

Barriers to Care: The Impact of Inequality on Immigrant Health Outcomes

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Abstract

Undocumented, low-income Hispanic immigrants in the U.S. are far less likely to have any form of health insurance or use healthcare services compared to U.S.-born citizens. Many of these immigrants cannot afford the high cost of insurance, which leads them to avoid seeking health services. In addition to the expense, another significant factor is that approximately 40% of undocumented Latinos report avoiding healthcare due to language barriers, fear of unfair treatment based on their race, and overall legal repercussions. Also included is a small study conducted by Jally Romero, who interviewed a group of undocumented Latino immigrants earning less than \$90,000 a year about their personal experiences with hospitals and medical services.

Introduction

Many undocumented immigrants come to the U.S. seeking a better life for their children and families, but this is often not the reality. Although 61% of Hispanic immigrants report having no issues in doctor's offices or hospitals, these individuals are generally documented, speak English almost fluently, and can afford the high cost of health insurance. This leaves the remaining percentage who face significant barriers to accessing healthcare due to financial insecurity, fear of undocumented status issues, and limited English proficiency (LEP).

These immigrants often work in jobs such as construction, personal and laundry services, and clothing manufacturing, which typically do not provide health insurance. Noncitizen immigrants also face limitations on eligibility for federally funded health coverage. Due to these restrictions, state-level policies play a crucial role: immigrant adults in states with more inclusive coverage policies are less likely to be uninsured.

Understanding the extent of these barriers and the impact of state policies is essential for developing strategies to improve healthcare access for undocumented immigrants.



High cost Insurance and its effects

Table 1. Health Insurance Coverage of United States Population, by Immigration Status and Income, 2004

	Uninsured	Employer-sponsored insurance	Medicaid/SCHIP	Nongroup & other private	Medicare & other public	Total
ALL INCOMES						
U.S.-born citizens	13.3%	59.1%	13.0%	5.5%	9.1%	100.0%
Naturalized citizens	17.2%	54.9%	10.3%	5.4%	12.2%	100.0%
Noncitizen immigrants	44.1%	36.5%	12.6%	4.0%	2.9%	100.0%
LOW-INCOME (below 200 percent of poverty line)						
U.S.-born citizens	22.6%	24.9%	32.5%	6.4%	13.5%	100.0%
Naturalized citizens	26.2%	26.4%	23.2%	5.6%	18.7%	100.0%
Noncitizen immigrants	56.1%	18.1%	19.3%	3.6%	2.9%	100.0%

Source: Author's analyses of March 2005 Current Population Survey

In recent years, there has been an increase in the number of immigrants migrating to the U.S., most of whom hope to find job opportunities that are not available in their home countries. Although wages are not high they are sufficient to provide for their family in contrast if they were living back home. On average, an American family spends about \$1,000 to \$1,500 per month on their health insurance plan. In contrast, an employed, legal, documented citizen typically pays about \$100 to \$500 per month after receiving aid from employer contributions, which often reduce overall costs. When someone is undocumented, they are often forced to look the other way because they cannot afford these insurance plans. The monthly cost is often equal to or higher than their rent.

When examining the graph from the 2005 analysis of immigration status and income, it is evident that approximately 44.1% of non-citizen immigrants are uninsured, which is a higher rate compared to U.S.-born and naturalized citizens. Focusing solely on the 'non-citizen immigrants' column in both sections demonstrates that this group has the highest percentage of individuals who are uninsured. Aside from financial issues reported on graphs, Jally Romero, a high school student, sought to gain firsthand insights by interviewing individuals to understand their experiences better.

This is a snippet from her interview memos, which will be automatically translated into English, as the interviews were conducted in Spanish.

Q: “Okay thank you– next question, When considering the cost of health insurance plans, would you say that your income is enough to afford one?”

(Had to provide a cost example for a typical family plan)

A: “to be sincere..I only make enough for my ownself–cost itself is much higher than I can pay...I don’t know–I don’t really look at these things”

She asked the same question to fifteen other individuals, most of whom gave similar responses. The cost of these insurance plans is a primary factor contributing to healthcare insecurity among Latinos. Expanding insurance making it more accessible not only for Latinos but also for other low-income communities could significantly improve overall healthcare security. Additionally, community-based programs could help financial barriers and increase enrollment in essential health coverage.

