



Being an Immigrant with Disabilities

Characteristics of a population facing multiple structural challenges

Paola Echave and Dulce Gonzalez

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People with disabilities often face serious challenges that impact their daily lives, such as increased discrimination at work or when applying for jobs compared to those without disabilities (Carr and Namkung 2021; Namkung and Carr 2019), and these challenges contribute to employment and pay gaps (Baldwin and Choe 2014; Kruse et al. 2018; Schultz and Rogers 2011; Schur et al. 2017). As a result, people with disabilities earn lower wages and income than people without disabilities (Schur et al. 2017) and have high poverty rates overall (WHO and World Bank 2011). These disadvantages can be compounded for immigrants with disabilities, which is particularly true for those who are female; have limited English proficiency; or have nonpermanent resident, undocumented, or temporary or seasonal worker status (Moyce and Schenker 2018). Immigrant eligibility status restrictions create additional barriers to safety net resources that could mitigate these disadvantages (Perreira and Pedroza 2019). Moreover, the fear of immigration enforcement and retaliation from employers may discourage immigrant workers from enforcing their workplace rights and voicing grievances or wage claims (Bernhardt et al. 2009).

Understanding the prevalence and nature of disabilities among immigrant groups can guide the development of policies and programs to mitigate the negative mental health and economic consequences associated with the *double minority challenge*, which refers to being an immigrant and having a disability (Hughes 2017; King, Esses, and Solomon 2012). Previous research has provided

information on the prevalence of disability among older immigrant populations (those age 50 and older) and specific immigrant populations, such as Asian and Latinx immigrants (Garcia et al. 2017; Garcia and Reyes 2018; Garcia, Reyes, and Rote 2018; Gubernskaya, Bean, and van Hook 2013; Mendes De Leon, Eschbach, and Markides 2011; Wakabayashi 2010; Yang, Burr, and Mutchler 2012). However, limited research discusses the prevalence of disability among nonelderly adult immigrants and characteristics of this population.

This brief focuses on select characteristics of nonelderly immigrants with disabilities and lays the groundwork for future research. We draw on five-year estimates from the 2015 to 2019 American Community Survey (ACS) integrated public-use microdata. Our sample consists of nonelderly immigrant adults ages 18 to 64 (N = 1,422,274). We define *immigrants* as people who are noncitizens or naturalized citizens and *disability* as the presence of one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty.¹ Our main findings are as follows:

- Overall, 5.6 percent of immigrant adults ages 18 to 64 have a disability, and 2.3 percent have multiple types of disabilities.² Ambulatory difficulty (2.7 percent), cognitive difficulty (1.9 percent), and independent-living difficulty (1.8 percent) are the main types of disabilities reported by immigrants.
- One in 10 (10.2 percent) nonelderly Black Latinx immigrants³ reported having a disability, the highest share among all racial and ethnic groups examined, followed by non-Latinx Pacific Islander immigrants (7.3 percent). Non-Latinx Asian adults were the group least likely to report having a disability (4.2 percent).
- Roughly 1 in 3 (35.3 percent) immigrants with disabilities has limited English proficiency.
- About 3 in 10 (30.7 percent) immigrants with disabilities are from Mexico, making it the country of origin with the largest representation among immigrants with disabilities. These findings are in accordance with the overall immigrant population, with Mexico as the top birthplace among all immigrants in the US (Budiman 2020).
- Nearly half (49.3 percent) of nonelderly immigrants with disabilities report having low family incomes (under 200 percent of the family federal poverty level).
- About four in 10 (41.4 percent) immigrants with disabilities are employed. Three in 10 (30.0 percent) immigrants with disabilities are working in service occupations, such as janitors and building cleaners, housekeeping cleaners, and personal care aides, which are in industries with large shares of immigrant workers (Krogstad, Lopez, and Passel 2020).
- One in 8 (12.7 percent) immigrants with disabilities reported receiving Supplemental Security Income (SSI) in the 12 months before the survey.
- Three in 10 (30.3 percent) noncitizens report being uninsured, while 1 in 10 (9.5 percent) naturalized citizens report being uninsured. Overall, 1 in 5 (18.8 percent) immigrants with disabilities reported that they were uninsured at the time of the survey.

These findings show the diversity of immigrants with disabilities. The limited attention to and understanding of the demographic and socioeconomic characteristics of working-age immigrants with disabilities leaves significant gaps in understanding the potential hardships or barriers this population faces, making it difficult to address their needs. The results presented in this brief can inform efforts to improve the well-being of immigrants with disabilities through strategies such as increased access to government public services, improvements in job quality, and development of community models to promote disability inclusion.

Background

Immigrants with disabilities face increased stigma because of their disability and additional socioeconomic disadvantages compared with US-born individuals (Burns 2019). Beyond these important challenges, some noncitizens with disabilities also contend with their systematic exclusion from many federal safety net programs because of limitations established in the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Bernhardt et al. 2009; Moyce and Schenker 2018; Perreira and Pedroza 2019). With some exceptions, green card holders who have lived in the US for less than five years are not eligible for federally funded programs, such as the Supplemental Nutrition Assistance Program (also known as SNAP), Medicaid, the Children’s Health Insurance Program (also known as CHIP), and Temporary Assistance for Needy Families (Perreira and Pedroza 2019). Undocumented immigrants and temporary visa holders are not eligible for these federally funded programs; however, they can receive emergency Medicaid, the Special Supplemental Nutrition Program for Women, Infants, and Children (also known as WIC), and charitable food assistance, among others.

Immigrants with disabilities can qualify for programs such as the SSI program, but they must meet complex eligibility requirements (box 1). The burden associated with proving eligibility for programs like SSI accrues on top of the paucity of information and misunderstanding about the existence, eligibility, and impact of these programs (Broder, Lessard, and Moussavian 2021). Further, discrimination, lack of reasonable accommodations, and misconception about people with disabilities might exacerbate the level of stress that nonelderly immigrant adults with disabilities endure when seeking work or applying for safety net programs.

Immigrants with disabilities may also require additional accommodations, such as interpreters and translated forms and instructions (Bogenschutz 2014). To better identify and facilitate the access to these resources, a comprehensive assessment of the characteristics of the immigrant population with disabilities is needed.

BOX 1

The Supplemental Security Income (SSI) Program

The SSI program is a federal program that provides monthly cash assistance to people with low incomes and who are 65 or older, are blind, or have other disabilities. To qualify as having a disability, a person must show that they have a medically determinable physical or mental impairment that reduces the person's ability to do any "substantial, gainful" activity, is likely to result in death, or is expected to last for a continuous period of 12 months. To be eligible for SSI, people with disabilities must also have limited income and resources and meet other criteria. In most states, people who receive SSI are automatically eligible for Medicaid. In addition to these general SSI program requirements, noncitizens with disabilities must also meet additional and complex immigration-related criteria. First, they must be considered "qualified" immigrants, meaning they fall under one of seven categories of noncitizens as defined by the Department of Homeland Security; examples of these categories include having been lawfully admitted for permanent residence or having been granted asylum. Second, a "qualified" immigrant must meet certain other conditions to be eligible for SSI. Examples of these conditions include having been lawfully admitted for permanent residence with 40 qualifying quarters of earnings or on active duty in the US Armed Forces. Exceptions exist for SSI eligibility of noncitizens with disabilities, such as being victim of human trafficking.

