

Abstract

Immigration has become the primary driver of population growth in the United States, significantly impacting the nation's demographic landscape. The aim of this study is to examine the multifaceted health challenges immigrants to the United States face and the subsequent public health implications for the broader population. Immigrants encounter a multitude of barriers that impede their access to adequate healthcare services, leading to disparities in health outcomes. Immigrants face socio-economic, cultural, and systemic barriers, ranging from language barriers to limited access to healthcare services. These barriers result in adverse health outcomes for immigrants, including chronic diseases and mental health issues. Publicly available data show there are 46.6 million immigrants in the USA currently, made of both documented and undocumented immigrants. Fifty percent of undocumented immigrants and 18% of documented immigrants report being uninsured compared with less than 1 in 10 naturalized citizens (6%) and United States born citizens (8%). Also, 56.7% of the country's nearly 60 million speakers of non-English language are immigrants. This high uninsured rate coupled with the language barrier hinders immigrants from seeking healthcare until they are in a life-threatening situation. This has caused the existence of chronic diseases among immigrants to be high and a decrease in quality of life. The unique health challenges faced by immigrants, underscores the importance of developing targeted interventions and policies to address their needs effectively. This is important because of the interconnectedness between immigrant health and public health outcomes for the broader population. As the demographic landscape continues to evolve, understanding and mitigating the health of immigrants is crucial for promoting a healthy society in the United States.

Introduction

Immigration has been a fundamental component of the American story, shaping the nation's history, culture, and economy since its inception.¹ However, in recent decades, the pace and scale of immigration into the United States have accelerated, as a result, the country has witnessed a substantial demographic transformation, with immigrants and their descendants comprising a growing proportion of the population.¹ According to the U.S. Census Bureau, the foreign-born population in the United States reached a record high of over 46 million in 2022, representing approximately 13.7% of the total population.² This influx of immigrants has been characterized by diversity in nationality, ethnicity, socioeconomic status, and migration motives, reflecting the complex and dynamic nature of contemporary migration patterns.³ While immigration has brought significant cultural enrichment, labor force contributions, and entrepreneurial dynamism to the United States, it has also raised a myriad of public health challenges.³ Immigration brings with it a diverse array of health challenges and opportunities, influencing the well-being of both newcomers and the communities they join. One such challenge pertains to the implications for public health, as immigrants often face unique health risks and barriers to healthcare access due to factors such as language barriers, legal status, cultural differences, and socioeconomic disadvantage.⁴ In this research, we aim to delve into the multifaceted relationship between the growing influx of immigrants into the United States and its public health implications. By undertaking this research, we aspire to contribute to a deeper understanding of the intricate dynamics linking immigration and public health, thereby informing evidence-based policies, interventions, and advocacy efforts aimed at fostering healthier, more equitable communities in an increasingly diverse nation.

Methods.

