

# Health Insurance Access for Oxnard's Young Adult Immigrants

VERONICA TERRIQUEZ, IVAN VEGA, JACQUELINE AMBRIZ, MONSERRAT RUIZ, AND ARTURO V. BUSTAMANTE

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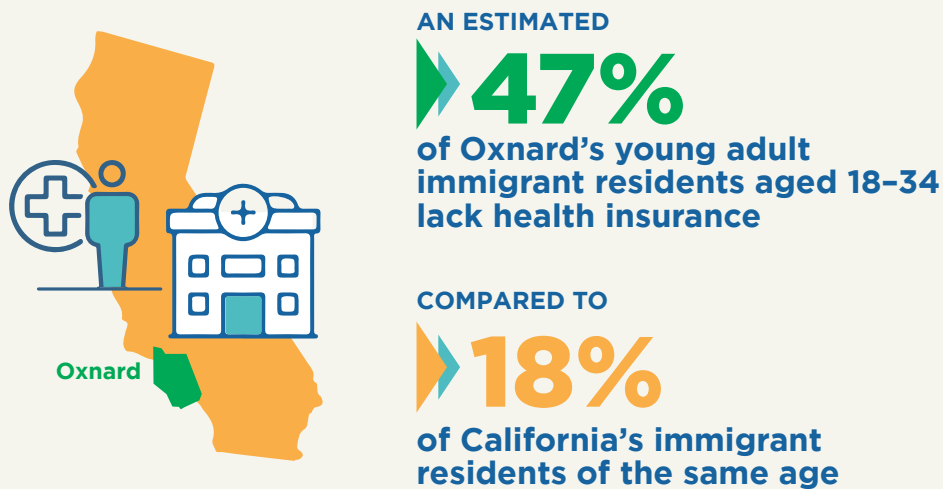


# Introduction

While young adults tend to be healthier than older populations, it is nonetheless important for them to have health insurance to ensure their well-being. Health insurance protects young adults in the case of unexpected health issues or medical emergencies, and it is also vital to their reproductive health. Unfortunately, young adults in the city of Oxnard tend to remain uninsured at rates that are higher than those of their peers

across the state. The city’s immigrant population, in particular, remains uninsured at an alarming rate. Figure 1, which draws on the the 2022 American Community Survey (ACS) 5-year data from the US Census Bureau, reveals the following:

**Figure 1.**  
**Uninsured Residents in Oxnard and California Aged 18-34**  
Source: The 2022 American Community Survey 5-year Estimates



This research brief summarizes the health insurance coverage patterns of Oxnard’s young adult immigrant residents aged 18–34. It begins with an overview of the population’s characteristics and its access (or lack thereof) to health insurance, followed by reasons why some immigrants remain uninsured. This brief concludes with recommendations for local agencies that can promote insurance uptake among residents, including those from immigrant and Indigenous backgrounds. Part of a series of reports on Oxnard’s young adult population, this report utilizes 2022 ACS 5-year data to present population estimates. To provide a more in-depth analysis, it relies on 2023 Thriving Youth Study (TYS) survey data collected through nonrandom methods. While TYS results are weighted to generally reflect the city’s population, they cannot be considered representative. In-depth follow-up interviews with twelve immigrant survey participants inform the interpretation of the survey data. A methodological appendix provides more information about the data and analysis featured in this report (Terriquez 2024).