Sources: "Understanding Supplemental Security Income SSI and Other Government Programs -- 2022 Edition," Social Security Administration, accessed February 9, 2022, <https://www.ssa.gov/ssi/text-eligibility-ussi.htm>, "How WIOA Helps: Immigrant Success Stories," National Immigration Forum, March 14, 2018, <https://immigrationforum.org/article/wioa-helps-immigrant-success-stories/>, "Spotlight on SSI Benefits for Noncitizen - 2021 Edition," Social Security Administration, accessed January 22, 2022, <https://www.ssa.gov/ssi/spotlights/spot-non-citizens.htm>.

Notes: Information on the seven categories and conditions that "qualified" noncitizens must meet to be eligible for SSI benefits and information on exceptions for the SSI eligibility can be found in "Spotlight on SSI Benefits," Social Security Administration.

Our study addresses some of the gaps in the knowledge about disability among nonelderly immigrants, focusing on demographic, socioeconomic, and employment characteristics. We present our findings below, followed by a discussion of the results and the implications for policy and future research. We describe our data and methods after the conclusion.

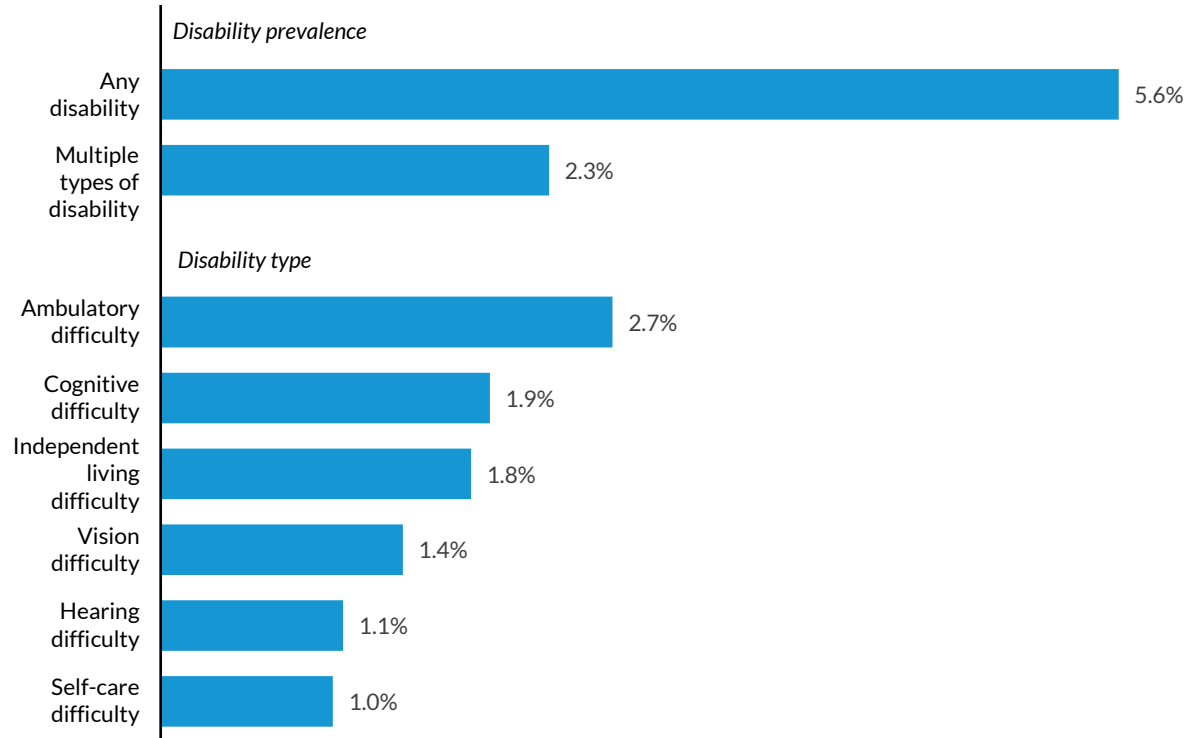
Results

Prevalence of Disability

Overall, 5.6 percent of immigrant adults ages 18 to 64 have a disability, and about 2.3 percent have multiple difficulties (figure 1). Immigrants ages 18 to 64 were less likely than US-born immigrants of the same ages to report disability (5.6 percent versus 11.6 percent; data not shown). Most commonly, immigrants ages 18 to 64 reported an ambulatory difficulty (2.7 percent), a cognitive difficulty (1.9 percent), and an independent-living difficulty (1.8 percent). About 1.4 percent of immigrant adults reported a vision difficulty, 1.1 percent reported a hearing difficulty, and 1.0 percent reported a self-care difficulty.

FIGURE 1

Share of Immigrants Ages 18 to 64 Who Reported Having a Disability and Disability Type Reported, 2015 to 2019



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Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

Notes: Disability is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

Older immigrants were more likely than younger immigrants to have a disability (table 1). For example, about 10.5 percent of immigrants ages 50 to 64 reported a disability, compared with 2.9 percent of immigrants ages 18 to 34. Ambulatory difficulty was the most common type of disability among immigrants ages 50 to 64 (6.1 percent). Among younger immigrants ages 18 to 34, the most common type of disability was cognitive difficulty (1.4 percent).

TABLE 1

Disability Type among Immigrants Ages 18 to 64, by Age Group, 2015 to 2019

	Ages 18 to 34 (%)	Ages 35 to 49 (%)	Ages 50 to 64 (%)
Disability prevalence			
Any disability	2.9	4.0*	10.5*
Multiple types of disabilities	1.0	1.4*	4.6*
Disability type			
Cognitive difficulty	1.4	1.4	3.1*
Independent-living difficulty	1.0	1.2*	3.5*
Vision difficulty	0.8	1.1*	2.5*
Ambulatory difficulty	0.7	1.6*	6.1*
Hearing difficulty	0.5	0.8*	2.0*
Self-care difficulty	0.4	0.6*	2.1*

Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

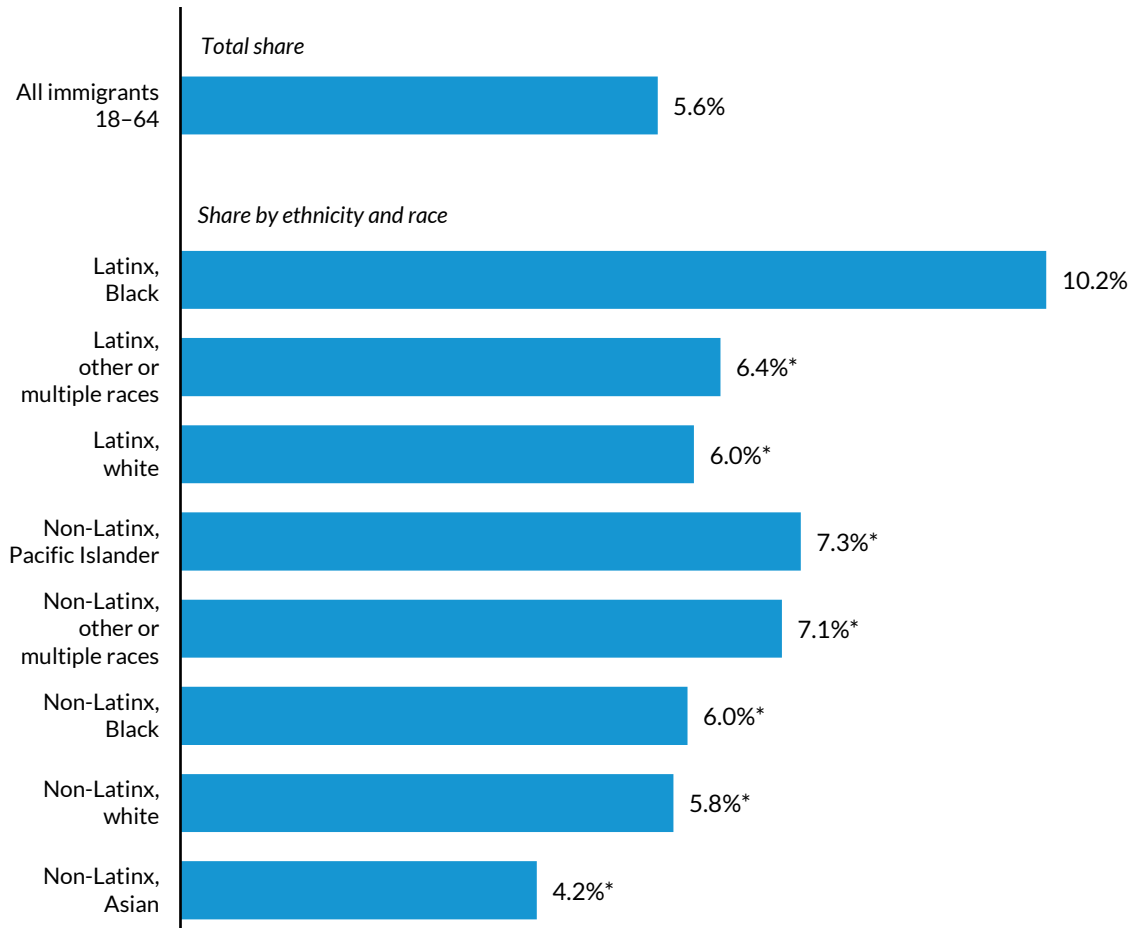
Notes: *Disability* is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

* Estimate differs significantly from immigrants with disabilities ages 18 to 34 at the $p < 0.05$ level, using two-tailed tests.

One in 10 (10.2 percent) nonelderly Black Latinx immigrants reported having a disability, the highest share among all racial and ethnic groups examined (figure 2). In comparison, 6.0 percent of white Latinx adults and 6.4 percent of Latinx adults who are other or multiple races reported having a disability. Non-Latinx Pacific Islander immigrants were the group with the second highest prevalence of disability at 7.3 percent. Non-Latinx Asian adults were the group least likely to report having a disability (4.2 percent).

FIGURE 2

Share of Immigrants Ages 18 to 64 Who Report Having a Disability, Overall and by Race and Ethnicity, 2015 to 2019



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Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

Notes: Disability is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

* Estimate differs significantly from Black Latinx immigrants at the $p < 0.05$ level, using two-tailed tests.

Select Citizenship Status, Country of Origin, and Language Characteristics

About half (55.3 percent) of nonelderly immigrants with disabilities were naturalized citizens, a share that is higher relative to nonelderly immigrants overall (46.4 percent; table 2). This may in part reflect differences in the age profiles and naturalization patterns for older immigrants: 56.2 percent of immigrants with disabilities are ages 50 to 64 compared with 30.1 percent of immigrants overall (data not shown). Previous research finds that older immigrants are more likely to be naturalized than those who are younger (Batalova 2012). About 3 in 10 immigrants with disabilities are from Mexico, making it the top country of origin for the immigrant population overall. Relative to all immigrants, more

immigrants with disabilities come from the Dominican Republic (4.4 percent versus 2.5 percent), Cuba (3.6 percent versus 2.5 percent), and Jamaica (2.1 percent versus 1.6 percent). Fewer immigrants with disabilities were from India and China relative to immigrants overall.

TABLE 2

Select Citizenship Status, Country of Origin, and Language Characteristics of Immigrants Ages 18 to 64, Overall and among Immigrants with Disabilities, 2015 to 2019

	Immigrants with disabilities (%)	All immigrants (%)
Citizenship status		
Naturalized US citizen	55.3	46.4
Countries of origin		
Mexico	30.7	27.9
Dominican Republic	4.4	2.5
Philippines	4.3	4.2
Cuba	3.6	2.5
El Salvador	3.4	3.4
Vietnam	3.2	3.0
India	2.7	6.0
China	2.3	4.7
Jamaica	2.1	1.6
Guatemala	2.0	2.4
All other countries	41.4	41.6
Has limited English proficiency	35.3	25.8
Top 10 languages spoken among those with limited English proficiency		
Spanish	69.1	74.5
Vietnamese	4.0	3.5
Chinese	2.5	4.0
Arabic	2.3	1.3
French Creole or Haitian Creole	1.4	1.0
Russian	1.3	0.8
Korean	1.1	1.7
Filipino, Tagalog	1.1	0.6
Cantonese	1.0	1.2
Nepali	1.0	0.4
All other languages	15.3	10.8

Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

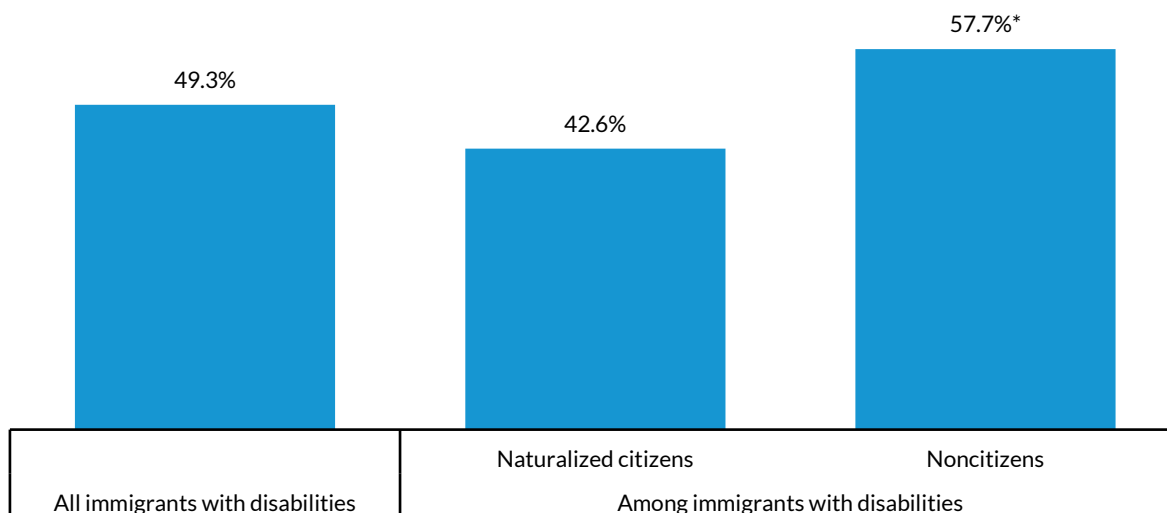
Notes: *Disability* is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information. Limited English proficiency refers to the ability to speak English less than “well,” as reported on the American Community Survey. The American Community Survey asks respondents whether they speak a language other than English at home, and those respondents are further asked whether they speak English “very well,” “well,” “not well,” or “not at all.”