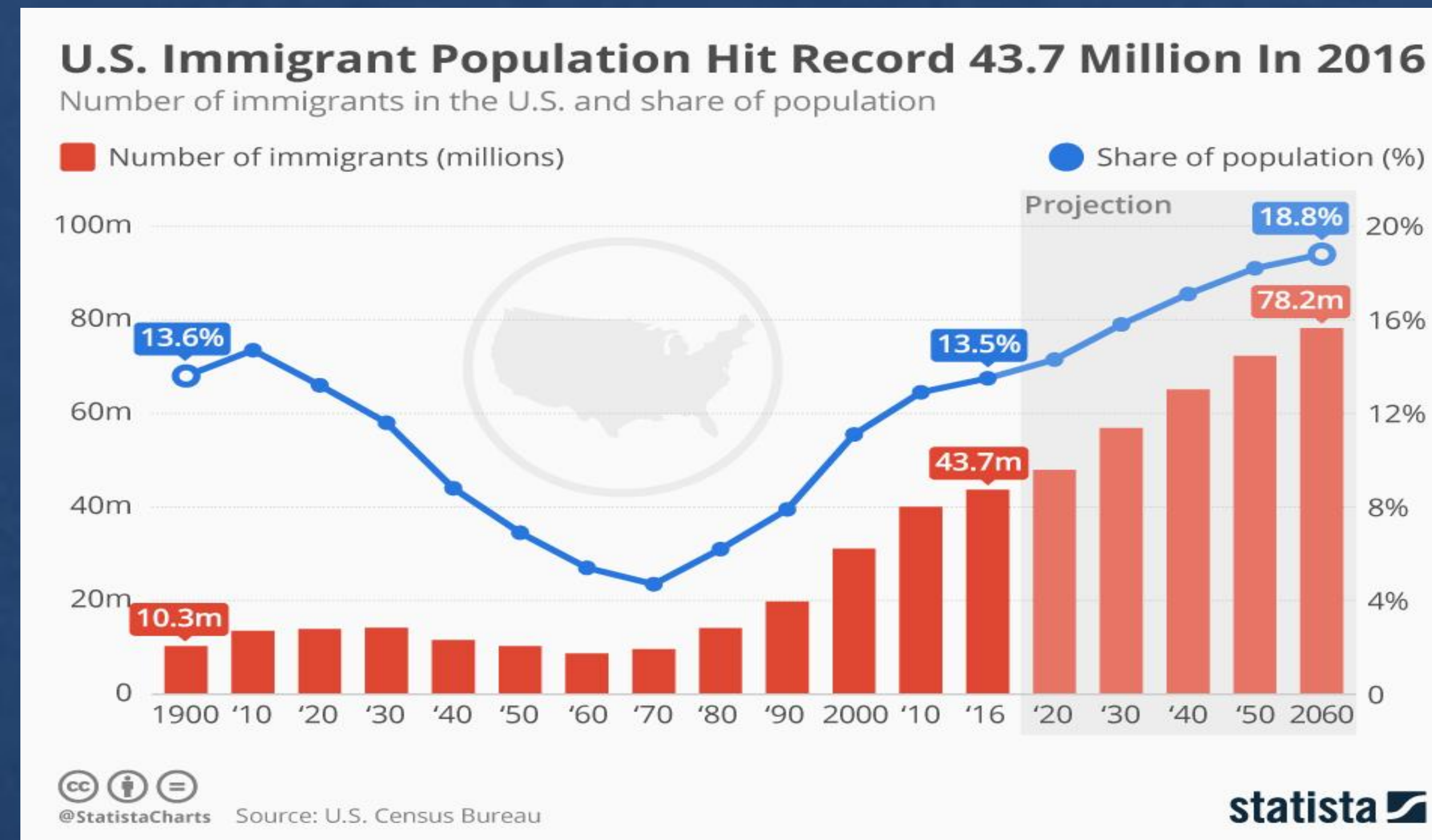
Database	PubMed, Google Scholar
Year of Study Interval	2019-2024
Search Terms	Health outcomes among immigrants in USA, healthcare access and utilization among immigrants in USA, health disparities among immigrants in USA, health behaviors among immigrants in USA, social determinants of health among immigrants in USA, population of immigrants in USA, prevalence of chronic diseases among immigrants in USA.
Inclusion Criteria	Peer reviewed conducted in USA, English publications from 2019-2024.
Screening	Articles gathered and processed separately by two authors for appropriateness.
Literature Matrix Methodology	Study description- year of study, article reference keywords. Study design- the purpose of study



