

Barriers to Healthcare that Unauthorized Immigrants Face in the United States:
A Literature Review

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Introduction

The legal definition of an immigrant refers to any person lawfully in the United States who is not a U.S. citizen, U.S. national, or person admitted under a nonimmigrant category as defined by the Immigration and Nationality Act (INA) section (U.S. Department of Homeland Security). In the context of the United States law, an immigrant is generally defined as a person granted legal permission to enter and reside in the United States. However, if an individual has not been granted legal permission, they are classified as an unauthorized immigrant (Legal Information Institute, 2022). Unauthorized immigration is defined as individuals entering or staying within a country which they do not have legal authorization, often due to expired visas and unauthorized border crossing. As of 2022, 11 million undocumented immigrants are living within the United States (Pew Research Center, 2022). There are several reasons why people engage in undocumented immigration. The main reason is economic opportunity, often in the form of better job prospects. Many people from countries with high unemployment rates or limited economic opportunities seek better-paying jobs in the United States (Ward et al., 2023). The second most prevalent reason why people choose to immigrate is to escape from violence and persecution. In many cases, individuals are forced to flee their home countries due to gang violence, drug cartels, and civil or political unrest (Montalvo 2024).

Approximately 23% of the US foreign-born population is made up of undocumented immigrants (Pew Research Center, 2022). The largest percentage of undocumented immigrants in the United States comes from Mexico, with the second largest coming from Central America, and the third largest coming from Asia (Pew Research Center, 2022). Recent census numbers suggest that around 50-55% of the unauthorized population is of Mexican descent. However, this

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number has declined over the years due to changes in migratory patterns and the improving economy in Mexico through new leadership (Alba, 2024). The second most significant subgroup of undocumented immigrants comes from Central America, namely El Salvador, Guatemala, and Honduras. These individuals make up a collective of approximately 15-20% of the undocumented population. Asian countries, particularly India, China, and the Philippines, also contribute to the undocumented population in the United States, although they only account for about 10% of the undocumented population. All other countries combined account for roughly the last 5% of the undocumented population (Pew Research Center, 2022).

Notable health issues that are faced by the undocumented community include mental health issues, chronic stress, and HIV, which all require medical attention (Ornelas et al., 2020). There are several health concerns that studies have shown immigrants are predisposed to. For example, mental health issues have been shown to be extremely prevalent. The constant fear of potentially being detained or deported creates significant stress. Many unauthorized immigrants live with chronic anxiety, depression, and post-traumatic stress disorder, particularly if they have experienced trauma in their home countries or during their migratory journey. Additionally, immigrants often report feeling isolated in their communities due to discrimination or social exclusion, which can exacerbate mental health problems like anxiety or depression (Garcini et al., 2021). Infectious diseases are also prevalent in the unauthorized community. For example, immigrants from countries with high rates of tuberculosis have the potential to be at greater risk of contracting the disease (Taha et al., 2023). Without regular medical care or adequate screenings, tuberculosis can go undiagnosed and untreated, leading to serious health consequences. Additionally, undocumented immigrants may also be at greater risk for preventable diseases due to gaps in vaccination (Daniels et al., 2022). The lack of access to

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healthcare can prevent them from receiving immunizations, making them more vulnerable to diseases like measles or influenza.

In 2010, the Obama administration passed the Affordable Care Act, which expanded healthcare access to many who did not previously have healthcare and lowered costs for many Americans. Lawfully residing immigrants are eligible for this program, however, undocumented immigrants are not eligible to gain health insurance through the ACA marketplace (National Immigration Law Center, 2022). Undocumented/ unauthorized immigrants are ineligible for most federal health coverage, including Medicaid, CHIP, and Medicare, and they cannot purchase health insurance through the Marketplace (National Immigration Law Center, 2022). The lack of access to healthcare exacerbates the present health problems by limiting treatment options for undocumented immigrants. There is a lack of research available regarding what the barriers to healthcare are for undocumented immigrants in the United States.

Additionally, the population of unauthorized immigrants has a history of poor health outcomes in several notable ways. For example, the migratory journey often exposes individuals who physically cross the border on foot to hazardous conditions. Migration can take a grueling physical toll on individuals, often leading to heat stroke, injury, dehydration, violence, and potentially death (Ornelas et al., 2020). Additionally, it is not uncommon for migrants to face sexual violence as well as physical, verbal, and psychological trauma due to mistreatment by guides promising to lead them to the United States. Mental health-related issues are also commonly seen within the undocumented community. These individuals often suffer from depression, anxiety, post-traumatic stress, and substance abuse (Ornelas et al., 2020).

