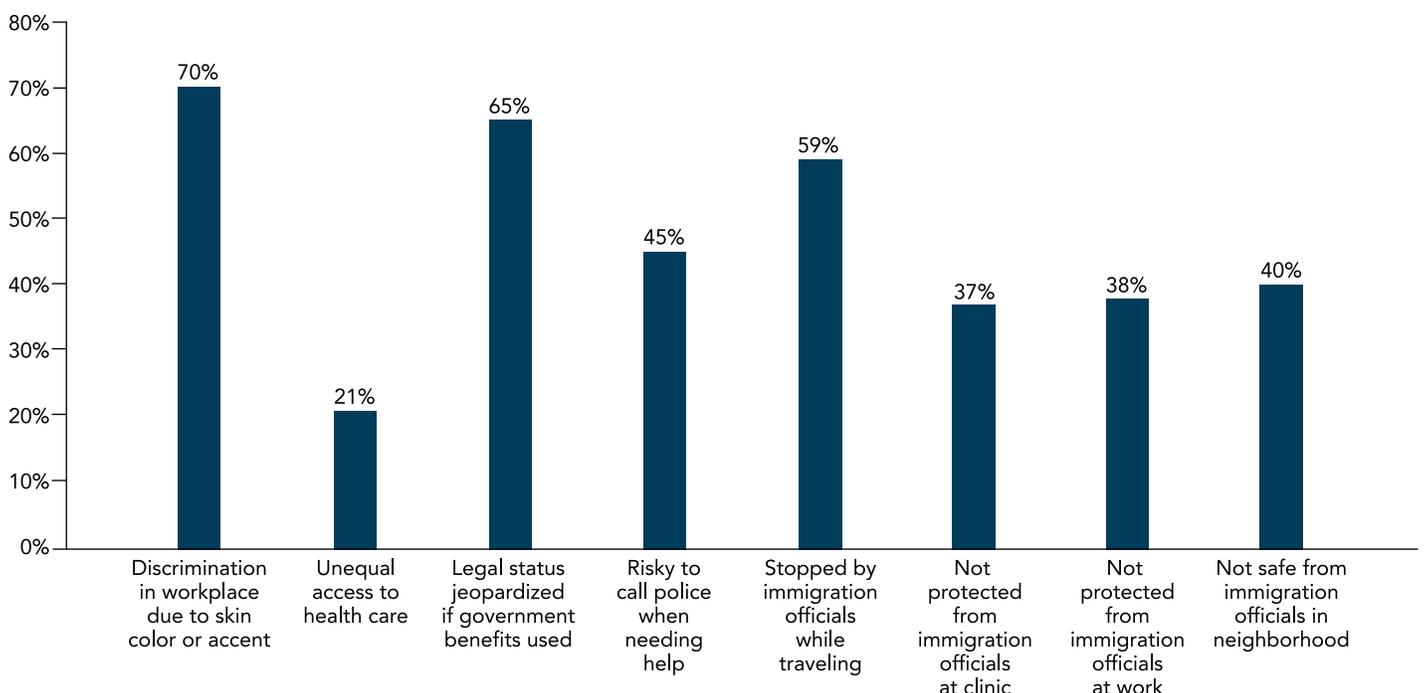
Latinx and Asian Immigrants Have Negative Perceptions of the Immigrant Experience in California

Nadereh Pourat, Maria-Elena De Trinidad Young, Brenda Morales, and Lei Chen

An estimated 26% of the California population report that they were born elsewhere and immigrated to the United States. Latinx and Asian populations are the state’s two largest immigrant groups.¹ Evidence indicates that there are disparities in access to health care and health status for immigrants compared to U.S.-born residents.² Such disparities are due in part to immigration policies that determine access to public benefits

