

Health Outcomes Among Undocumented Immigrants and Self-Pay U.S. Citizens: A Single-Center Epidemiologic Study in Hartford, CT

Mallory Kane MD, James Graham BS, Jyoti Chhabra PhD, Adam Perrin MD, Cunegundo Vergara MD



Quinnipiac
Frank H. Netter MD
School of Medicine

Introduction/ Background

Undocumented immigrants make up an estimated 3% of the US population [1]. In Connecticut, this group is ineligible for health insurance programs such as Medicaid and Medicare and is only able to receive payment assistance for emergency care [1]. Beyond lack of health insurance, these individuals face countless barriers to care with many living below the federal poverty line and struggling with food insecurity, homelessness, unemployment, illiteracy, stigmatization, and fear of deportation. Given the increasing immigrant population in the US and the multiple socioeconomic barriers faced, there is a need to better understand their healthcare outcomes to increase service access and utilization.

Objectives

1. To identify & analyze a cohort of uninsured patients and evaluate the impact of immigration status on health outcomes.

Methods

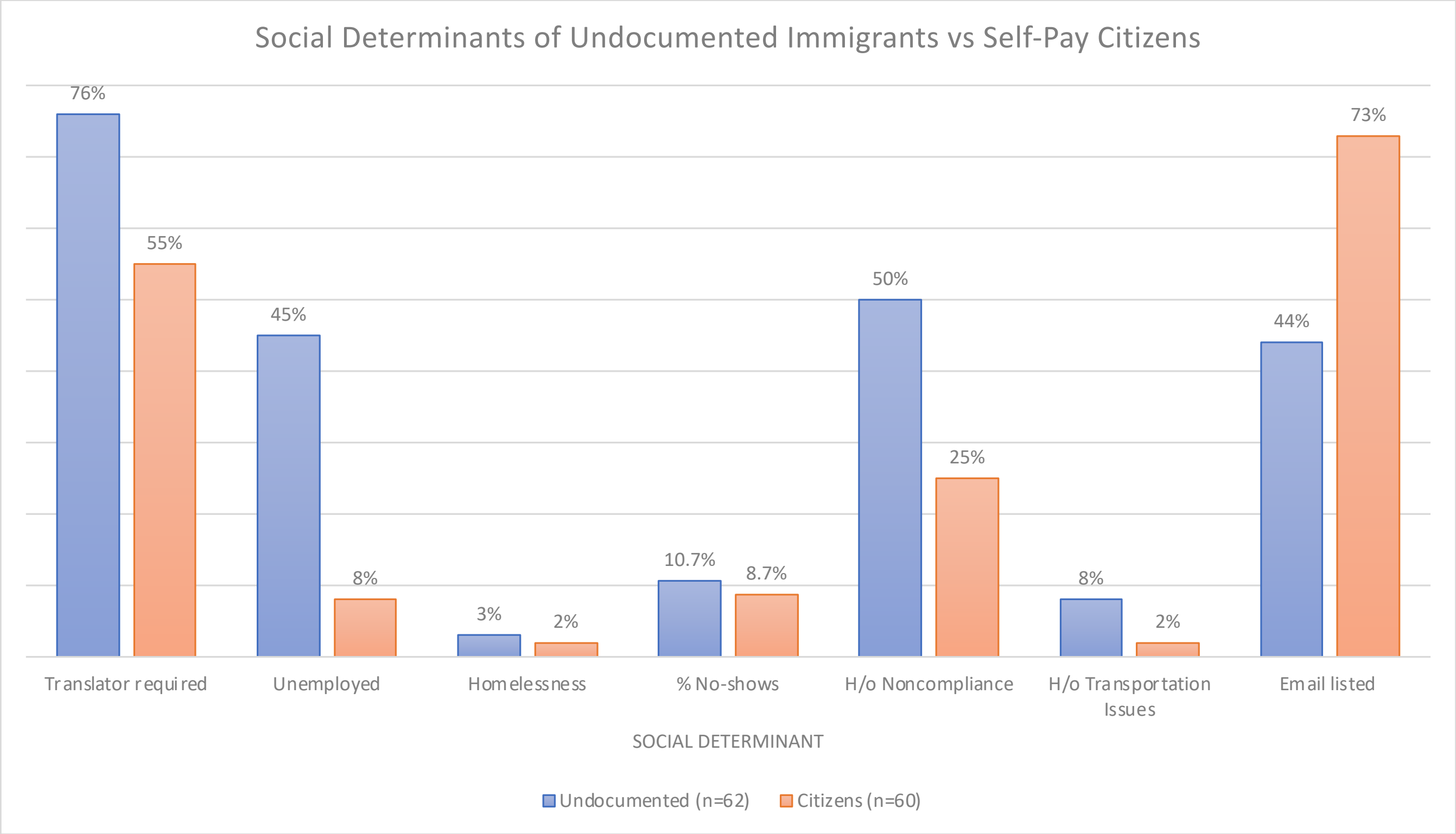
The electronic medical records of self-pay patients seen at the Hartford Hospital Community Health Adult Primary Care Clinic during 2020 were reviewed and divided into two cohorts as follows: 1) undocumented cohort (no health insurance or social security number (SSN) on file, explicitly labeled as “undocumented” in social work notes, n=62) or 2) US citizen cohort (SSN on file, no health insurance, n=60). Demographics, social determinants of health variables, and medical histories were compared between the two groups.