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The focus of this research aims to answer the question of what are the barriers to healthcare that undocumented immigrants face in the United States. Additionally, the aim is to provide some potential solutions to minimize this gap in healthcare equity and create a more accessible space for undocumented immigrants to receive medical care.

Methods

A Comprehensive search was performed through PubMed and Web of Science with the intention of selecting peer-reviewed and current articles answering the original research question. PubMed is an online database of biomedical and life sciences literature, which primarily focuses on healthcare, medicine, and other related public health fields. PubMed is maintained by the National Library of Medicine (NLM) at the National Institutes of Health (NIH) in the United States. As of 2025, PubMed indexes more than 35 million articles from various biomedical and life science literature. Web of Science is a comprehensive, interdisciplinary research database that provides access to a wide range of scholarly articles, journals, conference proceedings, and books in science, social science, the arts, and the humanities. It is frequently used by researchers, academics, and professionals to find peer-reviewed literature. As of 2025, Web of Science indexes more than 100 million articles across a wide range of topics.

Inclusion and Exclusion Criteria

To ensure the relevance and reliability of the literature reviewed, specific inclusion and exclusion criteria were established. Only articles published within the last ten years (2014-2025) were considered to ensure the inclusion of the most current and relevant studies. The keywords “undocumented immigrant” or “illegal immigrant” were utilized in each search in order to specifically target studies on the unauthorized immigrant community within the United States. Synonyms for each of the search terms were included and separated by the Boolean phrase “OR”

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to broaden the scope of the search results. For example, both search terms “barriers to care” and “healthcare” were included in searches related to the research question. The operator “AND” was used in order to ensure the inclusion of studies that met all the criteria related to researching barriers to care for unauthorized immigrants. The search term “United States” was used to restrict the scope of research articles to the target geographic location of the literature review. Only peer-reviewed and original research articles were eligible for inclusion. Articles not included are literature reviews, systematic reviews, meta-analyses, editorials, commentaries, policy articles, and any other non-original research articles. Studies were limited to those primarily focused on unauthorized immigrants in the United States. Only articles containing relevant information regarding barriers to healthcare for this specific population were considered.

Rationale for Article Selection

A total of 3 searches were performed to find relevant and sufficient articles. The first search took place on PubMed and was focused on undocumented immigrant healthcare, which aids in establishing a foundation for the literature review. The search terms used were “undocumented immigrant” OR “illegal immigrant” AND “healthcare”, with Boolean phrases being used to receive specific search results. This approach ensured a comprehensive search of all the relevant literature while allowing for the exploration of the different intersections of the research question. The search terms alone, with no filters, yielded 129 results. From this pool of search results, further inclusion and exclusion criteria were applied. For example, studies selected had to be published within the last ten years. Additionally, literature reviews and meta-analyses were excluded from the search. Articles that did not specifically focus on undocumented immigrants were excluded. After all inclusion and exclusion criteria were taken into consideration, the PubMed search yielded 92 search results. Ten articles were chosen for

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further review that fit the inclusion and exclusion criteria. The abstract section of these ten articles was read, ensuring they are relevant in answering the research question. The methods of all of these articles were read next to ensure that all of the selected articles are original research. After filtering out one article that was a literature review, the results of each article were read to ensure that the results aid in answering the original research question. After filtering out one more article, seven articles were selected for the literature review. Two additional articles were extracted from the references section of the literature review that was previously filtered out due to exclusion criteria. The first search yielded a total of nine articles.

The second search took place on Web of Science and was focused on similar criteria, with the search terms being “undocumented immigrant” OR “illegal immigrant” AND “healthcare”. Once again, Boolean phrases were used to receive specific search results. The search initially yielded 542 results with no filters applied. From this pool of search results, previously established inclusion and exclusion criteria were applied. After the criteria were applied, the search yielded 14 results. All 14 of the titles and abstracts of the articles were read in order to determine which articles are most relevant to the research question. Of the 14 articles, ten were chosen, and the methods sections were reviewed in order to ensure they are original research articles. Two more articles were excluded, and the remaining eight articles’ results sections were reviewed in order to ensure that the results of the study are relevant to answering the original research question. Of the eight articles, three were chosen for the literature review.