Fig.1: Migrants in Mexico heading towards the US Border. Source: www.nytimes.com

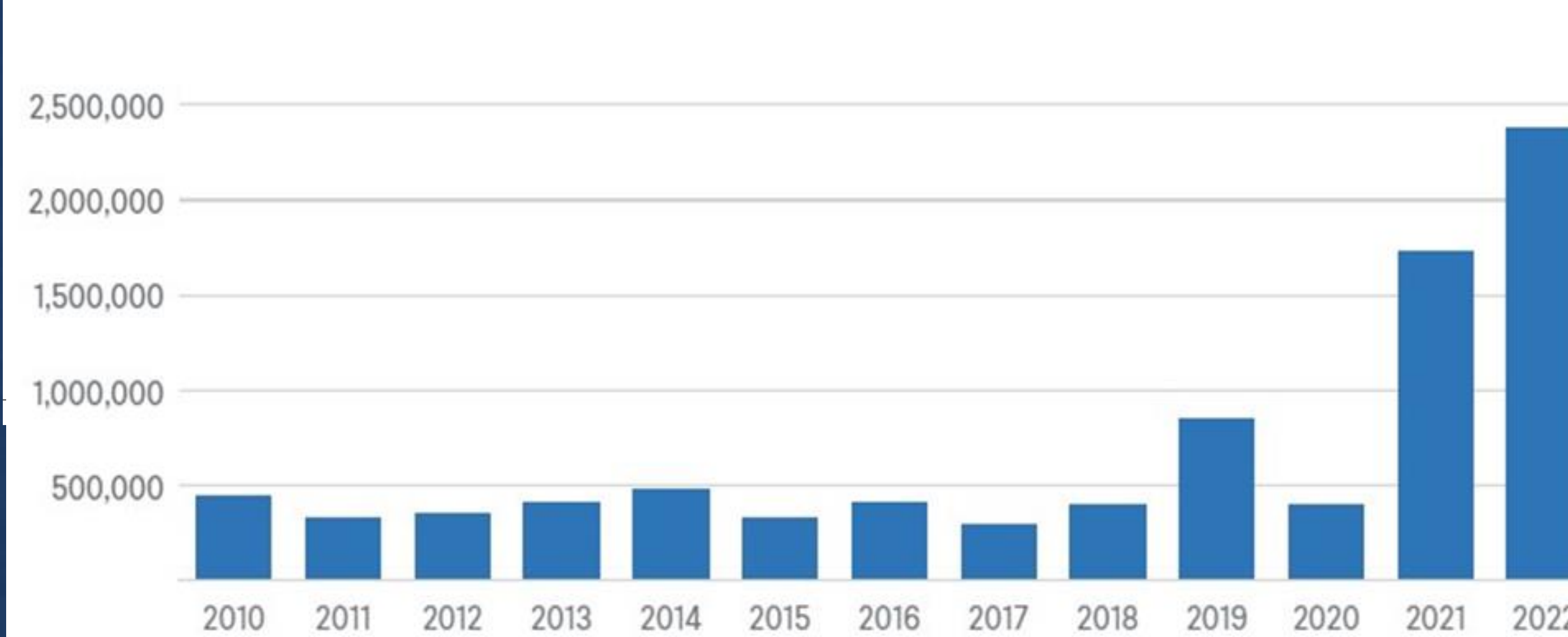


Fig.2: Migrants and their children trying to cross into the USA. Source: www.foxnews.com



Border Crossings Reach Unprecedented Levels

Southwestern border encounters (expulsions and apprehensions) by fiscal year



Note: Data for fiscal years 2021 and 2022 include Title 42 expulsions and apprehensions under Title 8, which allows border patrols agents to send back undocumented migrants.

Source: U.S. Customs and Border Protection.

Results, Discussion and Conclusion

Results

The reviewed literature identified several key factors that hindered healthcare utilization among immigrant populations in the United States, contributing to the development of chronic diseases and complications.

Lack of Health Insurance: This emerged as a predominant factor contributing to delayed or forgone healthcare utilization among immigrants.⁵ Studies reported that a substantial proportion of immigrants lacked health insurance coverage due to eligibility restrictions, affordability issues, and employment-related barriers. As a result, many immigrants faced challenges in accessing preventive services, primary care, and specialty care, leading to undiagnosed or untreated health conditions.

Language Barrier: Language barriers emerged as a critical obstacle to effective communication and healthcare navigation among immigrant populations.⁶ It was noted in a study that, 56.7% of the country's nearly 60 million speakers of non-English language are immigrants. Studies reported that limited English proficiency among immigrants hindered their ability to understand medical instructions, communicate symptoms to healthcare providers, and access interpreter services.⁷ Consequently, immigrants faced difficulties in accessing timely and appropriate healthcare services, exacerbating their health outcomes.

Legal Status: The illegal or undocumented status of immigrants was identified as a significant deterrent to healthcare utilization.⁸ Fear of deportation, immigration enforcement actions, and legal repercussions deterred many undocumented immigrants from seeking healthcare services, even in cases of urgent medical needs. This reluctance to engage with the healthcare system resulted in delayed diagnoses, progression of diseases, and increased healthcare complications among undocumented immigrants.

Discussion

The intersection of healthcare access barriers and immigrant status contributed to a notable prevalence of chronic diseases and healthcare complications among immigrant populations. Studies consistently reported higher rates of chronic conditions, including diabetes, hypertension, cardiovascular diseases, and mental health disorders, among immigrants compared to the native-born population. The delay in seeking healthcare, coupled with limited access to preventive services and disease management programs, exacerbated the progression of chronic diseases among immigrants. Furthermore, healthcare complications stemming from untreated or poorly managed chronic conditions were prevalent among immigrant communities. Complications such as diabetic retinopathy, cardiovascular events, renal failure, and mental health crises were frequently observed among immigrants who experienced barriers to healthcare access. These complications not only imposed significant morbidity and mortality burdens on affected individuals but also contributed to increased healthcare costs and healthcare disparities within immigrant populations.