Results

Demographics of Undocumented Immigrants vs Self-Pay Citizens

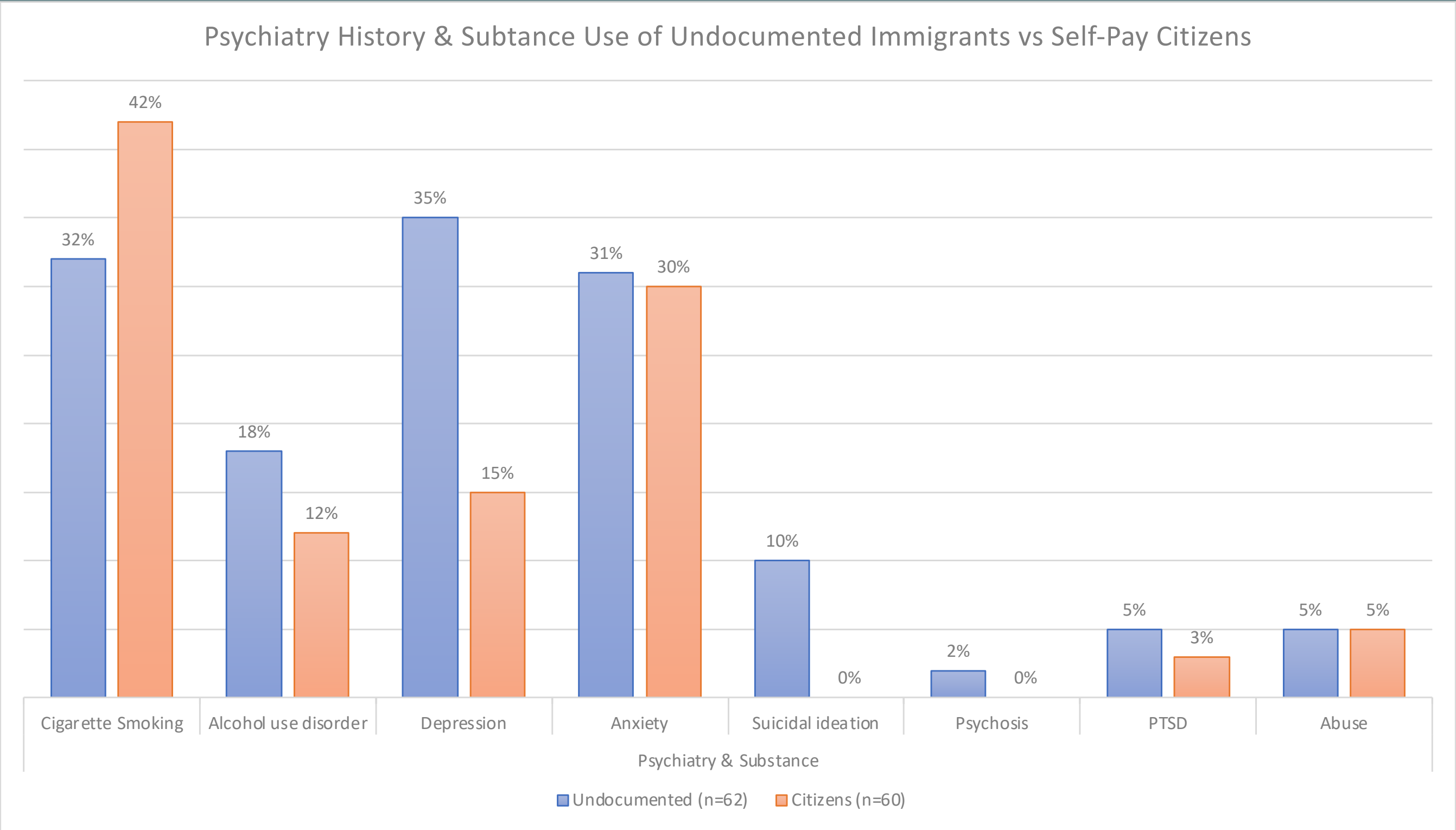
	Undocumented (n=62)	Citizens (n=60)
Male	50%	32%
Ethnicity, Hispanic	73%	68%
Race, Black	10%	20%
Race, White	2%	8%
Race, Asian	2%	0%
Race, Other	86%	72%
Married	35%	23%
Single	58%	60%
Divorced	2%	10%
Widowed	5%	7%
Language, English	24%	43%
Language, Spanish	63%	55%
Language, Portugese	11%	2%
Language, Mandarin	2%	0%