The third search was performed on PubMed and primarily focused on English proficiency in the unauthorized community and how this relates to healthcare. Search terms used were “undocumented immigrants” OR “illegal immigrants” AND “English literacy” AND “healthcare”. Once again, Boolean phrases were used to receive specific search results. The

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search initially yielded 14 results. From this pool of search results, previously established inclusion and exclusion criteria were applied. After the criteria were applied, the search yielded three results. Of the results, one literature review was chosen for further review due to its relevance in answering the original research question. Three more original articles were extracted from the references section of this literature review. The abstract, methodology, and results of each of the three articles were reviewed to ensure the proper inclusion and exclusion criteria. Three articles were chosen for the literature review from this search.

Results

Unauthorized immigrants are faced with clear barriers to care within the healthcare system. Several factors contribute to this trend, and through articles analyzed in this literature review, three overarching themes arose. A lack of healthcare insurance, a lack of English proficiency/health literacy, and a lack of culturally competent care all contribute to unauthorized immigrants' restricted access to healthcare.

Lack of Access to Health Insurance

The rates of insurance coverage between undocumented immigrant populations and both natural-born citizens and naturalized immigrant populations show notable disparities in healthcare access and coverage. In a cross-sectional analysis performed in 2020, it was determined that nearly one-half (57.1%) of unauthorized immigrants were predicted to be uninsured-which was substantially higher than rates for authorized immigrants (15.9%) and US-born individuals (6.0%) (Wilson et al., 2020). These claims were later substantiated when a study was performed in 2023, showing that roughly 50% of likely undocumented immigrant adults were uninsured, compared to roughly 18% of lawfully residing immigrants (Kashul et al., 2023). Most undocumented immigrants are uninsured due to the fact that health insurance

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typically comes from being enrolled by an employer. Many are not eligible for this enrollment because their employer does not officially employ them for legal reasons. The 2010 Affordable Care Act (ACA) improved access to healthcare in the United States. The results of a cross-sectional analysis performed in 2018 show that the implementation of the Affordable Care Act had a positive correlation with Latino individuals having health insurance coverage, although legal status was considered a notable barrier to care because the ACA's original provisions specifically exclude unauthorized individuals. However, certain states, such as California, have programs aimed at expanding health insurance access to the unauthorized population (Bustamante et al., 2018). Additionally, a survey of frontline healthcare workers serving in primarily Hispanic communities was performed in 2023. The results of the survey show that these healthcare providers emphasized the difficulty that undocumented immigrants face when attempting to access healthcare due to structural barriers due to their legal status. The structural barrier most mentioned was the lack of health insurance, which oftentimes limited the locations where clients could receive medical care and access medication (Lemon et al., 2023). When health insurance is unable to be obtained, the upfront cost is often a prohibitive factor in individuals seeking healthcare. In a study performed in 2019, undocumented immigrants who were deported to their home country were interviewed and surveyed on their experiences with the United States healthcare system. One individual reported avoiding going to the hospital to receive medical care because it would cost \$150, and the individual was only making \$40 a day (Rosales, 2019). A lack of health insurance often leads to poor health outcomes. For example, a study performed in 2016 to determine the maternal health of undocumented women it was found that undocumented women who had Medicaid were more likely to have positive maternal health outcomes than undocumented women without access to Medicaid (Atkins et al., 2016).

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English Proficiency/Health Literacy

A lack of English proficiency/ health literacy can greatly contribute to the limited access to healthcare within the unauthorized community. For example, this population oftentimes has difficulty navigating the healthcare system, as many immigrants with limited English proficiency may struggle to understand how the United States healthcare system works. A study was conducted in 2014 that shows that undocumented immigrants are the least likely demographic to have had an emergency department visit within the last 12 months due to a fear of deportation or a fear of being discovered as unauthorized by medical personnel (Stimpson et al., 2014). The language barrier that is oftentimes created when undocumented immigrants seek medical care can cause anxiety about one's legal status. Additionally, there may be a lack of information regarding how to access healthcare services. In 2021, a cross-sectional analysis was performed to analyze the relationship between stress due to legal status and healthcare access difficulties. The results of this study show that difficulty accessing healthcare treatment is one of the main causes of physical and mental distress of undocumented immigrants (Galvan et. al, 2021). According to an article published in 2014, "Limited English proficiency (LEP) is another barrier to health care, which is also associated with poorer health status in Latinos, Asian Americans, and other racial ethnic groups" (Sentell et al., 2014; Poon et al., 2014). This shows that language barriers limit patient-physician communication, leading to a general lack of health information or misinformation. An additional analysis conducted in 2021 found that a lack of English proficiency caused a delay in care and interfered with the relationship between the patient and provider (Pandey et al., 2021).