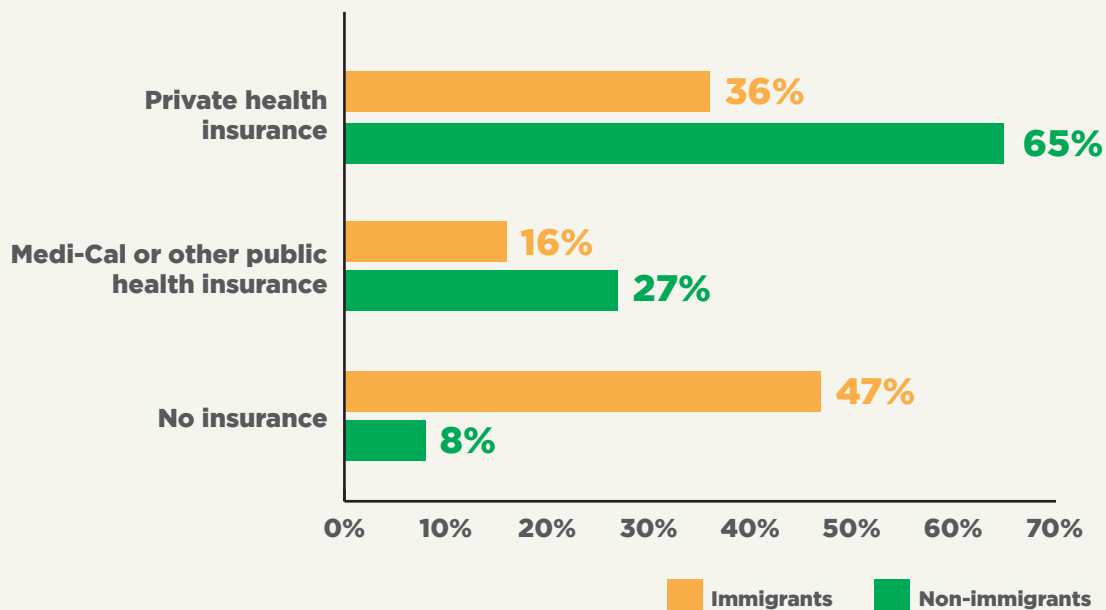
# Oxnard's Immigrant Residents and their Insurance Coverage

Oxnard has long been a destination for newcomers to the United States, attracting mostly lower-skilled immigrants to work in the agricultural, manufacturing, transportation, and tourist industries. According to ACS estimates, 28 percent of Oxnard's residents were born in another country. Most immigrants come from Mexico, and the remaining hail from Central America, the Philippines, and other countries.

Among the city's immigrant residents, just over half reported having any health insurance. Estimates shown in Figure 2 indicate that 36 percent of Oxnard's immigrant residents obtained private health insurance through employers or family members between 2018 and 2022, while 16 percent obtained Medi-Cal or other government-subsidized health insurance. Oxnard's nonimmigrant residents accessed private and government-subsidized health insurance at much higher rates.

There are various factors associated with the low insurance take-up rates among immigrants, particularly those who come from humble backgrounds in Mexico and Central America (Bustamante et al. 2023). Insurance eligibility requirements and applications can be complex, and educational and language barriers can pose challenges

**Figure 2.**  
**Health Insurance Coverage among Oxnard Residents Aged 18–34**  
 Source: 2022 American Community Survey 5-year Estimates



for immigrants seeking to understand the requirements and complete the applications. According to ACS estimates, 28 percent of Oxnard’s immigrant residents lacked a high school degree, and it is likely that many of these residents had low literacy levels. The English-speaking ability of immigrants is another challenge, with the majority (54 percent) reporting that they do not speak English well or at all.

The TYS survey suggests that most young adult immigrants (aged 18–34) speak either Spanish or a Mexican Indigenous language. The survey asked respondents what languages they grew up speaking at home, and most immigrants—65 percent—reported speaking Spanish. Translated materials tend to be most available in Spanish, yet they are not always widely obtainable for immigrant residents. Meanwhile, 32 percent of immigrant survey respondents grew up speaking Mixteco, and 8 percent reported speaking Zapoteco—both nonwritten languages. Languages spoken by smaller numbers of immigrants include various Mayan dialects spoken in Mexico and Central America, as well as Triqui, Nahuatl, Otomí, and Purépecha, which are spoken by distinct Mexican Indigenous groups. About 4 percent grew up speaking languages of the Philippine Islands, particularly Tagalog, but a small number of other respondents reported speaking either Ilocano or Visayan. Finally, a small number of respondents grew up speaking Vietnamese, Samoan, or Arabic, among other languages. These TYS survey results demonstrate that insurance application processes must be made accessible in written and oral formats in a variety of languages.