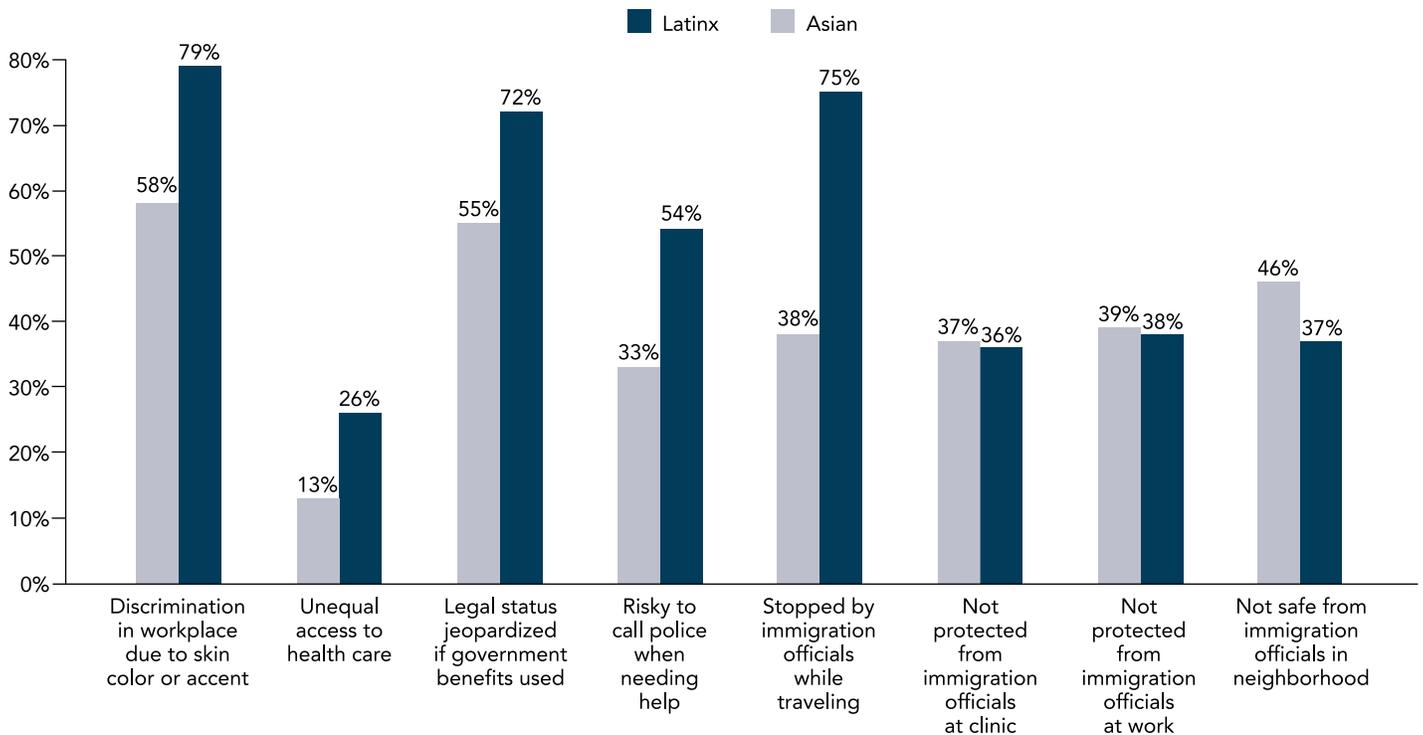
or shape lives by impacting rights and protections in the workplace, in schools, and in communities where immigrants live.³ The perceptions of immigrants may be based on their direct experiences with immigration policies or indirectly shaped by the experiences of family, friends, or the greater community.⁴ However, evidence of Latinx and Asian immigrants’ perceptions of immigrant experiences is limited.

Exhibit 1: Perceptions of Immigrants’ Experiences, California, 2018–2019



Source: Authors’ analyses of 2018 and 2019 RIGHTS Surveys

Note: RIGHTS is a follow-on survey of the California Health Interview Survey and included 2,000 Latinx and Asian immigrant respondents.

Exhibit 2: Perceptions of Immigrants' Experiences by Race and Ethnicity, California, 2018–2019

Source: Authors' analyses of 2018 and 2019 RIGHTS Surveys

Note: RIGHTS is a follow-on survey of the California Health Interview Survey and included 2,000 Latinx and Asian immigrant respondents.

In this fact sheet, we examine data from the Research on Immigrant Health and State Policy Study (RIGHTS) on the perceptions of Latinx and Asian immigrants in California, a state known for inclusive immigration policies.⁵ RIGHTS is a follow-on survey of the 2018 and 2019 California Health Interview Surveys (CHIS). Respondents reported their perceptions as immigrants of experiences in the workplace and in accessing health care, encountering law or immigration enforcement, and using public benefits. Understanding negative perceptions of immigrant experiences is important, because such experiences are likely to impact care-seeking behaviors and perpetuate disparities in health status and access to health care.

Our findings showed that the majority of respondents had negative perceptions of immigrants' experiences, including 70%

perceiving discrimination in the workplace due to skin color or accent, and a smaller but notable proportion (21%) perceiving unequal access to health care (Exhibit 1).

Comparing these perceptions by race/ethnicity showed that significantly higher proportions of Latinx immigrants than Asian immigrants perceived that immigrants experienced discrimination in the workplace, received unequal access to health care, encountered barriers to getting legal status, faced safety risks when calling the police for help, and were at risk of being stopped by immigration officials while traveling (Exhibit 2). In contrast, Asian immigrants were more likely to perceive that immigrants were not safe from immigration officials in their neighborhoods.

We further analyzed differences in negative perceptions by citizenship status and found no differences among naturalized citizens and others (data not shown).

Implications

Our findings indicate that Latinx and Asian immigrants have negative perceptions of immigrants' experiences in California, despite the presence of more inclusive immigrant policies in the state than elsewhere. Our findings also indicate a strong link between race/ethnicity and negative perceptions, but no clear link between citizenship status and negative perceptions. These findings highlight a possible disconnect between the presence of more inclusive immigrant policies, the implementation of those policies, and the subsequent experiences of immigrants. The findings also highlight the differences in perceptions between Latinx and Asian immigrants that are likely linked to different ways in which policies are implemented in each community. Lessening disparities in the health of immigrants requires examining the underlying causes of immigrants' negative perceptions and then addressing them.

Methodology

The RIGHTS respondents included CHIS respondents ages 18 or over and born in any country in Latin America (e.g., Mexico, Central America, South America, Caribbean) or Asia, including South and Southeast Asia, but excluding countries in the Middle East. The responses to perception questions were categorized as "yes" (always, usually, sometimes) and "no" (rarely or never).

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Endnotes

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