Aging and undocumented: The sociology of aging meets immigration status

Josefina Flores Morales

California Center for Population Research, University of California Los Angeles-Sociology, Los Angeles, California, USA

Correspondence
Josefina Flores Morales, California Center for Population Research, University of California Los Angeles-Sociology, Haines Hall, 264, 375 Portola Plaza, Los Angeles, CA 90095, USA.
Email: josie257@ucla.edu

Funding information
Robert Wood Johnson Foundation; California Center for Population Research; Eunice Kennedy Shriver National Institute of Child Health and Human Development, Grant/Award Number: P2C-HD041022

Abstract
Being undocumented is strongly correlated with low wages, employment in high risk occupations, and poor healthcare access. We know surprisingly little about the social lives of older undocumented adults despite the vast literature about youth and young undocumented migrants. Literature about the immigrant health paradox casts doubts on the argument that unequal social conditions translate to poorer self-reported health and mortality, but few of these studies consider immigration status as the dynamic variable that it is. Reviewing research about older migrants and minorities, I point to the emergence of undocumented older persons as a demographic group that merits attention from researchers and policymakers. This nexus offers important lessons for understanding stratification and inequality. This review offers new research directions that take into account multi-level consequences of growing old undocumented. Rather than arguing that older-aged undocumented migrants are aging into exclusion, I argue that we need careful empirical research to examine how the continuity of exclusion via policies can magnify inequalities on the basis of immigration status and racialization in older age.

KEYWORDS
aging, health, immigrants, immigration, inequality, socioeconomic status

This is an open access article under the terms of the Creative Commons Attribution-NonCommercial-NoDerivs License, which permits use and distribution in any medium, provided the original work is properly cited, the use is non-commercial and no modifications or adaptations are made.

© 2021 The Authors. Sociology Compass published by John Wiley & Sons Ltd.
AGING AND UNDOCUMENTED: THE SOCIOLOGY OF AGING MEETS IMMIGRATION STATUS

Over 11 million undocumented individuals currently reside in the United States. In 2014, a million and a half undocumented immigrants were 55 years and older (Migration Policy Institute, n.d.). Immigration status determines whether someone can access Social Security and healthcare programs (e.g., Medicaid and Medicare) on which older persons rely (Massey & Bartley, 2005). Undocumented and aging individuals who remain in the United States will age with limited access to institutions that act as safety nets for economically vulnerable older persons. By law, undocumented older-aged individuals are ineligible to access any federal institutions designed to support older individuals regardless of contributions to taxes and decades of working in the United States (American Immigration Council, 2016). Although these programs are often insufficient to provide for older-aged individuals’ economic and healthcare needs, they are a safety net, one on which over half of Americans over the age of 65 rely.

The consequences of being undocumented may be compounded in older age (Fox, 2016). Several concepts from life course theories are helpful to understand the immigration status and aging nexus. Cumulative disadvantage is a framework that indicates that inequalities at one stage of the life course can multiply and cause wider disparities later on in life (Crystal & Shea, 1990). An individual’s social location, if it is one of advantage, will reproduce advantage at later ages. Similarly, disadvantage at one point in time might lead to future social vulnerabilities (Dannefer, 2003). Together, these patterns make the gaps in health outcomes between advantaged and disadvantaged groups widen with age. Older-age may be a period in which we can clearly distinguish diverging experiences. In addition to the cumulative disadvantage framework, the life course concept called linked lives can help uncover the family level consequences of inequalities (Gee et al., 2012). Previous research documents the negative consequences of an undocumented status during working ages, but less is known about its long-term effects on wellbeing, socioeconomic status, and family.

The focus of this review on undocumented migrants is intentional. They are the most excluded from state-based support, which highlights perhaps the most extreme case of older-age exclusion. This is a group of individuals that are difficult to capture in national studies and thus we know less about them. Several factors mentioned in this review are likely present in the lives of migrants who are in liminal statuses (i.e., temporary protected status; Menjívar, 2006). Individuals with Temporary Protected Status, who are in asylum proceedings, or in other temporary statuses are considered lawfully present for the purposes of Social Security benefits (for more information, see Nuschler & Siskin, 2010). According to a Congressional report, “if a noncitizen is entitled to benefits, but does not meet the lawful presence requirement, his or her benefits are suspended” (Nuschler & Siskin, 2010).

In this paper, I review studies in the immigrant and minority aging literature to identify the implications that existing studies have for understanding immigration status and aging. I argue that undocumented status will become a force that creates diverging experiences in the older age population and magnifies existing disparities. This paper builds on public health theoretical frameworks, which argue that health inequities need to be examined using a life course perspective (Asad & Clair, 2018; Torres & Young, 2016), and offers directions for future research.

LAW AND POLICIES RELEVANT TO AGING

Immigration status categories are created through laws and discursive practices. The production of illegality or racialization is a disciplinary action and functions as an “instrument of labor subordination” (De Genova, 2002, p. 429). The creation and growth of the undocumented population is direct result of government policies intended to create symbolic and legal boundaries between immigrants perceived as “undesirable” and those seen as desirable in order to justify legal violence against the former (Menjívar, 2006; Menjívar & Abrego, 2012). Illegality is racialized. This means that the social meaning of the undocumented social category is often ascribed to specific ethnic groups and/or to individuals who look a certain way despite their actual immigration status (see more in
García, 2017b). Policies have shaped the demographic composition of the undocumented population and excluded them from social safety net programs.

