Demographic Characteristics of Rhode Island Immigrants

Lawrence Proano, MD, DTMH, Anand Shah, MD, Robert Partridge, MD, MPH

The United States (US) is a nation of immigrants. The number of people who were born outside of the US has risen during the past 30 years. Eleven percent (33 million people) of the US population are foreign born.1 Rhode Island (RI) is both a home and a destination for immigrants from all over the world.

Refugees and other immigrants present to the practitioner with clinical problems as varied as their experiences. Clinical presentations may range from unusual infectious diseases to problems with transition. Understanding the demographic characteristics of Rhode Island immigrants and the challenges they face after resettlement provides the practitioner with a crucial foundation for serving this population.

Classification of Immigrants

Individuals arriving in the US can be divided into three categories: legal immigrants, official refugees and undocumented residents. Legal immigrants include children placed for adoption, persons granted asylum and permanent residents. Lawful Permanent Residents are non-citizens with permission to permanently live and work in the US. Other types of lawful immigrants include those coming to live with family members residing in the US or temporary workers who arrive with limited visas. Naturalized citizens are born outside the US, and granted citizenship through the naturalization process.2

Refugees and Asylum Seekers (asylees) are non-citizens who are granted permission to live in the US because of a well-founded fear of persecution in their country of origin. Refugees are granted such permission before coming to the US, whereas asylum-seekers request asylum status after coming to this country.3 A refugee is defined as “Any person who is outside any country of such person's nationality or, in the case of a person having no nationality, is outside any country in which such person last habitually resided, and who is unable or unwilling to return to, and is unable or unwilling to avail himself or herself of the protection of that country because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion.” People with no nationality must generally be outside their country of last habitual residence to qualify as a refugee. Refugees are subject to geographic ceilings set annually by the President in consultation with Congress and are eligible to adjust to permanent resident status after one year of continuous presence in the United States.4

An asylee is an alien in the US or at a port of entry who is found to be unable or unwilling to return to his or her country of nationality, or to seek protection of that country because of persecution or a well-founded fear of persecution. Permission to reside in the US for these immigrants is limited to 10,000 adjustments per fiscal year.5

Illegal immigrants have no legal documents to support residence or work here. Undocumented Immigrants have either entered the US illegally, stayed past a visa expiration date, or engaged in activities outside their visa status.6

United States and Rhode Island Immigration

Historically, RI’s largest ancestry groups have come from Italy (19%), Ireland (19%), French-speaking Canada (17.3%), Britain (12%), Hispanic and Latin America (11%) and Portugal (8.7%).7 RI has a higher percentage of Americans with Portuguese ancestry than any other US state. The Census Bureau data show that Rhode Island’s population increased only slightly from 2000 to 2007. During this same period there was a net immigration gain of 3,270 foreign-born residents and a net population loss of 4,145 residents from net domestic migration. Factoring in births, the state showed a net population increase of less than 1% (9,513 residents) during this period. This rate is significantly below the national average of 9.9%.7

The patterns of immigration into RI have changed. As of 2006, the estimated immigrant population of RI was 137,980, which equates to approximately 13% of the state’s population. Approximately 23% of these individuals entered the state after 2000. The majority of immigrants are from Portugal (17.6%), Dominican Republic (13.7%) and Guatemala (7.6%). Persons from Columbia, Italy, Canada, Cambodia, UK, China and Laos account for another 22.7% of the immigrants to Rhode Island. The City of Providence census for 2000 recorded 43,947 foreign born residents, roughly 25.3% of the total population. This suggests that Providence is a major destination for immigrants and refugees alike.8 RI’s naturalization rate of 47.1% is significantly higher than the national average of 40.1% based upon data recorded during the 2000 Census. This may indicate a more assimilated and older immigrant population.8,9

In 2008, the US resettled just over 48,000 official refugees, and over 1.8 million have been resettled in the last 25 years. RI has resettled over 4500 refugees since the Refugee Act passed in 1980 with approximately 139 resettled in 2007. The number of arrivals fluctuates according to international affairs and US political policies. The numbers of refugees has varied from 663 to 84 in a given year depending on these parameters.10

Approach to Immigrant Resettlement in Rhode Island

The Department of State (DOS) coordinates refugee resettlement among states. Initially refugees are screened in their home countries and applications are filed for resettlement. Refugees enter the US from one of eight coastal ports and are cleared for entry. The federal government attempts to disperse refugees evenly among the states. Ethnic and cultural groups tend to resettle within the same regions. In RI, the Department of
Health’s Refugee Health Program receives notification of refugees to be resettled into the area. It then redirects cases to two community agencies, International Institute of Rhode Island and the Diocese of Providence, which help the refugees to settle here.

Persons applying for permanent residency status are required to have a physical and mental evaluation by a physician who is listed as a civil surgeon by the US Citizenship and Immigration Services (USCIS). The examination includes a standard medical history with questions about disabilities, substance abuse and mental health issues, as well as a physical examination. The USCIS requires testing for tuberculosis and syphilis. Testing for HIV for immigrants was repealed January 4, 2010.