In addition to language barriers, the lack of US citizenship status can pose additional challenges to accessing health insurance for some immigrants (Terriquez and Joseph 2016; Bustamante et al. 2023). When compared to citizens, noncitizens tend to have lower incomes (Pastor et al. 2012). Even when eligible for government and other services, noncitizens sometimes fear that signing up for health insurance and other resources might hurt their chances of regularizing their legal status or, worse, put them or their families at risk of deportation (Donato and Armenta 2011). Results from the TYS survey indicate that an estimated 79 percent of young adult immigrants in Oxnard are non-citizens. While the survey suggests that a small percentage of these noncitizens have acquired legal permanent residency, an overwhelming number either remain undocumented or have legal status through an employment visa or the Deferred Action for Childhood Arrivals (DACA) program, giving them only temporary and precarious protection.

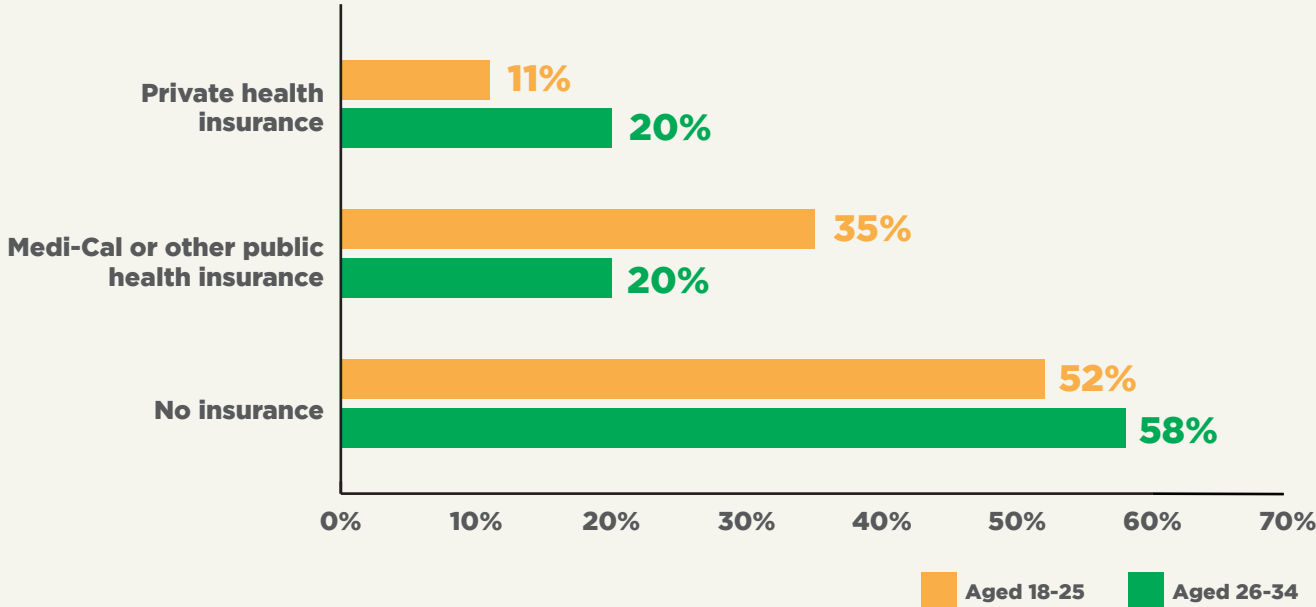
Undocumented immigrants can secure private health insurance through an employer or by purchasing it themselves, but they are unable to enroll in federally subsidized health care through the 2012 Affordable Care Act. To fill this coverage gap, California made Medi-Cal—the state’s government-subsidized Medicaid health insurance program—available to undocumented immigrant adults who are considered low-income, meaning that they earn up to 138 percent of the federal poverty level (FPL). In the first stage of this program, low-income undocumented young adults under the age of twenty-five became eligible for Medi-Cal in 2020. More recently, in January 2024, after the TYS survey was conducted, undocumented immigrants over the age of twenty-five who earn under 138 percent of the FPL became eligible as well (Bustamante et al. 2023).