The Social Security Administration is a safety net institution for older-aged individuals in the United States. When created in 1935, Social Security programs (including a social insurance program for retired old-age workers) excluded agricultural workers, mostly U.S.-born Black and Latinx individuals. It did not explicitly exclude undocumented individuals (Fox, 2016). At the time, the undocumented population was not sizable. It was not until 1972 that the Social Security Board stopped providing social security numbers to undocumented individuals in the United States. Before then, undocumented individuals were not explicitly barred from obtaining a social security number nor from benefitting from federal social programs (Fox, 2016).

Undocumented migration from Mexico increased after the Bracero program ended in 1964. This guest-worker program was designed to fulfill labor shortages during World War II. After its end, patterns of circular and seasonal undocumented migration from Mexico became common. In the 1970s, increasing anti-immigrant sentiment paved the way for policies that narrowed the eligibility for receiving assistance from federal programs (Fox, 2016). Policies later in the century followed suit. The 1986 Consolidated Omnibus Reconciliation Act prevented undocumented migrants from accessing Medicaid and Medicare (Douthit & Old, 2019).

In 1986, Congress passed the Immigration Reform and Control Act (IRCA). This program legalized 2.7 million undocumented individuals. IRCA also expanded the definition of an aggravated felony to include minor offenses such as undocumented entry after previous removal and falsification of tax returns (Abrego et al., 2017; Menjívar et al., 2018). Simultaneously, US budgets for internal and border enforcement increased (De León, 2015), interrupting circular patterns of migration and exponentially increasing the undocumented population (Parrado & Ocampo, 2019). Ten years later, in 1996, the Personal Responsibility and Work Opportunity Reconciliation Act made it such that immigrants who arrived to the United States after 1996 became ineligible for certain social programs unless they were legal permanent residents with 40 quarters of work experience in the United States (Yoo, 2008).

Policies reinforce or halt mechanisms of inequality. Thirty-four years have passed since the last legalization program. From 1981 to 2000, 5.8%–10.1% of IRCA beneficiaries were over the age of 50 (Carr & Tienda, 2013). IRCA supported older-age undocumented persons in the late 20th century by potentially preventing inequalities during older age by providing immigrants a path for economic incorporation, or at the very least with access to social insurance programs. The IRCA cohort represents an important group because they are a cohort of individuals who at one point in their lives were undocumented. Though their current immigration status may be more stable, their previous exposure to an undocumented status may hold salience for their socioeconomic and health outcomes in older age.

Today, undocumented individuals are spending decades with this status and are subject to normalized legal violence, exploitation, and discrimination (Menjívar & Abrego 2006). From a life course lens, previous exposure to an undocumented status may severely dampen socioeconomic and health status later on in life (Torres & Young, 2016).

### 3 SOCIOECONOMIC STATUS OF OLDER IMMIGRANTS

#### 3.1 Retirement

Requirements to receive Social Security include working in the United States with employment covered by Social Security for 10 years and having lawful presence. Individuals in the lowest income quartile count on Social Security benefits for up to 90% of their income (Brown et al., 2018). Whether undocumented individuals and families have enough savings for retirement is unknown, but the assumption that undocumented individuals have the economic means to save and support themselves through retirement is not realistic. Undocumented workers and immigrant
workers are subject to low wages (Borjas, 2017; Donato & Sisk, 2012; Massey & Gentsch, 2014) and their jobs rarely provide private individual retirement accounts (Kalleberg et al., 2000). If they do, accessing those accounts may be cumbersome for individuals without a valid social security number, which financial institutions often use to identify their customers.

Legal immigrants lacking the work experience necessary to receive social security may rely on Social Security Income (Sharpe, 2008). The combination of a low socioeconomic status during working ages and being unable to access social safety net programs in older-age may increase economic inequalities based on immigration status. The fact that socioeconomic status is highly racialized also means that, despite potential adjustment of immigration status (e.g., IRCA cohort), the experiences of older documented persons with and without a previous undocumented status may differ (Kreisberg, 2019).

Whether individuals can access income assistance, retirement programs, and federal healthcare depends on immigrants’ characteristics. Foreign-born legal permanent residents and naturalized citizens may have less access to support from social safety net programs (e.g., social security, Medicare) than U.S.-born citizens because they likely entered the U.S. labor force later in adulthood. Immigration status may create diverging socioeconomic patterns.

3.2 | Wealth

Accumulation of wealth is a life-long process. Older adults usually garner resources for retirement because they save, have access to employment with pensions or individual retirement accounts, rely on family, continue to work, and/or rely on wealth. However, being undocumented (or previously undocumented) may decrease chances of having ample and varied financial resources. Previous research shows that wealth increases as individuals become older. This may not apply to undocumented individuals. Few studies have examined differences in wealth between citizens and noncitizens.

In 2019, white individuals over the age of 55 had home ownership rates above 80 percent. For Latinx households, this figure was about 60% (Bhutta et al., 2020). Among Latinx and Asian immigrants, being a US citizen is positively associated with owning assets (i.e., a home) regardless of how long an individual has stayed in the United States (Fontes, 2011; Gassoumis et al., 2010). These studies do not distinguish undocumented individuals from other non-citizens and do not identify whether immigrants were previously undocumented.

Socioeconomic resources such as wealth need to be understood with historic discrimination, racialization, and racism in mind. Racialization of undocumented immigrants creates distinct experiences as accounts of indigenous undocumented Latinx and non-indigenous Latinx individuals (Gómez Cervantes, 2019) as higher rates of deportations among Black men (Golash-Boza, 2015a) show. Thus, the wealth and socioeconomic profiles of immigrants in different immigration status may hinge on their multiple social identities and experiences of racial discrimination in the United States.