Fear of Documentation Issues

During the Trump Administration (2016-2020), a policy was enacted that threatened to revoke green card applications for immigrants who used programs such as Medicaid, SNAP, housing assistance, and other vital social safety net services. This policy caused immense fear among both documented and undocumented immigrants.

On December 8, 2021, a survey revealed that 46% of immigrants reported being afraid to use programs such as Medicaid and SNAP, even though they needed them. Due to fear of deportation or legal repercussions, many avoided these essential resources, which are crucial for supporting low-income families who struggle to access healthcare and food for their children. Even though the rule was stopped in March 2021, due to the Biden administration, immigrant families with children were still wary of using public programs during the COVID-19 pandemic in 2021, even if the rule didn’t affect them.

This is a snippet from her interview memos, which will be automatically translated into English, as the interviews were conducted in Spanish.

Q: “ So for the next question, have you ever been afraid of deportation or being questioned if you applied for or received any of the following resources: SNAP, Charity Care, or WIC?”

A: “wait...(6 second pause) actually yes, you always hear these things, that actually happened to my compa (A term used to mention a friend) who had a friend who got taken away...poor guy.

He told everyone in the Cancha (referring to a volleyball court in a friend's backyard where everyone gathers to hang out) and ever since we are very mindful of where we go especially if it is government affiliated. Things always happen, you never know when it will be you."

She did not mention specific years or events that might have triggered any sort of memory because she wanted to understand their feelings about seeking these resources without any external influences. It is clear that these individuals experience fear not only at certain times but on a daily basis. This fear arises from firsthand experiences and observations involving friends or family. Latino immigrants should not have to live in fear of losing their green cards or being deported simply for accessing the resources available to them.

But what are the consequences? What happens when these underprivileged Latinos do not have access to these programs? They are left to cope without the support they need. In such scenarios, fear dominates their lives. Most reported that they only visit doctors when they can no longer endure the pain.

This is a snippet from her interview memos, which will be automatically translated into English, as the interviews were conducted in Spanish.

Q: *"Would you say you regularly visit the doctors? If so, what is the estimate of times you go each year?"*

A: *"ahh..never(Laughs), in reality i don't go ever maybe once a year if i get really sick to the point where i can't work, my boss won't really make it easy for me to go either and i need to work, work is work."*

A: *"Let me see..maybe two times?...but this was last year because I had to do surgery for my eye..I had this thing I'm not sure what it was called because it was in English but it was cloudy to the point where I couldn't see correctly so I had to, it made work hard, since I work in construction."*

Follow Up Question

Q: *"why don't you visit the doctors often? Aren't you scared of getting sick?"*

A: *"It's not that, I just cannot afford it, every visit is like \$100 or almost \$200. Its crazy when you don't have insurance, I rather pay for my children's visits since they weren't born here so they don't have medicaid or anything like that"*

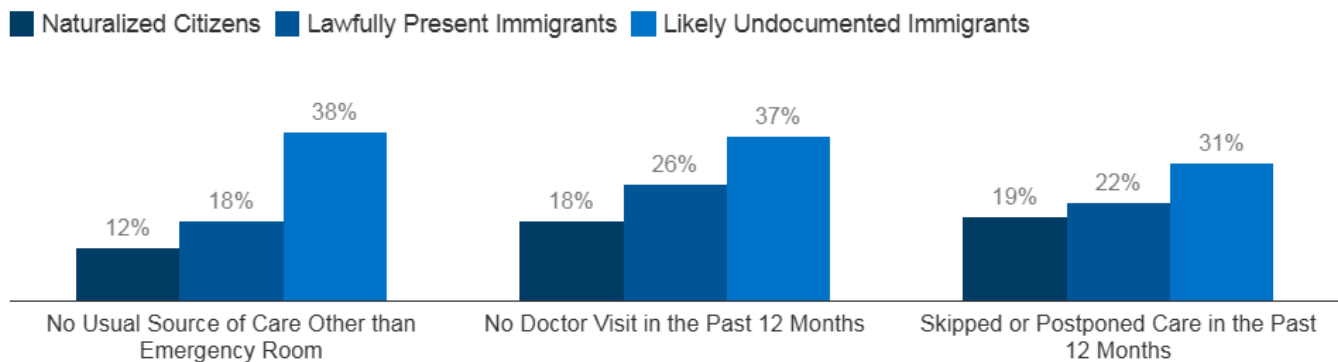
A: "I'm not scared. Working out in the sun everyday on the roof makes you strong! I like to think I can handle it"