The TYS survey recorded the types of insurance accessed by respondents whose legal status was precarious or unknown. These immigrants included those without any legal documentation whatsoever, those with temporary work permits or DACA authorization, and those who declined to share information about their citizenship and legal status. As shown in Figure 3, only 11 percent of those aged 18–25 had private health insurance, whereas 20 percent of those aged 26–34 did. These older residents may have been more likely to secure jobs with health benefits than their younger counterparts, who probably had less experience in the labor market. Meanwhile, 35 percent of immigrant survey participants aged 18–25 had accessed Medi-Cal or other forms of government-subsidized health insurance, in contrast to 20 percent of their peers aged 26–34. (Unfortunately, the TYS cannot confirm the percentage of undocumented survey respondents aged 18–25 who benefited from the state’s expansion of Medi-Cal to this younger population.) To be clear, the majority of survey participants whose legal status was precarious or unknown reported that they lacked health insurance.

**Figure 3.**  
**Health Insurance Coverage for Oxnard’s Young Adult Immigrants Whose Legal Status Was Precarious or Unknown, by Age Group (n=557)**

Source: Thriving Youth Survey, 2023  
Note: A small number of respondents declined to share information about their health insurance status.





## Reasons for Not Having Health Insurance

The TYS survey asked uninsured respondents why they did not have health insurance, offering several options from which to choose, as shown in Figure 4. Over 90 percent of this group reported that their legal status was precarious or unknown. The most common reason selected by these respondents was that insurance was not affordable. Follow up interviews with survey respondents confirmed that many immigrants found health insurance to be cost-prohibitive, given the expense of food, rent, and other necessities. A second common response for not being insured, shared by 41 percent of immigrant respondents, was “immigration reasons.” Indeed, most of these immigrants are not eligible for federally subsidized health insurance, and some might fear purchasing private health