3.3 | Financial literacy

One of the few qualitative studies on undocumented older individuals found that undocumented older-age Latinx individuals have no idea how they will support themselves in older age and have little to no retirement savings. Some respondents had plans to move back to their home country or work past conventional retirement age (Torres et al., 2016). Nam et al. (2019) found that older-aged low-income Asian immigrants in Los Angeles did not trust banks and perceived financial management as something reserved for the wealthy. Some older-age individuals rely on adult children for help with bank accounts and/or used ethnic enclave banks (Cantu & Angel, 2017; Nam et al., 2019).
Some research, practitioners, and policymakers might suggest that private and nonprofit organization programs need to promote financial literacy among immigrants. However, financial literacy is not enough to ensure the economic needs of the aging undocumented population are met. The precariousness of an undocumented immigration status may hinder one’s ability to see their future and therefore to financially plan for it (Villegas, 2014). Migrants may express ambivalence about growing older and returning to their home countries (Moran-Taylor & Menjívar, 2005). They may perpetually postpone return migration (Liversage & Mizrahi Mirdal, 2017). With few resources to achieve social mobility and save throughout their lives, costs of aging may fall on immigrant families (Gubernskaya & Tang, 2017).

4 | HEALTH AND OLDER IMMIGRANTS

Immigration status influences health via several pathways. First, prolonged stress weakens the immune system (Adler & Rehkopf, 2008; Crystal & Shea, 1990). Second, many undocumented migrants work in high risk occupations that include repetitive movements (Flynn et al., 2015), which are associated with a higher risk of developing functional limitations (Chacón & Davis, 2018). Immigrants and racialized minorities also experience deep discrimination and the negative impacts of anti-immigrant policies (Asad, 2020; Gee & Ford, 2011). Torres and Young (2016) argue that exposure to an undocumented or temporary status is important for health regardless of an individual’s current status because the effects of undocumented status has latent effects. That is, its effects may not be immediately evident in middle age and may show up later in life (Torres & Young, 2016).

5 | GENERAL HEALTH OUTCOMES

Aging adds another dimension to health disparities because comorbid chronic conditions, functional limitations, and the risk of death increase with older age (Crimmins & Beltran-Sanchez, 2011). Older-age minorities are more likely to have poorer health compared with white individuals (Prince et al., 2015). At the same time, the immigrant health paradox describes the trend that immigrants have a 2.4-year advantage in life expectancy and better reports of health compared with U.S.-born individuals after controlling for socioeconomic status (Mehta et al., 2016; Olsen et al., 2019). However, few studies disaggregate immigrants in different immigration statuses.

Studies about the association between immigration status and reported-health status show mixed results (Cheong & Massey, 2019; Hamilton et al., 2019; Torche & Sirois, 2019; Vargas et al., 2017). Cheong and Massey (2019) find that the odds of having worse reports of health are higher for undocumented Mexican migrants compared with documented Mexican migrants. An ethnography of California’s farmworkers documented that undocumented laborers exhibit heightened worry, hypertension, and arthritis (Horton, 2016). Hamilton et al. (2019) found that undocumented farmworkers in California had 19% lower odds of reporting chronic conditions and 34% lower odds of reporting pain compared with their documented counterparts. A study on Chinese immigrants in New York found similar results (Liang & Zhou, 2016). These results seem puzzling.

One possible reason behind these mixed findings is that immigration status is dynamic and may change over the life course (Villegas & Villegas, 2019). Studies that compare undocumented migrants with documented migrants may overlook previous exposure to an undocumented status among those who have transitioned to a legal status. This may underestimate its effects.

Undocumented older-age immigrants experience social conditions that may heighten the prevalence of chronic conditions and functional limitations. However, population-level studies examining exposure to a previous undocumented status and these outcomes are uncommon. Research about immigrants in general shows that immigrants have high levels of morbidity (Garcia et al., 2018; Garcia et al., 2020), which means they have disproportionate health burdens when it comes to chronic conditions. Angel et al. (2015) found that foreign-born
Mexican-origin lived more years in an unhealthy state compared with U.S.-born Mexican individuals; this relationship is more pronounced among women over the age of 65. In addition, foreign-born Latinx individuals had more functional limitations compared with white older-age individuals (Boen & Hummer, 2019). Less is known about the association between immigration status and physical health in older age, and studies on the general immigrant population show some unfavorable health outcomes.

Regarding mortality, one study in Sweden found that undocumented migrants had a higher risk of dying from circulatory diseases and had a lower mean age at death (Wahlberg et al., 2014). In California, foreign-born Latinxs who may be undocumented have higher odds of death due to work-related injuries compared to documented Latinxs (Liu, 2018). Riosmena and colleagues (2015) found that US citizen women had lower mortality risk compared with noncitizen immigrant women. An undocumented immigration status (or at least the lack of citizenship) may lead to higher death rates. No national study has estimated mortality rates that are specific to currently undocumented persons.