Over 1 in 3 immigrants with disabilities has limited English proficiency, meaning that they do not speak English at all or do not speak it well, and this share is higher relative to immigrants overall (35.3 percent versus 25.8 percent). Among immigrants with disabilities who have limited English proficiency, the most common language spoken is Spanish, though this share is lower relative to immigrants overall (69.1 percent versus 74.5 percent). Compared with immigrants overall, more immigrants with disabilities and limited English proficiency speak Arabic (2.3 percent versus 1.3 percent), Russian (1.3 percent versus 0.8 percent), and Nepali (1.0 percent versus 0.4 percent).

Select Income Characteristics

Close to half (49.3 percent) of nonelderly immigrants with disabilities report having low family incomes, meaning they have incomes under 200 percent of the federal poverty level (figure 3).⁴ The share of adults with low family incomes is higher for immigrants with disabilities than for US-born adults with disabilities (26.3 percent; data not shown) and immigrants overall (35.7 percent, data not shown). Naturalized citizens with disabilities are less likely than their noncitizen counterparts to have family income that is below 200 percent of the federal poverty level (42.6 percent versus 57.7 percent).

FIGURE 3
Share with Family Incomes under 200 Percent of the Federal Poverty Level among Immigrants Ages 18 to 64 with Disabilities, Overall and by Citizenship Status, 2015 to 2019



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Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

Notes: *Disability* is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

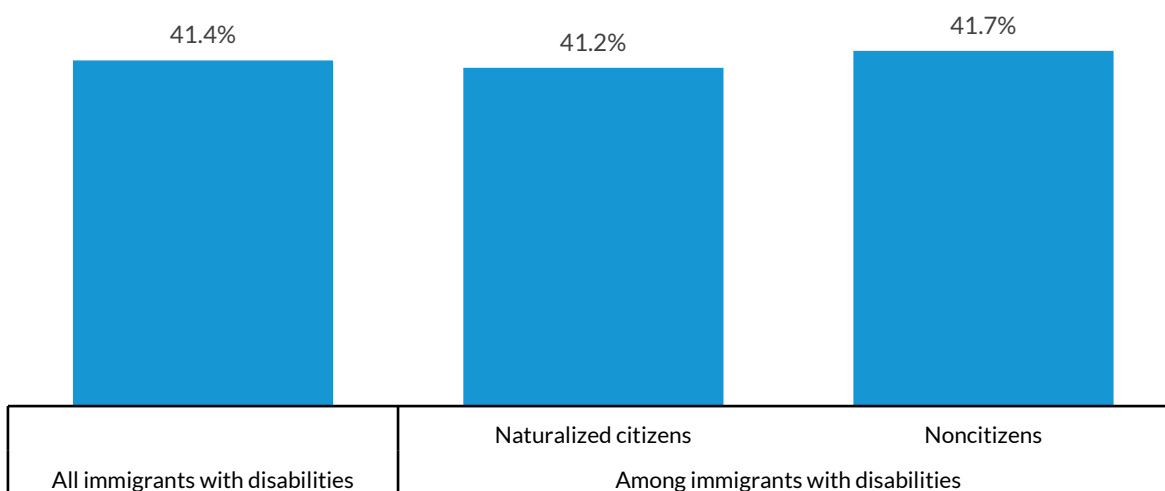
* Estimate differs significantly from naturalized citizens at the $p < 0.05$ level, using two-tailed tests.

Select Employment Characteristics among Immigrants with Disabilities

About 4 in 10 nonelderly immigrants with disabilities are employed (41.4 percent; figure 4). Fewer nonelderly immigrants with disabilities are employed than are immigrants overall (73.3 percent; data not shown). Nonelderly immigrants with disabilities were more likely than nonelderly US-born adults with disabilities to be employed (41.4 percent versus 35.1 percent; data not shown).⁵ The share of employed immigrants with disabilities does not differ by citizenship status greatly (41.7 percent of noncitizens versus 41.2 percent of naturalized citizens).

FIGURE 4

Share Employed among Immigrants Ages 18 to 64 with Disabilities, Overall and by Citizenship Status, 2015 to 2019



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Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