Overseas examinations are conducted to ensure that refugees do not have conditions that would exclude them from entering the United States. These medical exclusions include certain communicable diseases and mental health conditions associated with violence. Refugees with communicable diseases that preclude their entry into the country may be delayed until appropriate treatment is initiated and they are no longer infectious. Following treatment, refugees will be allowed to emigrate to the United States. Waivers of admissibility may also be requested for conditions that are grounds for exclusion. The Division of Quarantine, Centers for Disease Control and Prevention (CDC), is responsible for oversight of all overseas examinations.11

Once in the US, the Department of State requires that refugees receive a health screening within 30 days of arrival or within 7 days of arrival for HIV-positive refugees. Some refugees arrive here because they could not return to their home country, and the country to which they fled will not keep them as refugees. This is termed third country resettlement.13 All refugees approved for third country resettlement here undergo an overseas medical examination before traveling to Rhode Island. That examination is done by a local panel of physicians, or alternatively by physicians working under contract to the International Organization for Migration, and uses local facilities (laboratory, x-rays, etc).10 The RI Refugee Health Screening Form is a tool used to screen refugees. Included in the screenings are immunizations, tuberculosis assessment, a women’s health check, a physical exam, medical history, and referrals for any other identified needed services.14

CHALLENGES

Although there is debate in the US about immigration policy, immigration has played a pivotal role in US history. The US is largely a country of immigrants and their descendants. Immigrants add to the labor force, pay taxes, serve in the US Armed Forces, and provide cultural enrichment.

New immigrants face a multiplicity of challenges, including their immediate need for housing, employment and economic security. In a global sense, the most important challenge is to ensure their assimilation here, in accordance with the resettlement goals of Federal and State agencies. They must learn minimal English, as well as understand American social, cultural and legal standards. Otherwise, they may retreat into social isolation with immigrants of their own country of origin.

Throughout New England there is an intense debate over illegal immigration. In Rhode Island, as elsewhere, budget crises have led to cutbacks in services. In 2008, Rhode Island lawmakers proposed a series of measures aimed at illegal immigrants; e.g., expelling illegal immigrant children from RI’s healthcare system, and jailing business owners and landlords who harbor illegal workers. These proposals are significant, as RI has long touted itself as a state with a strong immigrant past.15

Unfortunately, the economic climate has led to a decrease in economic security for both immigrants and citizens. A special concern is the safety of children of incoming immigrant families. Census data (2007) reveal that 26% 6,11 of RI’s child population were living in immigrant families. This is the highest percentage of all New England states and higher than the total average US percentage.16 (Table)

In 2007 25% of immigrant children lived in families with incomes below the federal poverty level. Almost half (48%) of parents in immigrant families have low levels of education; about a quarter have limited English language skills. On the positive side, almost one third (31%) of...
children in immigrant families in RI have at least one parent with a college or graduate level of education. In approximately 21,000 households (5%), no one over the age of 14 speaks English. Forty-six percent of those with limited English skills speak Spanish, 38% speak other Indo-European languages and 18% speak an Asian language. The Latino immigrant population accounts for a large proportion of all RI immigrants. In 2002, the Providence School Department reported that 51% of their students have Spanish as a dominant language despite the fact that 64% of them are US-born.

Adequate housing remains a challenge for immigrants. In Rhode Island 3% of housing units are considered crowded (defined as more than one person living in a room) but the average Latin American immigrant lives in a neighborhood where 10% of all housing is crowded.

Due to immigrants' limited access to employer-based health coverage and restrictions for public coverage, non-citizens (legal and undocumented) are far more likely to be uninsured than citizens (47% vs. 15%).

Other barriers inhibit immigrants' ability to find care within the US health care system. For instance, immigrants often bring with them beliefs and practices that are at odds with Western medicine. Such beliefs can delay immigrants’ accessing care and can increase morbidity. Unfamiliarity with access points and processes for health care delivery, in conjunction with language limitations, leads to inadequate health care for many immigrants.

This patient population has a unique burden of disease and health care beliefs. Most RI health care practitioners will not have learned about immigrants' needs during training. Immigrants can suffer from a variety of infectious diseases, malnutrition, and mental health conditions as a result of their experiences. Many people are surprised to learn that the average health care expenditure of immigrants is significantly lower than that of US-born persons, in part because immigrants have difficulty accessing health care resources. As a result, immigrants and minorities tend to use hospital emergency departments for routine health problems and enter the health care system at endpoints of disease. Hospitals, nurses, physician administrators, and medical educators should train healthcare practitioners to recognize, and care for this population.

**CONCLUSION**

RI's evolution, development, even its origins have been defined and strongly influenced by immigrants. Immigrants, who represent a significant proportion of the state's population, originate from a wide variety of countries. If health care professionals hope to provide high quality care to this population, they must understanding the demographics of this group.

**REFERENCES**


**Correspondence**

Robert Partridge, MD, MPH, is Adjunct Associate Professor of Emergency Medicine, Department of Emergency Medicine, Division of International Emergency Medicine.

Anand Shah, MD, is Clinical Assistant Professor of Emergency Medicine, Department of Emergency Medicine, Division of International Emergency Medicine.

Robert Partridge, MD, MPH, is Adjunct Associate Professor of Emergency Medicine, Department of Emergency Medicine, Division of International Emergency Medicine.

All are at the Warren Alpert Medical School of Brown University/Rhode Island Hospital.

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