5.1 Mental health

Undocumented adults worry about deportation, family separation, and state surveillance (Dreby, 2015; Valdez et al., 2013). Older-age immigrants likely have added worries related to aging such as being stressed about not being able to afford care (Ayón et al., 2020). One qualitative study used focus groups with older Latinx older individuals in North Carolina and found that they report high levels of “nervios” (nerves/anxiety; Larson et al., 2017). Boen and Hummer (2019) found that Latinx foreign-born had more depressive symptoms compared with white older adults even after taking into account socioeconomic status and stress. Guo and colleagues (2019) found that Chinese immigrants who arrived at the United States in the older ages were more likely to have depressive symptoms. A study of Chinese immigrants in Chicago documented feelings of loss due to distance from relatives in immigrants' home country (Dong et al., 2012). All of these factors may dampen the mental health of older undocumented adults.

5.2 Healthcare access

Undocumented immigrants are ineligible for the Affordable Care Act and for Medicare, the social insurance program for adults 65 and over or adults with a disability (Balakrishnan & Jordan, 2019). Ayón et al. (2020) interviewed older undocumented Latinx migrants in Southern California and found that they forego care, have undiagnosed conditions, and cannot afford healthcare. Linguistic barriers are another challenge to healthcare access (Kim et al., 2011; Tsoh et al., 2016). Fear of deportation can cause an aversion to needed health care (Asch, Leake, & Gelberg, 1994; Hagan, Rodriguez, Capps, & Kabiri, 2006; Perreira, Yoshikawa, & Oberlander, 2018). Individuals may rely on emergency rooms and community clinics. Lack of health insurance makes treating chronic conditions difficult (Douthit & Old, 2019).

Other factors may also shape healthcare access. Some immigrants may hold non-Western beliefs of healing incompatible with conventional healthcare (Vang, 2013). Migrants may rely on ethnic networks for supplements, medicines, and healing rituals (Cervantes & Menjivar, 2020; Fukui & Menjivar, 2015). Montes de Oca et al. (2013) found that legal Mexican individuals engage in transnational aging, defined as the process of regularly crossing the U.S.-Mexico borders to access medical care. Undocumented older-aged individuals cannot easily move across borders. Whether undocumented immigrants are indigenous or not and racialized as such may also constrain their healthcare access options because of fear of being identified as undocumented; this may place some undocumented immigrants in circumstances where other coethnic networks leverage their power over them by asking for large amounts of money to drive them to get medicine if individuals cannot obtain a
driver’s license (Cervantes & Menjívar, 2020; Gómez Cervantes, 2019). Systems of racism and being racialized matter for health outcomes (Torres, 2020), but relatively less of this literature has focused specifically on older-age immigrants’ experiences.

# RESEARCH GAPS AND FUTURE RESEARCH DIRECTIONS

Although an ample literature exists on the consequences of an undocumented status in young and middle-aged adults, far fewer studies focus on how immigration status influences older persons. We lack knowledge about: (1) immigration status a dynamic variable, (2) how cumulative exposure to an undocumented status regardless of one’s current status influences outcomes (socioeconomic, health, and family) in older-age, and (3) racialization and undocumented status in older-age persons. Future studies need to focus on long-term consequences of being undocumented.

Future researchers may wish to examine undocumented status as a dynamic status that may change throughout the life course (Villegas & Villegas, 2019). Some individuals move out of undocumented statuses. Others reach older age being undocumented. The category “ever undocumented” may help us understand consequences of long-term exposure to this status. From this lens, there are several meaningful categories: never undocumented (includes immigrants and U.S.-born persons), currently undocumented (includes perpetually and forever undocumented), and previously undocumented (ever undocumented). Perpetually undocumented refers to immigrants with little to no prospects to legalize if they have been criminalized (Sarabia, 2012). Forever undocumented adults that may not have been criminalized include individuals that simply do not have options to adjust their immigration status at the moment and the foreseeable future (García, 2017a). As Golash-Boza (2015a, 2015b) has documented, some legal permanent residents have been deported if they are criminalized by the punitive criminal justice system. These individuals, if no longer in the United States, shift the composition of the immigrant population in the United States. The main implication of a dynamic perspective is that without considering immigration status as a dynamic variable, we may underestimate the effect of exposure to an undocumented status (Kreisberg, 2019).

Cumulative disadvantage theory suggests that low levels of economic social mobility in working ages may further negatively affect the health of older persons (Ross & Chia-Ling, 1996). This theory suggests that health differences between the advantaged and disadvantaged groups may be greater in older-age because exposure to certain health conditions over the life course adds up and results in poorer health status or in more rapid health declines due to cumulative wear and tear (Ross & Chia-Ling, 1996). Future research needs to examine this among undocumented adults.

Older undocumented adults need to be studied in their family contexts. Linked lives is a concept in life course frameworks that describes the phenomenon that happenings in one individuals’ life affects others in their social network (Gee et al., 2012). Immigration status of older individuals may influence household living arrangements and intergenerational care. For example, Guo et al. (2019) found that Chinese immigrants who arrived later on in life were ineligible for Social Security programs and more likely to live with family. The consequences of linked lives may be especially relevant in families with older undocumented persons.

Drawing on the cumulative disadvantage framework, future research needs to examine different racial and ethnic groups within the undocumented population such as Black and indigenous undocumented immigrants in order to help us understand how certain racialized groups in the US do not reap the full rewards of citizenship (Nopper, 2011). Forty percent of Black immigrants are not US citizens (Black Alliance for Just Immigration, 2020) and they are disproportionately represented in deportations (Golash-Boza, 2015a). Examining the consequences of racialization and illegality may help us better understand the weathering effect, faster-paced aging due to exposure to systematic discrimination (Geronimus et al., 2006).
Future researchers may also wish to examine the intersection of social factors such as gender and immigration status. Given the feminization of migrant labor from some countries, gender should be examined in relation to the life course and to retirement (Lindio-McGovern, 2003; Salazar Parreñas, 2001). Women of color experience less favorable job market conditions throughout their life course (Gould, 1989), and immigrant women face multiple axes of disadvantage related to their documentation status, which dampens their wages (Flippen, 2016). Future studies may explore whether cumulative disadvantage produces steep within-group inequalities among undocumented individuals.

