RESEARCH PROBLEM & DATA

Previous research indicates that undocumented immigrants face barriers to health care in the United States relative to their naturalized citizen or legal permanent resident (LPR) counterparts. Previous studies also suggest that immigrants may access care across borders due to high costs and dissatisfaction with U.S. providers. We wanted to know if undocumented immigrants faced barriers to accessing this cross-border care option, in addition to barriers to care in the United States. We also wanted to know if lack of access to care in both the United States and Latin America was associated with the timely receipt of routine screenings for preventable chronic diseases.

We analyzed data for 2,783 foreign-born Latino respondents who participated in a 2007 national survey of Latino residents in the United States. We estimated the association between immigrant legal status and three possible outcomes related to past-year health care utilization: care received in the United States only, care received in Latin America (alone or in combination with U.S.-based care), and neither U.S. nor cross-border care. These models included controls for sociodemographic characteristics, health status, and health insurance coverage. We then estimated the association between access to care across borders and recent screening for cholesterol, glucose, and blood pressure, respectively.

KEY FINDINGS

- Foreign-born Latinos without citizenship or LPR status are significantly more likely to be excluded from health care both in the United States and in Latin America compared to naturalized citizens.
- Legal status is significantly associated with cross-border health care use even after controlling for health insurance and health status, underscoring the importance of legal status in shaping access to care in both the United States and abroad.
- Foreign-born Latinos who have access to care both in the United States and abroad are significantly more likely to have received recent glucose, cholesterol, and blood pressure screenings, respectively, than those who received no past-year care in either location.

POLICY IMPLICATIONS

Access to cross-border health care may be an important alternative for foreign-born Latinos in the United States who face high out-of-pocket costs or struggle to find culturally competent providers or healthcare systems. However, individuals who lack citizenship or LPR status appear to be largely excluded from this alternative, cross-border option, compounding their persistent exclusion from U.S.-based care even under the Affordable Care Act. This joint exclusion from care in the United States and across borders may contribute to delays in disease screenings, leading to a cumulative health disadvantage for foreign-born Latinos who lack the rights of citizenship or LPR status.

Figure 1. Predicted Marginal Probabilities of Access to Health Care for Foreign-Born Latinos in the United States, 2007 (N = 2,783).

Figure 2. Predicted Marginal Probabilities of Preventive Service Utilization by Access to Care for Foreign-born Latinos in the United States, 2007 (N = 2,783).