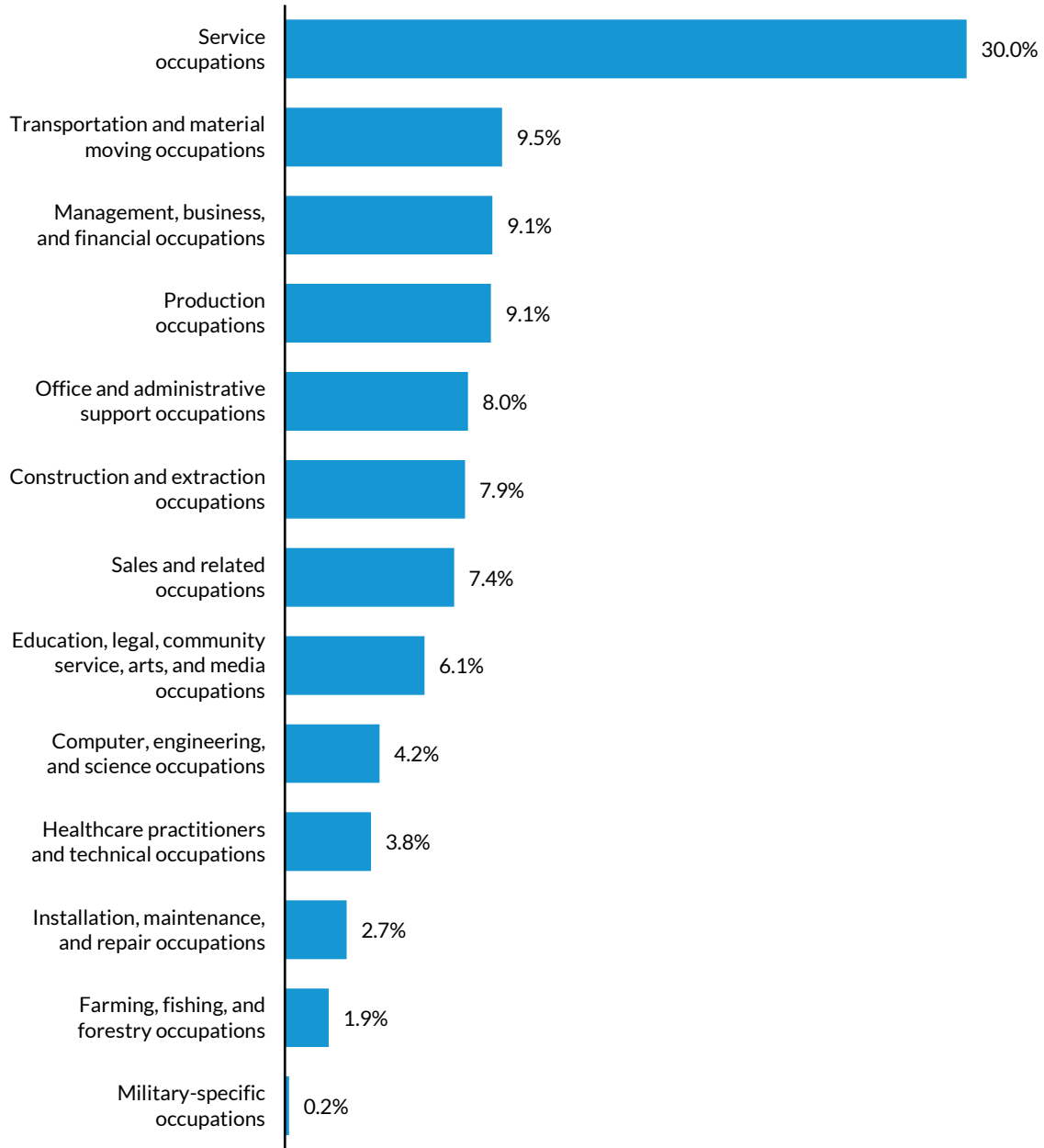
Notes: *Disability* is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

Three in 10 (30.0 percent) employed immigrants with disabilities are working in service occupations (figure 5), such as janitors and building cleaners, housekeeping cleaners, and personal care aides. The most common occupations among immigrants with disabilities in service occupations include janitors and building cleaners, maids and housekeeping cleaners, and cooks (data not shown). Other major occupations among employed immigrants with disabilities include transportation and material moving occupations (9.5 percent), management, business, and financial occupations (9.1 percent), and production occupations (9.1 percent).

FIGURE 5

Major Occupations among Employed Immigrants with Disabilities Age 18 to 64, 2015 to 2019

Share employed in each major occupation



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Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

Notes: Disability is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

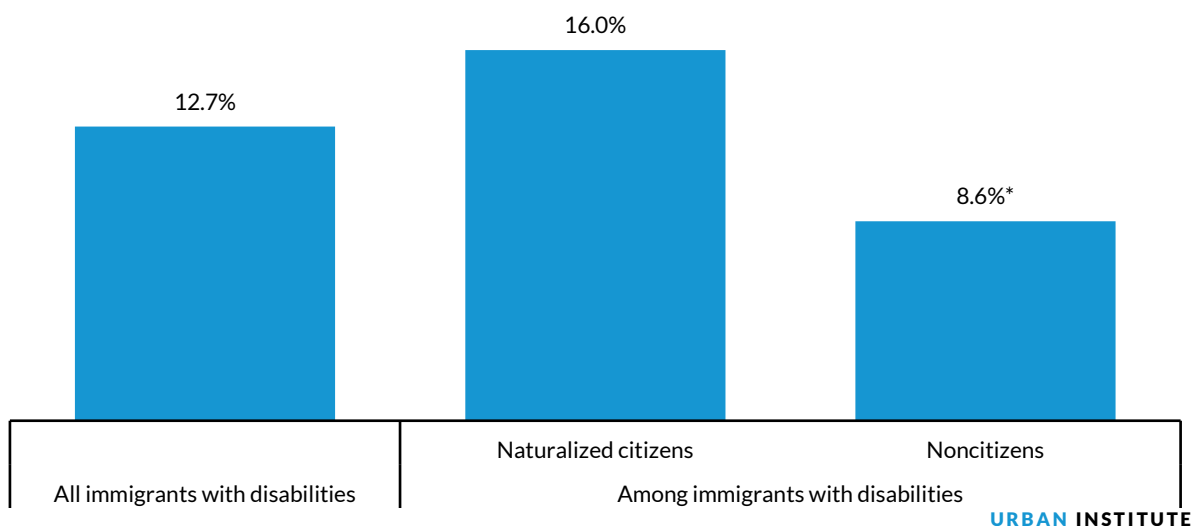
Supplemental Security Income Receipt

About 1 in 8 (12.7 percent) of nonelderly immigrants with disabilities reported receiving SSI in the 12 months prior to the survey (figure 6). Naturalized citizens with disabilities were more likely than their noncitizen counterparts to report SSI receipt (16.0 percent versus 8.6 percent).

FIGURE 6

Supplemental Security Income Receipt in the Previous 12 Months among Immigrants Ages 18 to 64 with Disabilities, Overall and by Citizenship Status, 2015 to 2019

Share of immigrants with disabilities receiving SSI



Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

Notes: *Disability* is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

* Estimate differs significantly from naturalized citizens at the $p < 0.05$ level, using two-tailed tests.

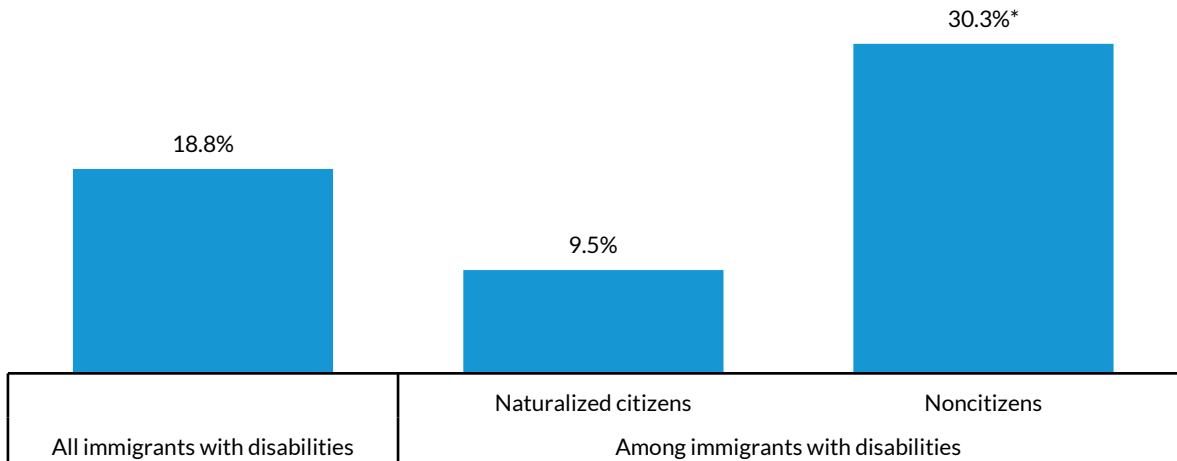
Uninsured Rates

Close to one in five immigrants with disabilities were reported to be uninsured at the time of the survey (18.8 percent; figure 7). The uninsured rate among naturalized citizens with disabilities is similar to the uninsured rate for US-born nonelderly adults with disabilities (10.4 percent; data not shown).