Data limitations are important in the discussion of studies on older-age undocumented immigrants. Many surveys do not have detailed information about immigration status or about immigration status histories among previously undocumented individuals. Some data sources often used to study the undocumented population (i.e., Survey of Income and Program Participation, Los Angeles Family and Neighborhood Survey, and the California Health Interview Survey) may have relatively small sample sizes of older-aged persons, making subanalyses of this population more difficult. Other approaches to studying the undocumented population using survey data include using probabilistic methods in surveys such as the American Communities Survey (Van Hook et al., 2015). Ethnosurvey approaches, which combine semistructured qualitative interviews to obtain quantitative data in a specialized sample such as immigrants, are another approach to intentionally include marginalized and hard to reach populations (Massey & Capoferro, 2004).

**7 | CONCLUSION**

Immigration status may shape the experiences of older age persons, but undocumented older individuals are not necessarily aging into exclusion. They have been excluded throughout their adult lives. The combination of long-term exclusion and older-age may bring about unique challenges because of exclusion from institutions designed to support the health/economic status of older-aged individuals and cumulative disadvantage. This review shows that old age might be unforgiving to the health and socioeconomic status of undocumented and racialized individuals absent policy intervention.

Less than a handful of articles contend with what it means to grow old with an undocumented immigration status (Ayón et al., 2020; Torres et al., 2016). Immigrants have given livelihoods, health, labor, and social movements. The United States, on the other hand, does not give anything to them. Older-age undocumented migrants in the United States are rarely mentioned in policy debates. This absence underlines their disposability to the state. Policymakers in California have proposed legislation that aims to extend services to undocumented aging adults. California Senate Bill 29, first introduced in the California legislature in 2018, proposed to “extend eligibility for full-scope Medi-Cal benefits to individuals who are 65 years of age or older, and who are otherwise eligible for those benefits but for their immigration status.” Some high-income countries have created bi-lateral retirement or social security agreements that include full health care benefits, pensions, and/or survivor’s benefits for immigrants. The United States is not one of them (Holzmann, 2016).

Studying undocumented and formerly undocumented older-aged individuals may show the cumulative effects of immigration status on health, mortality, and socioeconomic status. Immigration status may strain family relationships, dampen intergenerational mobility, cause delays in healthcare access, and force community-level social safety net programs to become attentive to the needs of aging undocumented adults. Demographic changes brought about by an aging undocumented population promise new challenges and questions for researchers and policymakers alike. In sum, the aging of undocumented immigrants is destined to bring vast inequalities in socioeconomic status, health status, and access to healthcare. This is an issue that is ripe for policy solutions. Of course, as this review has discussed, some of the consequences of previous exposure to an undocumented status will have latent effects regardless of whether individuals gain legalization. Policy levers are ways to reduce the harms that anti-immigration policies have done.
ACKNOWLEDGMENTS

This research is supported by the Robert Wood Johnson Foundation. The author would like to thank Dr. Vilma Ortiz, and her working group for comments on this paper. She would also like to thank Cecilia Menjívar for comments on a previous draft of this paper, and Sarahi Flores, Harleen Kaur, Rocio R. Garcia, Ariana Valle, Uriel Serrano, Martha Arhemi Morales Hernandez, Christine Slaughter, Emilie Tumale, Ka-Yuet Liu, and Hiram Beltrán-Sánchez for guidance/support on this project. This project was supported in part by the California Center for Population Research at UCLA (CCPR), which received core support (P2C-HD041022) from the Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD).

CONFLICT OF INTEREST

The author declares that there is conflict of interest.

ORCID

Josefina Flores Morales https://orcid.org/0000-0001-5370-1423

ENDNOTES

1 The average American over the age of 65 relies on Social Security for over half of their income, and a substantial number of adults rely on Medicare to subsidize costs associated with growing older. Increasingly, families are supporting their older-aged family members via their time, emotional support, economic support, and other caregiving needs.

2 Undocumented individuals are not eligible for nor for Medicaid (a public insurance program for low-income individuals) and Medicare (a health insurance program funded by the federal government designed to support people over 65 and eligible individuals with a disability). There are some exceptions (for individuals with specific diseases) in which individuals younger than 65 can access Medicare. I use age 65 to reference the average conventional age of retirement but, technically, 62 years old is the earliest age one can claim retirement benefits (SSA 2020a). The age of receipt of other social insurance programs varies. Eligibility for Supplemental Security Income, a program designed for low-income older-aged persons or individuals with disabilities, is defined as belonging to one of the following categories: over the age of 65, partially or totally blind, or if individuals have a medical condition that keeps them from working and is terminal or will last for more than one year (SSA 2020b). Social Security Disability Insurance (SSDI) is a worker contributed program of the Social Security Administration that supports eligible adults and their families if workers have a severe impairment and cannot perform work; 58 percent of SSDI recipients are between ages 18–64 (Center on Budget and Policy Priorities, 2018). According to the Center on Budget and Policy Priorities, 97% of individuals aged 60–89 either receive Social Security or will receive it. Without social security income, experts argue that the poverty rate among older individuals would be higher than it is.