These two responses are from adult immigrants who reported similar experiences: they did not visit doctors regularly due to work commitments and only went when it was their last resort. On average, an American visits the doctor about 13 times a year. Comparing this to just one visit, the difference is significant.

The lack of regular medical care can lead to worsened health conditions and higher long-term costs. Ensuring better access to healthcare for these individuals could improve both their health outcomes and overall well-being.

Figure 3

Health Care Access and Use among Immigrant Adults by Immigration Status, 2023



NOTE: All differences between likely undocumented immigrants and lawfully present immigrants/naturalized citizens are statistically significant at $p < 0.05$. Difference in doctor's visit in the past 12 months between lawfully present immigrants and naturalized citizens also is statistically significant at $p < 0.05$.

SOURCE: KFF/LA Times Survey of Immigrants (April 10 - June 12, 2023) • PNG

KFF

Looking at this graph, it is evident that undocumented immigrants have the highest percentage of individuals who either skip or do not visit the doctor's office. Notably, the first bar graph shows that 38% of these undocumented immigrants visit the emergency room because they lack a primary doctor or usual source of care. The combination of fear and financial constraints makes it very difficult for them to access regular medical services. Reducing fear and financial barriers could improve access to regular healthcare.

Language Barrier

To fully understand the difficulties and challenges they face, Jally Romero asked a question to gain firsthand insight into their issues and struggles.

This is a snippet from her interview memos, which will be automatically translated into English, as the interviews were conducted in Spanish.

Q: *“when you visit the doctors office, do you encounter difficulties with language? Even though Spanish is the second spoken language in the U.S?”*

A: *“All the time! Ayy—if you only knew how many faces I get when I say “i don’t speaking english” ask if they don’t understand! Sometimes they don’t have a translate which either means I’ll go through the appointment with not clue of what they could be saying or go home and take my daughter for the next appointment, since she can translate for me”*

A: *“countless times. Sometimes they are racists, it gets annoying. The white people usually go “you need to learn english” like sounding it out as if i were a child. I want to say I know English! I can understand it just not speak it well. I usually go back home if there’s no native speaker”*

A: *“Spanish is spoken everywhere and when I go to **BLANK** hospital, up by the hill, they never have a translator. There was a day i actually had to use the app (referring to google’s english-spanish translator)”*

It is not new that many face discrimination simply because they do not speak English as fluently as U.S. citizens, leading to backlash and harsh comments from some clinics and hospitals due to racism. While Spanish is spoken widely and is a growing language, this does not always protect against such biases.

Many immigrants feel anxious and unwelcome in healthcare settings. This anxiety can prevent them from seeking needed medical care. Language barriers can also make it hard to understand medical instructions and follow-up care. Improving language support and cultural sensitivity in healthcare settings could help address these issues.



Conclusion

In summary, the journey of undocumented immigrants to the U.S. in search of a better life for their families often encounters itself with the harsh realities.

These barriers are usually caused by their employment which typically are construction and personal services, which typically do not provide health insurance or high enough wages to afford the cost. Furthermore, restrictions on federally funded health coverage have limited their access to care causing fear and intimidation.

To address these challenges, it is essential to comprehend the full picture of these barriers and the effects of state/federal policies. Developing targeted strategies to improve healthcare access for undocumented immigrants will help ensure that everyone can get the care they need.

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