Noncitizens with disabilities were over three times more likely than naturalized citizens to report being uninsured (30.5 percent versus 9.5 percent).

FIGURE 7

Uninsured Rate among Immigrants Ages 18 to 64 with Disabilities Overall and by Citizenship Status, 2015 to 2019



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Source: American Community Survey Integrated Public Use Microdata Series, 2015 to 2019.

Notes: Disability is defined as having one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty. See data and methods for more information.

* Estimate differs significantly from naturalized citizens at the $p < 0.05$ level, using two-tailed tests.

Conclusion

We found that just under 6 percent of immigrants ages 18 to 64 have a disability, making this group about half as likely as US-born nonelderly adults to report a disability. Consistent with previous research showing that the risk of having a disability among immigrants increases for older populations and for individuals who have lived in the US for several years (Garcia et al. 2017; Hamilton 2015), we find that older nonelderly immigrants are more likely than their younger counterparts to report a disability. In assessing the characteristics of nonelderly immigrants with disabilities, a few key findings stand out. First, about 3 in 10 nonelderly immigrants with disabilities report having limited English proficiency, and this share is higher than for nonelderly immigrants overall. Further, we find that nonelderly noncitizens with disabilities are more likely than naturalized citizens to have family incomes under 200 percent of the federal poverty level, despite being employed at very similar rates. Additionally, much like the overall immigrant population, immigrants with disabilities are most commonly employed in occupations that may require significant physical exertion, such as janitors, construction workers, and stock and material movers. Finally, nonelderly naturalized citizens with disabilities are about twice as likely as noncitizens with disabilities to report receiving SSI and close to three times more likely than noncitizens with disabilities to report being uninsured.

Our findings highlight the importance of ensuring that immigrants with disabilities have the supports they need to reduce the risk of further marginalization. The Centers for Disease Control and Prevention has published detailed reports on characteristics of adults with disabilities in the US, and its findings have shed light on types of disabilities by race and age group.⁶ This information has also informed the development of recommendations and community models to improve the well-being of people with disabilities overall. However, little information is available on the prevalence of disability among the nonelderly immigrant adult population. With a growing immigrant population in the US,⁷ programs designed to provide services and supports to immigrants with disabilities could benefit immensely from learning about the characteristics of this population.

Many adults in low-income immigrant families are facing material hardship, especially in the context of economic challenges posed by the COVID-19 pandemic (Bernstein, Gonzalez, and Karpman 2021; Gonzalez et al. 2020). Given that many nonelderly immigrants with disabilities have low incomes, economic challenges are likely to be significant for this group. Further, although not all people with disabilities require medical care, people with disabilities tend to use health care at higher rates, tend to be in poorer health, and are more likely to have a chronic condition than people without disabilities (Dixon-Ibarra and Horner-Johnson 2014; Krahn, Klein Walker, and Correa-De-Araujo 2015). Noncitizens with disabilities are uninsured at high rates, which could present challenges to accessing health care supports. These challenges can be exacerbated for some noncitizens with disabilities because of eligibility barriers for safety net programs that assist with health care costs, such as federally funded Medicaid.

In addition to eligibility restrictions for federal safety net programs, which may largely explain the lower rates of SSI receipt among noncitizens in our study, other challenges limiting immigrants' access to safety net programs and other supports include factors such as administrative burden of applying for programs, discrimination and stigma associated with applying, and language or cultural barriers (Fortuny and Chaudry 2011; Fortuny and Pedroza 2014). Many immigrants with disabilities report limited English proficiency, and a lack of access to services in their native languages can make it challenging to navigate public benefit applications or renewals and health care interactions, both of which are important to receiving support and health care to manage some disabilities and health conditions (Fortuny and Pedroza 2014; Mirza et al. 2022). Immigration concerns also present a barrier for some immigrants. Even for immigrant families with members eligible for assistance programs, such as US citizen children, the fear of exposure to immigration enforcement authorities or the perceived risk of negatively impacting their opportunities to attain permanent residence status deters immigrants from participating in those programs (Bernstein, Gonzalez, and Karpman 2021). Studies have found evidence of "chilling effects" or avoidance of safety net programs and health care assistance among immigrant families (Bernstein, Gonzalez, and Karpman 2021; Haley et al. 2020; Vargas 2016; Watson 2014). Chilling effects on public program participation can have serious consequences on the well-being of immigrant families, including an increase in the risk of household food insecurity and negative physical and mental health outcomes (Aranda, Menjivar, and Donato 2014; Vargas 2016; Watson 2014). Efforts to address gaps in economic supports by improving access to the safety net could include removing the five-year bar,⁸ increasing outreach and enrollment among immigrants eligible for safety

net programs, and exploring barriers to and take up of public benefits among eligible immigrants (Bernstein, Gonzalez, and Karpman 2021).

The term *double minority challenge* is common in research on immigrants with disabilities, but this term can be overly simplistic, given that some immigrants with disabilities embody other marginalized identities (e.g., sexual orientation and race and ethnicity). Although not all immigrants are people of color, those who represent marginalized populations are at increased risk of adverse outcomes and experiences. For one, people with darker skin are at increased risk of experiencing discrimination, which contributes to negative socioeconomic outcomes, such as lower wages (Hersch 2011; Noe-Bustamante et al. 2021). Moreover, both Black and Latinx immigrants have a higher probability of being perceived as undocumented and are more likely to be detained for minor traffic violations by police or immigration enforcement agents and deported compared with other immigrant groups (Aranda and Vaquera 2015; Hersch 2011; Menjivar, Gómez Cervantes, and Alvord 2018; Perreira and Pedroza 2019). The high level of disadvantage experienced by many immigrants, specifically Black and Latinx people, is exacerbated when they have a disability (Burns 2019). Showing how disability varies by race and ethnicity is key to addressing disparities in outcomes for immigrants with disabilities at the crossroads of multiple marginalized identities.