REFERENCES

Abrego, L., Coleman M., Martinez, D. E., Menjívar, C., & Slack, J. (2017). Making immigrants into criminals: Legal processes of criminalization in the post-IIRIRA era. Journal on Migration and Human Security, 5(3), 694–715. https://doi.org/10.1177/233150241700500308

Adler, N. E., & Rehkopf, D. H. (2008). U.S. Disparities in health: Descriptions, causes, and mechanisms. Annual Review of Public Health, 29(1), 235–252. https://doi.org/10.1146/annurev.publhealth.29.020907.090852

American Immigration Council. (2016). Adding up the billions in tax dollars paid by undocumented immigrants. Retrieved from https://www.americanimmigrationcouncil.org/sites/default/files/research/adding_up_the_billions_in_tax_dollars_paid_by_undocumented_immigrants.pdf

Angel, R. J., Angel, J. L., & Hill, T. D. (2015). Longer lives, sicker lives? Increased longevity and extended disability among Mexican-origin elders. Journals of Gerontology Series B: Psychological Sciences and Social Sciences, 70(4), 639–649. https://doi.org/10.1093/geronb/gbu158

Asad, A. L. (2020). Latinos’ deportation fears by citizenship and legal status, 2007 to 2018. Proceedings of the National Academy of Sciences. Retrieved from https://doi.org/10.1073/PNAS.1915460117

Asad, A. L., & Clair, M. (2018). Racialized legal status as a social determinant of health. Social Science & Medicine, 199, 19–28. https://doi.org/10.1016/j.socscimed.2017.03.010

Asch, S., Leake, B., & Gelberg, L. (1994). Does fear of immigration authorities deter tuberculosis patients from seeking care? The Western Journal of Medicine, 161(4), 373–376.
Ayón, C., Ramos Santiago, J., & López Torres, A. S. (2020). Latinx undocumented older adults, health needs and access to healthcare. *Journal of Immigrant and Minority Health*, 22, 996–100. https://doi.org/10.1007/s10903019009667

Balakrishnan, A., & Jordan, N. (2019). The undocumented elderly: Coverage gaps and low health care use. *Journal of Health Care for the Poor and Underserved*, 30(3), 891–898. https://doi.org/10.1353/hpu.2019.0062

Bhutta, N., Chang, A. C., Dettling, L. J., & Hsu, J. W. (2020). Disparities in wealth by race and ethnicity in the 2019 survey of consumer finances. *FEDS Notes*. Retrieved from https://doi.org/10.17016/2380-7172.2797

Black Alliance for Just Immigration. (2020). *The state of Black immigrants*. Retrieved from http://baji.org/wp-content/uploads/2020/03/sobi-fullreport-jan22.pdf

Boen, C. E., & Hummer, R. A. (2019). Longer—but harder—lives?: The Hispanic health paradox and the social determinants of racial, ethnic, and immigrant–native health disparities from midlife through late life. *Journal of Health and Social Behavior*, 60(4), 434–452. https://doi.org/10.1177/0022146519884538

Borjas, G. J. (2017). *The earnings of undocumented immigrants* (No. 23236). Retrieved from http://www.nber.org/papers/w23236

Brown, J. E., Saad-lesser, J., &Oakley, D. (2018). *Retirement in America: Out of reach for working Americans?* Retrieved from https://www.nirsonline.org/reports/retirement-in-america-out-of-reach-for-most-americans/

Cantu, P. A., & Angel, J. L. (2017). Demography of living arrangements among oldest-old Mexican Americans: Evidence from the hispanic epidemiologic study of the elderly. *Journal of Aging and Health*, 29(6), 1015–1038. https://doi.org/10.1177/0898264317772790

Carr, S., & Tienda, M. (2013). Family sponsorship and late-age immigration in aging America: Revised and expanded estimates of chained migration. *Population Research and Policy Review*, 32(6), 825–849. https://doi.org/10.1007/s11113-013-9300-y

Center on Budget and Policy Priorities. (2020). *Supplemental security income*. Retrieved from https://www.cbpp.org/research/social-security/policy-basics-supplemental-security-income

Cervantes, A. G., & Menjívar, C. (2020). Legal violence, health, and access to care: Latina immigrants in rural and urban Kansas. *Journal of Health and Social Behavior*, 61(3), 307–323. https://doi.org/10.1177/0022146520945048

Chacón, J. A., & Davis, M. (2018). *No one is illegal: Fighting violence and state repression on the US-Mexico border* (2nd ed.). Haymarket Books.

Cheong, A. R., & Massey, D. S. (2019). Undocumented and unwell: Legal status and health among Mexican migrants. *International Migration Review*, 53(2), 571–601. https://doi.org/10.1177/0197918318775924

Crimmins, E. M., & Beltran Sanchez, H. (2011). Mortality and morbidity trends: Is there compression of morbidity?. *The Journals of Gerontology Series B: Psychological Sciences and Social Sciences*, 66B(1), 75–86. https://doi.org/10.1093/geronb/gbx088

Crystal, S., & Shea, D. (1990). Cumulative advantage, cumulative disadvantage, and inequality among elderly people. *The Gerontologist*, 30(4), 437–443. https://doi.org/10.1093/geront/30.4.437

Dannefer, D. (2003). Cumulative advantage/disadvantage and the life course: Cross-fertilizing age and social science theory. *Journal of Gerontology: Social Sciences*, 58(6), 327–337.