In a survey study performed to determine the barriers to healthcare for DACA recipients, whose parents are often undocumented immigrants. The results of the study show that 44% of

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survey respondents faced difficulties accessing healthcare due to their legal status, with 10% of respondents having faced a language barrier (Woofter, 2022). A study was performed to similarly test the effects of health literacy on health outcomes of minority groups in the United States. The study results show that one of the most significant factors in access to medical care is understanding an illness or not recognizing the need to seek medical attention. For example, these undocumented individuals reported not seeking out medical attention if their affliction was not severe enough to interfere with their daily tasks (Rosales, 2019).

Cultural differences preventing appropriate care

The immigrant population, particularly undocumented immigrants, has consistently been affected negatively by social determinants of health such as poverty, food and housing insecurity, lack of educational attainment, and challenges with health care access. A study performed in 2018 showed that undocumented immigrant men were less likely to report mental health issues than other demographics. The cause of this was determined to be cultural differences in undocumented communities that emphasize being a man and being tough (Ortega et al., 2018). The mental health issues that are prevalent in this community may be due to the stress that migrants typically have to endure. High stress levels can cause health issues within a community. In a survey conducted in 2017, undocumented immigrants and documented immigrants who both self-reported having high stress levels were compared in terms of their blood pressures. The results of the study show that undocumented immigrants have higher blood pressures than their documented counterparts, which shows that excessive stress due to legal status results in poor health outcomes (Young et al., 2017).

In a survey study conducted in 2025, cardiologists were surveyed to determine if immigration status was taken into consideration as a barrier to receiving a heart transplant. It was

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determined that 87.5% of respondents did take immigration status into consideration (Kogan et al., 2025). This was determined to be because social support is a factor that is considered with heart transplant candidates, and there is generally a bias in assessing immigrant populations due to a lack of English literacy/communication barriers. Additionally, fear of family separation was a chronic stress and impacted access to essential healthcare during the COVID-19 pandemic, but local and federal elections in 2020 alleviated some fears and stress among immigrant families (Lemon et al., 2023). An additional community-based participatory approach study performed in 2014 substantiates this claim. It was found through the CBPR survey that fear of deportation and a concern for the welfare of family and friends were a significant cause of stress within the undocumented community (Hacker et al., 2014). An article published in 2020 states that there is often a delay in seeking care due to a perceived surge in deportations and detainments (Doshi et al., 2020). This delay is a barrier to care because the socio-political climate surrounding an individual is affecting the ability to receive care. The fear of deportation is causing undocumented individuals to not seek health care, which can be detrimental to the undocumented community. A research article from 2020 that details undocumented Latinx adults found that older Latinx adults are more likely to be impacted by higher rates of obesity, diabetes, liver disease, and high blood pressure. Those living with chronic disease are experiencing the most difficulty seeing improvements in their health (Ayon et al., 2020).

Additionally, undocumented immigrants are disproportionately more likely to have poor occupational health and safety compared to US-born individuals. In an analysis conducted in 2015, it was determined that an unauthorized immigration status negatively impacted their safety at work and resulted in a degree of alienation that exceeded the specific proscriptions of the law (Flynn et al., 2015). This claim is substantiated in another article from 2017 that details the

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excessive pesticide exposure that undocumented immigrant farm workers often face. The exposure to these chemicals can cause long-term health issues, and these undocumented workers do not have health insurance (Arcury, 2017).

A study was conducted to determine the importance of culturally competent care for immigrant groups. The results show that Asian and Hispanic undocumented immigrants consider health care providers' cultural competence even more important than their US-born counterparts. The findings speak to racial groups' desire for culturally competent care (Yu, 2023). Adherence to cultural norms of self-sufficiency within immigrant populations, along with fear of potential diagnosis and medical costs that accompany seeking medical care, are prohibitive factors.