Immigrant adults with disabilities are more likely to be employed than are US-born adults with disabilities. This disparity may in part reflect the need to work for many immigrants who lack access to public supports because of eligibility and other barriers (Xiang et al. 2010). Working-age immigrants encompass a large and vital part of the workforce in the US and are at increased risk of experiencing occupational fatalities and injuries compared with US-born individuals (Bureau of Labor Statistics 2021; Moyce and Schenker 2018). Many immigrants work in physically demanding jobs and experience heightened social, political, and economic disadvantage (Moyce and Schenker 2018). Immigrant workers often take risks on the job and complete tasks without adequate training (Moyce and Schenker 2018). These conditions increase the probability of experiencing occupational fatalities and injuries compared with nonimmigrant workers (Flynn 2014). In our analysis, we find that among the top occupations for immigrants with disabilities are jobs that may require significant physical exertion. Top occupations among immigrants with disabilities are also low-paying jobs that are unlikely to routinely offer important flexibilities for people with disabilities, including paid time off and employer-sponsored health insurance (Maye and Banerjee 2021). Together, these factors may place immigrants with disabilities at greater risk for worsening their existing disabilities. For immigrants without disabilities working in these occupations, a lifetime of working in physically demanding or hazardous jobs could lead to the development of a disability.

Potential strategies to mitigate the risk of workplace injury and improve supports for workers with disabilities include stronger enforcement of workplace protections, particularly for workers who speak up about safety hazards (National Partnership for Women and Families 2020).⁹ Under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990, individuals with disabilities are protected against discrimination on the basis of disability. Workplace discrimination allegations can be filed to the US Equal Employment Opportunity Commission (EEOC).¹⁰ Even though

EEOC does not address issues of discrimination against undocumented immigrants, this federal agency is responsible for enforcing laws prohibiting employment, discrimination, and harassment based on race, national origin, age, color, sex, and religion. Adequate dissemination and access to information about EEOC and other organizations in languages spoken by immigrants with disabilities could help voice workplace discrimination and provide strategies to address the challenges this population faces.

Other potential strategies for supporting immigrant workers with disabilities include increased availability of paid sick leave, greater access to health insurance through employers, and expanded workforce development programs for people with disabilities (National Partnership for Women and Families 2020).¹¹ For example, the Workforce Innovation and Opportunity Act (WIOA) is a federal legislation designed to provide job seekers access to training, employment, education, and support services.¹² WIOA authorizes six programs administered under the Department of Labor. Title I and Title II of WIOA serve immigrants, and because WIOA is a federally funded program, under the Civil Rights Act of 1964, it cannot discriminate based on country of origin or English proficiency. WIOA Title II is the Adult Education and Family Literacy Act that funds education services via English language classes or other instruction. Title II funds can serve all people regardless of immigration status, and participants are not required to have employment authorization; however, WIOA Title I requires that participants have legal work authorization. Because of the differences in requirements between Title I and Title II, states that receive Title I and Title II funds may require the implementation of procedures to assess the immigration status of individuals (McHugh and Morawski 2015). Because WIOA has been a main source for initiatives to assist immigrant job seekers, WIOA programs are deemed as essential to reducing the barriers to employment, education, training, and support services among immigrants with disabilities.¹³

Our study showcases a snapshot of the immigrant population with disabilities in the US. Analyses of longitudinal datasets and cross-sectional data over time could help answer future research questions, such as how occupation and job quality contribute to the development of disability over the life course among immigrants and how workforce development and safety net programs contribute to well-being of immigrants with disabilities. Continuing to explore the characteristics and needs of immigrants with disabilities can bring greater visibility to this population and inform efforts to improve their well-being.

Data and Methods

We produce weighted estimates using five-year estimates from the 2015 to 2019 ACS integrated public-use microdata. The analyses are limited to immigrants who are ages 18 to 64 at the time of the survey interview, resulting in a total sample size of 1,422,274. Additional analyses are limited to immigrants with disabilities (N = 86,319).

Measures

DISABILITY STATUS

After the redesign of the ACS questionnaire in 2008, various changes were made to the disability questions. These changes consisted of removing employment disability and duration of reported

disabilities, separating hearing and vision disabilities into two questions, and adjusting the wording of the questions (Brault 2009; Erickson 2012). Based on the information available in the ACS, we define individuals as having a disability if they reported one or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty.¹⁴ Cognitive difficulty refers to serious difficulty concentrating, remembering, or making decisions because of physical, mental, or emotional condition. Mobility difficulty refers to having serious difficulty walking or climbing stairs. Self-care difficulty refers to difficulty dressing or bathing. Independent-living difficulty refers to having difficulty doing errands alone such as visiting a doctor's office or shopping because of a physical, mental, or emotional condition. Hearing and visual difficulty refers to having a hearing or visual impediment, respectively. These categories are not mutually exclusive, meaning that respondents could have reported multiple difficulties.

DEFINITIONS FOR SELECT VARIABLES

In this brief, we define race and ethnicity information using eight categories: Latinx white, Latinx Black, Latinx other or multiple races, non-Latinx Pacific Islander, non-Latinx Asian, non-Latinx white, non-Latinx Black, and non-Latinx other or multiple races. We define *low income* as having family income below 200 percent of the federal poverty level. Adults in group quarters are excluded from the family income estimates to maintain a consistent universe, given that some people in group quarters with family income as a percentage of the federal poverty level are not in the universe for the poverty variable, while others have zero family incomes.¹⁵

Because we focus on immigrants, *citizens* in our analyses refer to naturalized citizens. *Limited English proficiency* refers to the ability to speak English less than “well,” as reported on the ACS.¹⁶ This is a broader measure than is commonly used to define English proficiency; in most analyses, a person must speak English at least “very well” to be classified as proficient (Wilson 2014; Zong and Batalova 2014).¹⁷ We categorize respondents as uninsured if they are only covered through the Indian Health Service¹⁸ or if they did not indicate having at least one of the following health insurance coverage types: private health insurance purchased directly; health insurance through an employer or union; Medicare; Medicaid, Medical Assistance, or any other kind of government-assistance plan for those with low incomes or a disability; health insurance through the US Veteran's Administration; or TRICARE or other military coverage.

Analyses

We conduct descriptive analyses at the individual level and produce weighted estimates. We first focus on the nonelderly immigrant population as a whole and explore the prevalence of disability in this group overall and by race or ethnicity and age. Second, we produce weighted estimates of select demographic and sociodemographic characteristics of the nonelderly immigrant population with disabilities and compare those estimates with the general immigrant population. Last, we assess family income, employment rates, SSI receipt, and uninsured rates among nonelderly immigrants with disabilities, overall and by citizenship status.

Limitations

The six items used to construct the disability measure we use from the ACS include a mixture of physical and mental difficulties that may not capture the full range or severity of disabilities people experience. Further, Burkhauser and colleagues (2014) explain that the six-question disability sequence in the ACS understates the population with disabilities compared with a seven-question sequence that includes a work-activity limitation, which is a primary way researchers identify the prevalence of disability among working-age populations with disabilities. Therefore, our definition may underestimate the prevalence of people with disabilities compared with other definitions. In addition, respondents who have depression, anxiety, and other behavioral or mental health problems may not be classified as having a disability in our analysis but may still face challenges working or doing other tasks (Enns et al. 2018). Our analyses are cross-sectional and descriptive in nature; therefore, we cannot draw any conclusions about causality or assess disability over a person's life course. However, a major advantage of using ACS data compared with other health datasets is that its large sample size allows us to explore outcomes for smaller populations (e.g., Black Latinx adults). Additionally, the ACS includes key variables of interest for immigrant population analyses including citizenship status, country of origin, and proficiency in English. Finally, there may also be measurement error associated with reported receipt of SSI, which is likely to lead to underreporting on this measure (Celhay, Meyer, and Mittag 2022).