De Genova, N. P. (2011). Differences in the likelihood of ownership of retirement saving assets by the foreign and native-born. *Journal of Family and Economic Issues*, 32(4), 612–624. https://doi.org/10.1007/s10834-011-9262-3
Liang, Z., & Zhou, B. (2016). The effects of legal status on employment and health outcomes among low-skilled Chinese immigrants in New York city. *Annals of the American Academy of Political and Social Science, 666*(1), 150–163. https://doi.org/10.1177/0002716216650632

Lindlof-McGovern, L. (2003). Labor export in the context of globalization. *International Sociology, 18*(3), 513–534. https://doi.org/10.1177/0268589030183004

Liu, K.-Y. (2018). Are undocumented immigrants more likely to die unnaturally? An analysis of California death records, 1970–2013. Retrieved from https://paasexconf.com/paa/2018/mediafile/.../PAAabstract2018pdf3.pdf

Liversage, A., & Mizrahi Mirdal, G. (2017). Growing old in exile—A longitudinal study of migrant women from Turkey. *Journal of Ethnic and Migration Studies, 43*(2), 287–302. https://doi.org/10.1080/1369183X.2016.1238910

Massey, D. S., & Bartley, K. (2005). The changing legal status distribution of immigrants: A caution. *International Migration Review, 39*(2), 469–484. https://doi.org/10.1111/j.1747-7379.2005.tb00274.x

Massey, D. S., & Capoferro, C. (2004). Measuring undocumented migration. *International Migration Review, 38*(3), 1075–1110. https://doi.org/10.1111/j.1747-7379.2004.tb00229.x

Massey, D. S., & Gentsch, K. (2014). Undocumented migration to the United States and the wages of Mexican immigrants. *International Migration Review, 48*(2), 482–499. https://doi.org/10.1111/imre.12065

Mehta, N. K., Elo, I. T., Engelmann, M., Lauderdale, D. S., & Kestenbaum, B. M. (2016). Life expectancy among U.S.-born and foreign-born older adults in the United States: Estimates from linked social security and Medicare data. *Demography, 53*(4), 1109–1134. https:// doi.org/10.1007/s13524-016-0488-4

Menjivár, C. (2006). Liminal legality: Salvadoran and Guatemalan immigrants’ lives in the United States. *American Journal of Sociology, 111*(4), 999–1037. https://doi.org/10.1086/499509

Menjivár, C., & Abrego, L. J. (2012). Legal violence: Immigration law and the lives of central American immigrants. *American Journal of Sociology, 117*(5), 1380–1421. https://doi.org/10.1086/663575

Menjivár, C., Gómez Cervantes, A., & Alvord, D. (2018). The expansion of “crimmigration,” mass detention, and deportation. *Sociology Compass, 12*(4), 1–15. https://doi.org/10.1111/soc4.12573

Migration Policy Institute, n.d. *Profile of the unauthorized population: United States*. Retrieved from https://www.migrationpolicy.org/data/unauthorized-immigrant-population/state/US%0D

Montes de Oca, V., García, S. J., & Sáenz, R. (2013). Transnational aging: Disparities among aging Mexican immigrants. *Transnational Social Review, 3*(1), 65–81. https://doi.org/10.1080/21931674.2013.10820748

Moran-Taylor, M., & Menjivár, C. (2005). Unpacking longings to return: Guatemalans and Salvadorans in phoenix, Arizona. *International Migration, 43*(4), 91–121. https://doi.org/10.1080/1446-2435.2005.00334.x

Nam, Y., Sherraden, M. S., Huang, J., Lee, E. J., & Keovisai, M. (2019). Financial capability and economic security among low-income older Asian immigrants: Lessons from qualitative interviews. *Social Work, 64*(3), 224–232. https://doi.org/10.1093/sw/swz015

Nopper, T. K. (2011). The wages of non-blackness: Contemporary immigrant rights and discourses of character, productivity, and value. *InTensions, 5*(5), 1913–5874.

Nuschler, D., & Siskin, A. (2010). *Social security benefits for noncitizens*. Congressional Research Service.

Olsen, R., Basu Roy, S., & Tseng, H. K. (2019). The hispanic health paradox for older Americans: An empirical note. *International Journal of Health Economics and Management, 19*(1), 33–51. https://doi.org/10.1007/s10754-018-9241-4

Parrado, E. A., & Ocampo, A. N. (2019). Continuities and changes in the processes of Mexican migration and return. *Annals of the American Academy of Political and Social Science, 684*(1), 212–226. https://doi.org/10.1177/0002716219857565

Perreira, K. M., Yoshikawa, H., & Oberlander, J. (2018). A new threat to immigrants’ health—The public-charge rule. *New England Journal of Medicine, 379*(10), 901–903. https://doi.org/10.1056/NEJMp1808020

Prince, M. J., Wu, F., Guo, Y., Gutierrez Robledo, L. M., O’Donnell, M., Sullivan, R., & Yusuf, S. (2015). The burden of disease in older people and implications for health policy and practice. *The Lancet, 385*(9967), 549–562. https://doi.org/10.1016/S0140-6736(14)61347-7

Riosmena, F., Everett, B. G., Rogers, R. G., & Dennis, J. A. (2015). Negative acculturation and nothing more? Cumulative disadvantage and mortality during the immigrant adaptation process among Latinos in the United States. *International Migration Review, 49*(2), 443–478. https://doi.org/10.1111/imre.12102

Ross, C. E., & Chia-Ling, W. (1996). Education, age, and the cumulative advantage in health. *Journal of Health and Social Behavior, 37*(1), 104–120.