Conclusion

In conclusion, the results of this research underscore the detrimental impact of healthcare access barriers, including lack of health insurance, language barriers, and undocumented status, on the health outcomes and well-being of immigrant populations in the United States. The prevalence of chronic diseases and healthcare complications among immigrants highlights the urgent need for policy interventions and healthcare reforms aimed at addressing these systemic barriers and promoting equitable access to healthcare for all individuals, regardless of their immigration status.

Limitations

1. Sampling Bias: The study may be subject to sampling bias, as it relies on existing literature that may not fully represent the diversity of immigrant experiences and health outcomes.
2. Language and publication bias is a possibility as studies published in only English-language journals were included in the review.
3. Generalizability: Findings from the review may have limited generalizability beyond the populations, contexts, and time periods covered in the included studies.
4. Confounding Factors: The review may not fully account for confounding factors that influence immigrant health outcomes, such as pre-migration experiences, post-migration stressors, and social determinants of health.

Future Work

1. Expansion of access to affordable healthcare and coverage for immigrant populations through policy reforms such as expanding Medicaid eligibility.
2. Immigrant Integration Programs: Support immigrant integration efforts that facilitate access to education, employment, language training, and social support services.
3. Prioritize preventive care health promotion among immigrants and the underserved population.
4. Implement community-based outreach programs through partnership with faith-based organizations to promote health literacy and facilitate healthcare navigation among immigrant communities.
5. Enhance cultural competence among healthcare providers and institutions to better meet the diverse needs of immigrant populations.
6. Research into the effectiveness of translation services and its impact on healthcare delivery to immigrants.
7. Investigate the leading cause of mortality among immigrants.

References:

1. Kim-Lim P, Castillo Valladares H, Knapp A, Kivlahan C, Chang AY. Improving migrant health in the USA: opportunities for dermatologists to participate in care delivery, asylum medicine and community partnership. *The British journal of dermatology*. 2023;188(1):131-132. doi:https://doi.org/10.1093/bjd/ljac011
2. Kim AJ, Bozarth A. Refugee city: Creating places of welcome in the suburban U.S. South. *Journal of Urban Affairs*. Published online March 6, 2020;1-21. doi:https://doi.org/10.1080/07352166.2020.1718506
3. Hawkins MM, Holliday DD, Weinhardt LS, Florsheim P, Ngui E, AbuZahra T. Barriers and facilitators of health among older adult immigrants in the United States: an integrative review of 20 years of literature. *BMC Public Health*. 2022;22(1). doi:https://doi.org/10.1186/s12889-022-13042-x
4. Ramos-Gomez F, Kinsler JJ. Addressing social determinants of oral health, structural racism and discrimination and intersectionality among immigrant and non-English speaking Hispanics in the United States. *Journal of Public Health Dentistry*. 2022;82(S1):133-139. doi:https://doi.org/10.1111/jphd.12524
5. Alwan RM, Kaki DA, Hsia RY. Barriers and Facilitators to Accessing Health Services for People Without Documentation Status in an Anti-Immigrant Era: A Socioecological Model. *Health Equity*. 2021;5(1):448-456. doi:https://doi.org/10.1089/heaq.2020.0138
6. Khullar D, Chokshi DA. Challenges for immigrant health in the USA—the road to crisis. *Lancet (London, England)*. 2019;393(10186):2168-2174. doi:https://doi.org/10.1016/S0140-6736(19)30035-2
7. Squires A, Ma C, Miner S, Feldman P, Jacobs EA, Jones SA. Assessing the influence of patient language preference on 30 day hospital readmission risk from home health care: A retrospective analysis. *International Journal of Nursing Studies*. 2022;125:104093. doi:https://doi.org/10.1016/j.ijnurstu.2021.104093
8. Pilato TC, Taki F, Sbrollini K, et al. Knowledge of legal rights as a factor of refugee and asylum seekers' health status: a qualitative study. *BMJ Open*. 2023;13(2):e063291. doi:https://doi.org/10.1136/bmjopen-2022-063291