Notes

- ¹ For additional information on the methods, data collection, and editing procedures of the items used to measure disability in this brief, please review the ACS data documentation available at "US Census Data for Social, Economic, and Health Research," IPUMS, accessed October 1, 2021, <https://usa.ipums.org/usa/index.shtml>.
- ² Multiple disabilities refers to the presence of two or more of the following: ambulatory difficulty, cognitive difficulty, independent-living difficulty, vision difficulty, hearing difficulty, and self-care difficulty
- ³ We use the term *Latinx* to reflect the different ways people with Latin American ancestry self-identify. Many see *Latinx* as more inclusive; unlike *Latino/a*, it is not gender specific. The terms used in the ACS are "Spanish, Hispanic, or Latino." A plurality of immigrants are Latinx, so we chose to disaggregate groups by ethnicity and race to better understand nuances in experiences for the racially heterogeneous group of Latinx adults.
- ⁴ Poverty guidelines are defined every year in the *Federal Register* by the Department of Health and Human Services. The guidelines are a simplification of the poverty thresholds. For more information about the methods used to create the federal poverty level, please refer to "2021 Federal Poverty Guidelines," Office of the Assistant Secretary for Planning and Evaluation, accessed February 19, 2022, <https://aspe.hhs.gov/topics/poverty-economic-mobility/poverty-guidelines/prior-hhs-poverty-guidelines-federal-register-references/2021-poverty-guidelines>.
- ⁵ Among US-born nonelderly adults without disabilities, the employment rate is 72.3 percent.
- ⁶ More information about the various reports published by the CDC can be accessed on "Disability and Health Promotion," CDC, last updated November 29, 2021, <https://www.cdc.gov/ncbddd/disabilityandhealth/index.html>.
- ⁷ For more information on recent trends of the immigrant population in the US, please refer to Abby Budiman, "Key Findings about U.S. Immigrants," Pew Research Center, August 20, 2020, <https://www.pewresearch.org/fact-tank/2020/08/20/key-findings-about-u-s-immigrants/>.
- ⁸ Noncitizens must wait five years after receiving "qualified" immigration status before they are eligible for certain state and federal programs. For a complete definition of *qualified noncitizens* and for more information on the

five-year bar, please refer to “Coverage for Lawfully Present Immigrants,” US Centers for Medicare & Medicaid Services, accessed April 12, 2022, <https://www.healthcare.gov/immigrants/lawfully-present-immigrants/>.

- ⁹ Elvia Malagón, “Labor Advocates Want to Ensure Protections for Immigrants Who Speak Out about Workplace Conditions,” *Sun Times*, November 18, 2021, <https://chicago.suntimes.com/2021/11/18/22789517/immigration-workers-raid-labor-mayorkas-warehouse>.
Margot Roosevelt, “How Will California’s Workplace Laws Change in 2022? More Protections Are Coming,” *Los Angeles Times*, December 31, 2021, <https://www.latimes.com/business/story/2021-12-31/la-fi-california-labor-employment-laws-2022>.
- ¹⁰ More information on EEOC can be found at “Fact Sheet: Immigrants’ Employment Rights under Federal Anti-Discrimination Laws,” EEOC, April 27, 2010, <https://www.eeoc.gov/laws/guidance/fact-sheet-immigrants-employment-rights-under-federal-anti-discrimination-laws>.
- ¹¹ Elvia Malagón, “Labor Advocates want to Ensure Protections.”
Margot Roosevelt, “How will California’s Workplace Laws Change in 2022? More Protections Are Coming,” *Los Angeles Times*, December 31, 2021. <https://www.latimes.com/business/story/2021-12-31/la-fi-california-labor-employment-laws-2022>
- ¹² For more information on WIOA, please refer to “Workforce Innovation and Opportunity Act,” Employment and Training Administration, US Department of Labor, accessed December 12, 2021, <https://www.dol.gov/agencies/eta/wioa>.
- ¹³ “How WIOA Helps: Immigrant Success Stories,” National Immigration Forum.
- ¹⁴ In the ACS, disability for all members in the household is reported by the person completing the survey. The ACS survey instrument is available at “The American Community Survey,” US Census, July 13, 2019, <https://usa.ipums.org/usa/resources/voliii/formACS2020.pdf>.
- ¹⁵ For more information on poverty status as it is measured in ACS, please refer to “Poverty,” IPUMS USA, accessed February 19, 2022, https://usa.ipums.org/usa-action/variables/POVERTY#description_section.
- ¹⁶ The ACS asks respondents whether they speak a language other than English at home, and those respondents are asked whether they speak English “very well,” “well,” “not well,” or “not at all.”
- ¹⁷ “Source and Methodology,” LEP, last updated March 11, 2020, <https://www.lep.gov/source-and-methodology>.
- ¹⁸ The Indian Health Service, or IHS, has a long history of challenges in providing services, proper care, and protection to American Indian and Alaskan Native (AI/AN) tribes (Warne and Frizzell 2014). Further, IHS only provides health care services to AI/AN individuals residing on federal reservations or in nearby communities through a network of small hospitals and outpatient health care centers (Warne and Frizzell 2014). The Census Bureau considers people who only have coverage through the IHS as uninsured because of the lack of comprehensive coverage in IHS. See “Health Insurance Glossary,” US Census Bureau, last updated 2021, <https://www.census.gov/topics/health/health-insurance/about/glossary.html>.

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About the Authors

Paola Echave is a research associate in the Income and Benefits Policy Center at the Urban Institute. Her areas of expertise include immigration and health. Her research focuses on the role of immigration enforcement on the health, economic, and social well-being of Latinx and immigrant communities. She has extensive training in quantitative and qualitative methods and experience with large-scale social

science and demographic surveys. She has also served as a technical expert for various demographic and international projects. She is currently the project manager of the Annual Survey of Refugees for the US Department of Health and Human Services.

Before joining Urban, Echave worked as a research assistant at the Ohio State University where she conducted research and published work on the role of obesity on the risk of mortality and trends of specific health outcomes in the US. Echave holds a BA in criminology from the University of New Mexico and a master's and doctoral degree in sociology from the Ohio State University.

Dulce Gonzalez is a research associate in the Health Policy Center at the Urban Institute. She forms part of a team working on the Urban Institute's Well-Being and Basic Needs Survey. Gonzalez conducts quantitative and qualitative research focused primarily on the social safety net, immigration, and barriers to health care access. Her work has also focused on the impacts of the COVID-19 pandemic on nonelderly adults and their families. Before joining Urban, Gonzalez worked at the Georgetown University Center for Children and Families and at the nonprofit organization Maternal and Child Health Access. Gonzalez holds a BA in economics from California State University, Long Beach, and a master's degree in public policy from Georgetown University.

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