Discussion

Unauthorized immigrants in the United States face barriers to seeking health care that can be directly linked to immigration status. Unauthorized immigrants have poor health outcomes in several different ways, such as mental health, chronic disease, and occupational health. Through the review of the literature, three main barriers to health care arose. A lack of access to health insurance, which makes upfront cost a prohibitive factor, appeared to be the most prominent barrier for unauthorized immigrants accessing health care. The second theme is English proficiency/ health literacy, which can greatly impact an individual's ability to seek out care for themselves when medical care is necessary. The third theme is cultural differences preventing appropriate care, which can prohibit undocumented individuals from seeking out health care due to fear of deportation or a cultural stigma of seeking help.

Possible Solutions

Solutions to this lack of access should begin with an expansion of public programs, such as Medicaid, to the undocumented community to increase access to insurance and remove a

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portion of the financial burden that is associated with seeking medical care with no insurance. Private health insurance is cost-prohibitive, which leads to many undocumented people having no health insurance at all. Undocumented immigrants are able to pay taxes into the system in hopes of gaining legal status, however, they are unable to receive the same benefits that legal status taxpayers receive. With no access to health insurance, these individuals will avoid going to receive medical care at all due to the cost (Ommerborn et al., 2022).

One possible solution for this was implemented by the Mexican government with the implementation of their Ventanillas de Salud program, which expands access to health insurance coverage to Mexican nationals living within the United States (Valle et al., 2020). These programs have been proven successful in improving access to health care and addressing health disparities due to legal status.

Additionally, healthcare providers should make a conscious effort to consider an individual's culture and use the appropriate care for the specific individual. An emphasis on culturally competent practices will increase the likelihood of undocumented immigrants seeking out healthcare. One potential example of this is a program where healthcare providers are provided with specialized training that addresses and recognizes that immigrants may face unique challenges in accessing healthcare and addressing potential barriers to care. This would alleviate the cultural gap between the patient and the provider.

To combat the language barrier, more resources should be provided in Spanish in areas and offices that tend to have larger Spanish-speaking populations. A research study conducted in 2018 aimed to determine the effectiveness of an ESOL class in combination with a health literacy class in terms of gained access to healthcare. The results of the study show that the Health Literacy and ESL Curriculum constitutes a valuable resource for addressing the

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cardiovascular health, literacy, and language needs of Spanish-speaking adults. Interventions that take a multilevel education and health approach may be more effective in addressing the needs of immigrants. Research should further explore the interactions between CVD behavior, health literacy, and English proficiency (Soto Mas et al., 2018). An additional solution for the language barrier is to increase the presence of translators in medical offices, specifically medical offices in areas that have a high population of Spanish-speaking individuals. A survey study conducted in 2023 revealed that Spanish speaking individuals who encounter a translator at a medical office increases patient comprehension and leads to the best communication outcomes for patients (Heath et al., 2023)

Limitations

The primary limitation of this literature review is that only 20 articles were synthesized for the conclusions drawn, which does not encompass all the perspectives of such a nuanced topic. Due to the fact that over half of the articles used in the review were cross-sectional analyses, no causal variables can be determined. Participants may have experienced recall bias in a survey setting. Participants may have also had a potential fear of reporting due to their legal status and fear of deportation. Additionally, some articles selected for the literature review have a limited sample size, which can lead to skewed results or results that are not applicable across different demographics or regions. The last major limitation of this research is that many study participants primarily speak Spanish, which leads to a significant language barrier between the researcher and the research participants. This can cause the research participants to not fully comprehend the questions asked in surveys and give inaccurate responses as a result. Future studies should include data from the implementation of interventions and longitudinal studies in order to increase the validity of the findings.

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Conclusions

Efforts are underway in order to address the multitude of barriers to healthcare that undocumented immigrants face in the United States. These barriers were primarily determined to be a lack of access to health insurance, a lack of English proficiency/health literacy, and cultural differences preventing appropriate care. In an effort to combat these barriers, steps should be taken to ensure that there are translators available in medical offices to ensure smooth communication between the patient and the healthcare provider. Additionally, healthcare providers should be trained in culturally competent care to ensure that undocumented individuals feel comfortable seeking out health care when necessary. In the future, Medicaid/Medicare expansion is needed in order to increase access to health insurance for the unauthorized population. Despite these efforts, further research is still necessary to fully understand the underlying barriers to care and the effect this has on outcomes in the unauthorized population.

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