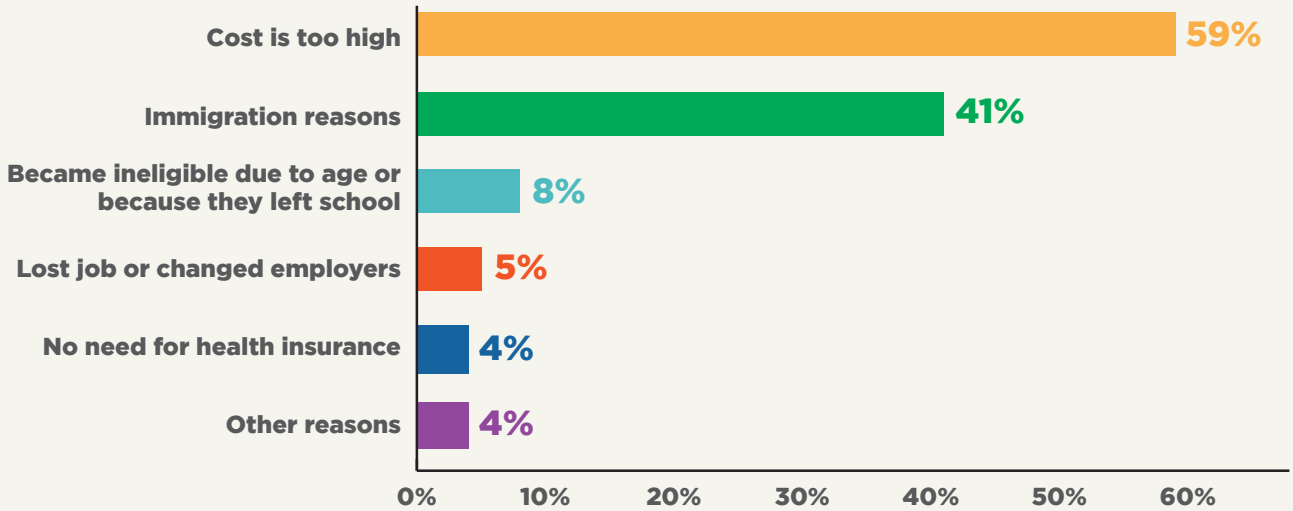


insurance because of their precarious legal status (even though they are eligible). At the same time, it is worth noting that immigration concerns were equally shared among those aged 18–25, who qualified for California’s expanded Medi-Cal insurance, and their older peers aged 26–34, who at the time of the survey remained ineligible for this state benefit. This result suggests that some of the younger respondents did not know that they were eligible for the state’s expanded Medi-Cal health insurance.

TYS survey results also indicate that 8 percent of respondents who did not have health insurance became ineligible because they had aged out of their parents’ insurance or had left school. Meanwhile, 5 percent reported that they did not have health insurance because they had switched jobs, and another 4 percent reported that they did not need health insurance, an assumption likely made because of their age and generally good health. Four percent gave other reasons, such as not knowing how to apply, not being eligible, or having had their Medi-Cal revoked. Navigating insurance applications can be difficult for anybody, regardless of national origin. In-depth interviews with respondents suggest that some uninsured immigrant residents (including those from Indigenous immigrant backgrounds) did not always know whom to turn to for assistance in filling out insurance applications.

**Figure 4.**  
**Reasons for Not Having Health Insurance, as Reported by Oxnard’s Uninsured Young Adult Immigrants Aged 18–34 (n=312)**

Source: Thriving Youth Survey, 2023





## Policy Recommendations

With just under half of Oxnard’s immigrant residents lacking health insurance, it is imperative that health agencies and their partners work toward promoting health insurance uptake among these residents. In promoting the well-being of residents and public health more broadly, it will be important for interventions to address the linguistic diversity of uninsured immigrants who primarily come from low-income Latinx and Indigenous backgrounds. Accordingly, the following recommendations can aid health agencies in Oxnard and surrounding Ventura County communities as they seek to serve the city’s large immigrant population.

Expand culturally responsive training for the local public health workforce so that it can better meet the needs of local underserved populations (Indigenous populations of Latin American origin, other Latinx immigrants, Filipinos, and farmworkers).

Hire and recruit local community health care outreach workers who are fluent in languages spoken by immigrant residents. Health service providers can adopt the Promotores Model, which enlists linguistically and culturally competent health advisors to deliver health education and demystify the healthcare system for hard-to-reach populations (including those of Indigenous immigrant family origin) (Gonzalez-Hernandez and Coleman 2019; Maxwell et al. 2014; Rural Health Information Hub 2024).

Conduct extensive outreach in multiple languages (including Indigenous languages) about insurance eligibility requirements, including those that apply to the Medi-Cal expansion to undocumented residents. Utilize community events (including those at local pre-K and K-12 schools) and local networks to assist immigrant residents with enrolling in health insurance. Agencies should be prepared to address immigrants' technological, linguistic, and/or literacy-related challenges as they pertain to signing up for health insurance either through Medi-Cal or Covered California, the state's health insurance marketplace (Bustamante et al. 2023).

This report suggests that authorities should target efforts to expand coverage among uninsured immigrants, particularly those with limited English proficiency. Higher insurance rates should translate into increased primary care use, reduced emergency department use, and improved health outcomes among Oxnard's uninsured young adult immigrants. Ultimately, immigrants and nonimmigrants alike will benefit from improved public health outcomes.

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## ABOUT THE AUTHORS

Veronica Terriquez is the Director of the UCLA Chicano Studies Research Center and a Professor of Chicana/o and Central American Studies and Urban Planning. Ivan Vega received a bachelor's degree in sociology at UC Santa Cruz and is a resident of Oxnard. Jacqueline Ambriz and Monserrat Ruiz are graduates of Oxnard College and current UCLA undergraduates. Arturo V. Bustamante is the Research Director of the UCLA Latino Policy and Politics Institute and a Professor of Health Policy and Management.

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