Salazar Parreñas, R. (2001). Transgressing the nation-state: The partial citizenship and imagined (global) community of migrant Filipina domestic workers. *Signs: Journal of Women in Culture and Society, 26*(4), 1129–1154. https://doi.org/10.1086/495650

Sarabia, H. (2012). Perpetual illegality: Results of border enforcement and policies for Mexican undocumented migrants in the United States. *Analyses of Social Issues and Public Policy, 12*(1), 49–67. https://doi.org/10.1111/j.1530-2415.2011.01256.x
Sharpe, D. L. (2008). Economic status of older Asians in the United States. *Journal of Family and Economic Issues*, 29(4), 570–583. https://doi.org/10.1007/s10834-008-9122-y

Social Security Administration (SSA). (2020a). Retirement benefits. Retrieved from https://www.ssa.gov/pubs/EN-05-10035.pdf

Social Security Administration (SSA). (2020b). You may be able to get Supplemental Security Income. Retrieved from https://www.ssa.gov/pubs/EN-05-11069.pdf

Torche, F., & Sirois, C. (2019). Restrictive immigration law and birth outcomes of immigrant women. *American Journal of Epidemiology*, 188(1), 24–33. https://doi.org/10.1093/aje/kwy218

Torres, A., Munoz, J. A., & Becerril, R. (2016). Elderly undocumented Latinos and their retirement strategies. *Sociology Faculty Publications*. 1. https://scholarworks.lib.csusb.edu/cgi/viewcontent.cgi?article=1000&context=sociology-publications

Torres, J. M., & Young, M.-E. D. (2016). A life-course perspective on legal status stratification and health. *SSM - Population Health*, 2, 141–148. https://doi.org/10.1016/j.ssmph.2016.02.011

Torres, S. (2020). Racialization without racism in scholarship on old age. *Swiss Journal of Sociology*, 46(2), 331–349. https://doi.org/10.2478/sjs-2020-0017

Tsob, J. Y., Sentell, T., Gildengorin, G., Le, G. M., Chan, E., Fung, L. C., Rena, J. P., Susan, S., Ching, W., Kent, W., Adam, B., Jun, W., Stephen, J. M., & Nguyen, T. T. (2016). Healthcare communication barriers and self-rated health in older Chinese American immigrants. *Journal of Community Health*, 41(4), 741–752. https://doi.org/10.1007/s10900-015-0148-4

Valdez, C. R., Padilla, B., & Valentine, J. L. (2013). Consequences of Arizona’s immigration policy on social capital among Mexican mothers with unauthorized immigration status. *Hispanic Journal of Behavioral Sciences*, 35(3), 303–322. https://doi.org/10.1177/0739986313488312

Van Hook, J., Bachmeier, J. D., Coffman, D. L., & Harel, O. (2015). Can we spin straw into gold? An evaluation of immigrant legal status Imputation approaches. *Demography*, 52(1), 329–354. https://doi.org/10.1007/s13524-014-0358-x

Vang, M. Y. (2013). *For whom is “successful aging” relevant? (Re)defining the Aging Experience through the Voices of Hmong Elders [doctoral dissertation]*. University of California, Los Angeles, CA.

Vargas, E. D., Sanchez, G. R., & Juárez, M. (2017). Fear by association: Perceptions of anti-immigrant policy and health outcomes. *Journal of Health Politics, Policy and Law*, 42(3), 459–481. https://doi.org/10.1215/03616878-3802940

Villegas, P. E. (2014). "I can't even buy a bed because I don't know if I'll have to leave tomorrow": Temporal orientations among Mexican precarious status migrants in Toronto. *Citizenship Studies*, 18(3–4), 277–291. https://doi.org/10.1080/13621025.2014.905269

Villegas, P. E., & Villegas, F. J. (2019). Migrant illegalization and minoritized populations In *The Palgrave Handbook of Ethnicity* (pp. 1–17). Palgrave. https://doi.org/10.1007/978-981-13-2898-5_87

Wahlberg, A., Källestål, C., Lundgren, A., & Essén, B. (2014). Causes of death among undocumented migrants in Sweden, 1997–2010. *Global Health Action*, 7(1), 24464. https://doi.org/10.3402/gha.v7.24464

Yoo, G. J. (2008). Immigrants and welfare: Policy constructions of deservingness. *Journal of Immigrant & Refugee Studies*, 6(4), 490–507. https://doi.org/10.1080/15362940802479920

**AUTHOR BIOGRAPHY**

**Josefina Flores Morales** is a doctoral student at the University of California Los Angeles in the Department of Sociology. Her research interests include social demography, aging, and inequality. Her research examines the health and socioeconomic status of immigrants throughout the life course. Flores Morales is a Health Policy Research Scholar, a program supported by the Robert Wood Johnson Foundation. Her work has been supported by the California Center for Population Research, the UC Network on Child Health, Poverty and Public Policy, and the University of Wisconsin-Madison’s Center for Financial Security. She holds a BA degree in psychology with a public health minor from UCLA and an MA degree in sociology from UCLA.

**How to cite this article:** Flores Morales J. Aging and undocumented: The sociology of aging meets immigration status. *Sociology Compass*. 2021;15:e12859. https://doi.org/10.1111/soc4.12859