Results



Medical History of Undocumented Immigrants vs Self-Pay Citizens

	Undocumented (n=62)	Citizens (n=60)
Stroke	6%	3%
Hypertension	42%	47%
Peripheral Artery Disease	2%	3%
Congestive Heart Failure	16%	2%
Diabetes	34%	22%
Average A1C	8.66	8.22
First Abnormal A1C	9.1	9.7
Most recent A1C	8	7.7
Chronic Lung Disease	16%	18%
Chronic Kidney Disease	10%	3%
Dialysis	3%	2%
Frailty	6%	2%
Cancer	11%	5%
On statin	40%	33%
On Anti-hypertensives	39%	58%
On Anti-glycemics	29%	22%
Obesity	45%	48%
Average BMI	30	30



Results

Compared with self-pay US citizens, undocumented immigrants were more likely to:

- require a translator (76% vs 55%)
- be unemployed (45% vs 8%)
- have documented medication noncompliance (50% vs 25%)

Regarding medical history, undocumented immigrants had higher rates of the following:

- Congestive heart failure (16% vs 2%)
- Diabetes (34% vs 22%)
- end-stage renal disease (10% vs 3%)
- cancer (11% vs 5%)

Additionally, undocumented patients had:

- higher rates of depression (35% vs 15%)
- much higher rates of suicidal ideation or attempt (10% vs 0%).
- Lower rates of tobacco use (32% vs 42%)

Conclusion

Our study illuminates many psychosocial and medical disparities that exist between undocumented immigrants and non-insured U.S. citizens. Observed differences in lack of health insurance along with perceived barriers to accessing healthcare (widely reported in research) may result in poorer health outcomes in undocumented immigrants.

References & Acknowledgements

1. Undocumented Immigrants and Federal Health Care Benefits. National Immigration Forum. 2022.

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