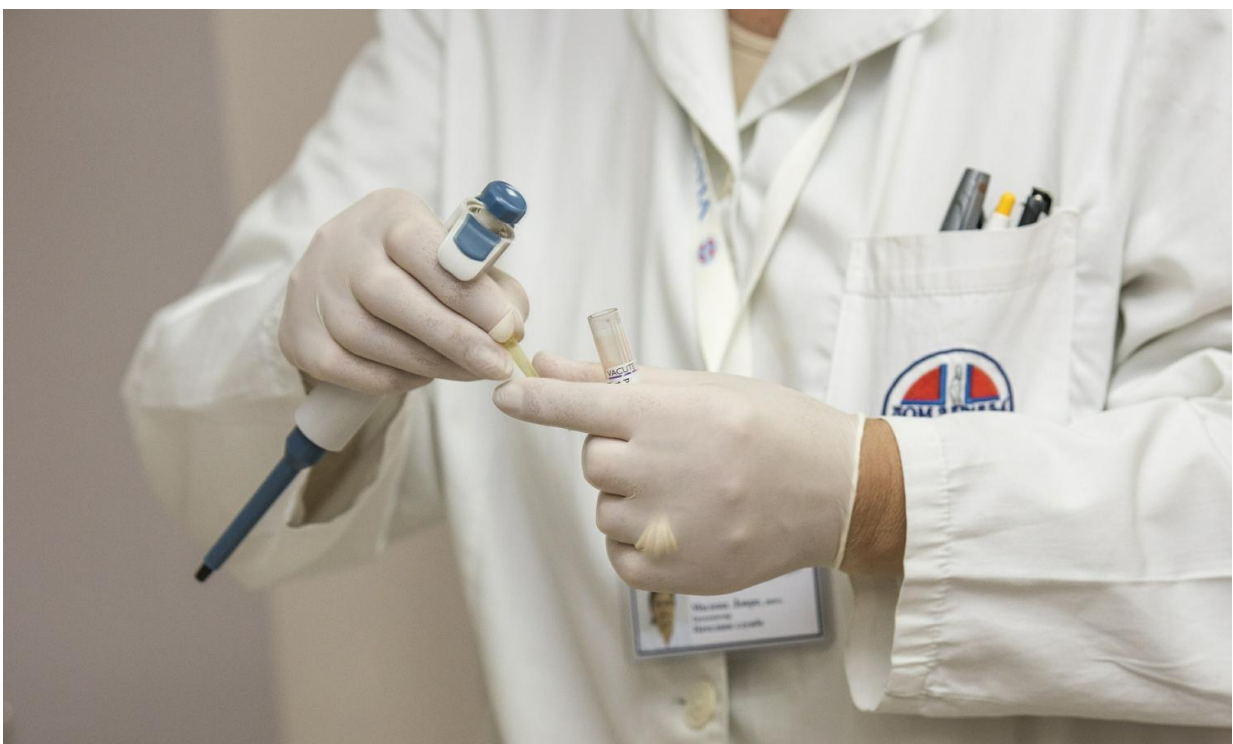


# Undocumented immigrants least likely to see a doctor, but still healthier than other populations

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Undocumented Latino immigrants have some of the lowest rates of health care use—and signs point to it getting worse.

A Drexel University study used information from a health survey conducted between 2011 and 2015 in California to analyze [health care](#) access and use among Latinos. Led by Alex Ortega, Ph.D., a professor in Drexel University's Dornsife School of Public Health, the researchers found that [immigrant](#) Latinos—especially [undocumented immigrants](#)—have much lower rates than U.S.-born Latinos and white citizens.

Worse yet—the numbers have trended downward from a similar study Ortega did 15 years ago.

"There are significant disparities in access to and utilization of health care by legal authorizations status," Ortega said. "And given the current political climate that is very hostile to immigration—especially from Latin America—we can only expect the disparities to get worse."

In this most recent study—published in *Medical Care*—less than half of the undocumented immigrants (who amounted to roughly 3,000 survey respondents) had any type of health insurance. Moreover, with roughly four in 10 not having a regular source of care or having seen a doctor at all, undocumented immigrants were at the bottom of both of those categories, too.

The survey showed that 61 percent of white people reported being in "excellent" or "very good" health, compared to just 25 percent of undocumented immigrants.

However, undocumented immigrants were among the least likely to have been diagnosed with high blood pressure, heart disease, or asthma.

"They have lower risk of chronic disease than other immigrants and U.S. citizens," Ortega pointed out. "The political talking point that undocumented immigrants come to the U.S. and overburden our health care system is not evidenced by our findings."

So how is it possible that this population is less likely to see a doctor but still seems less prone to chronic disease?

"There are two ways to interpret this," Ortega explained. "One way is that immigrants are not accessing services because they do not have a medical need. Another way is that they do not have physician-based diagnoses of chronic disease because they have not used primary care and preventive services that would provide the opportunity to be screened and diagnosed."

While both are possibilities, further research would be needed to why the dichotomy exists.

One concerning finding from the study was that the vast majority of undocumented immigrants (77 percent) said they would not seek help for mental health concerns because the cost of treatment was too high. Likely tied to that, this population was also the least likely to see a mental health professional in the last year (fewer than one in 20 said they had).

"When people do not access needed mental health services, it is problematic for the person, his or her family and society as a whole," Ortega said. "Delaying seeking necessary [mental health](#) care can lead to more serious [disease](#) and exacerbation of symptoms in many cases."

While Ortega said the patterns "seem to be getting worse for immigrants according to documentation status," there are some potential solutions to close the gaps.

California and some of its municipalities have created health policies to allow Latino immigrants to access medical care no matter where their documentation status stands.

"Delaying care can result in having diseases that become more difficult to treat and manage, making their medical costs more expensive in the long-run," Ortega said. "California and its localities have learned that providing care—particularly preventive care—can save costs and improve population [health](#)."

**More information:** "Health Care Access and Physical and Behavioral Health Among Undocumented Latinos in California," *Medical Care* (2018). [journals.lww.com/lww-medicalca ... ehavioral.98554.aspx](https://journals.lww.com/lww-medicalca...ehavioral.98554.aspx) , DOI: [10.1097/MLR.0000000000000985](https://doi.org/10.1097/MLR.0000000000000985)

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