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The Effect of Fear on Access to Care Among Undocumented Latino Immigrants

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The passage of California's Proposition 187 in 1994 intensified debate over health care access for the undocumented population. Under Proposition 187, physicians would have been required to report the undocumented immigrants to immigration authorities. Even before 187, some undocumented may have been wary to come in contact with the medical care system. This paper examines whether concerns about one's immigration status serves as a deterrent to seeking care. These concerns may be resurfacing, with changes under the 1996 welfare reform legislation and related amendments that affect eligibility of noncitizen immigrants for public programs and states' ability to provide care to undocumented immigrants. Therefore, representative in-person surveys of undocumented Latinos were conducted in Houston, El Paso, Fresno, and Los Angeles in neighborhoods with significant concentrations of Latinos. It was found that 39% of the undocumented adult immigrants expressed fear about receiving medical services because of undocumented status. Those reporting fear were likelier to report inability acquiring medical and dental care, prescription drugs, and eyeglasses. Hence it can be concluded that concern about immigration status decreases the likelihood of receiving care.

KEY WORDS: vulnerable populations; illegal immigrants; access to care.

INTRODUCTION

Concern over the dependence of immigrants on the public largesse has been a feature of U.S. immigration policy for over 100 years (1). This concern has been expressed in numerous laws in the form of a "public charge exclusion," whereby persons deemed unlikely to be able to support themselves financially—often interpreted as those likely to use public benefits—may be denied entrance. While employed less frequently for this purpose, being labeled a public charge can theoretically be used as cause for deportation as well. Some say that the mere threat of deportation prevents many immigrants from availing themselves of certain kinds of public benefits and services (1).

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While the public charge exclusion has created concern among immigrants for some time, the passage of Proposition 187 in California in 1994 may have exacerbated that fear, particularly among undocumented immigrants. That initiative would have prohibited the provision of state-funded nonemergency health services to undocumented persons and required health care providers to report persons suspected of being undocumented to the INS. Many public health advocates have voiced concern that, if enacted, Proposition 187 would increase the atmosphere of fear and distrust and would further deter immigrants from seeking necessary care.

In the weeks following passage of the initiative, the media was flooded with anecdotal reports of declines in service use from providers and of individuals scared to seek care. The Community Health Foundation clinic in East Los Angeles reported a drop in visits of 60% in the week following the election; a prenatal clinic at a hospital in the Hollywood area reported that over 40 women did not show up for scheduled visits in the days after Proposition 187's passage. An

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undocumented pregnant woman spoke of stopping her prenatal care because of fear related to Proposition 187; a mother said she would stop bringing in her son for lead-poisoning treatments; another pregnant woman with two U.S. citizen children refused to seek care until she became unconscious and was rushed to the emergency room by her husband (2–4).

In addition to the anecdotes reported by the media, some limited research has examined the impact of Proposition 187 on the use of services; while this research has been inconclusive, it suggests some decline in use related to the legislation. Asch *et al.* (5) found that less than one-third of the undocumented immigrants who sought care for tuberculosis symptoms feared that going to a physician would lead to difficulties with immigration authorities. However, those who did voice concern were four times as likely to delay seeking care as those who did not. A study on the use of ophthalmology services at a large Los Angeles medical center (6) examined visit levels before and after the election in which Proposition 187 was passed. They found that new patient walk-ins decreased temporarily, but returned to normal after about 2 months.

A survey of primary care clinics in California (7) found that, while the majority of clinic directors thought that the passage of Proposition 187 had led to a decline in the use of services by the undocumented, the actual number of clinic visits remained stable. The use of visit counts in publicly supported clinics, however, represents a relatively indirect way to measure the effect of Proposition 187 on access to care for the undocumented. Many public clinics are normally at full capacity so that decreased use of services by the undocumented might lead to lower queuing times for other clinic patients, thus obscuring any change in use by the undocumented population. Another study constructed time series of mental health outpatient use and compared Hispanics and white non-Hispanics, finding fewer outpatient episodes for Hispanics than would have been predicted in the absence of Proposition 187 (8).

With a court settlement that precludes implementation of Proposition 187, that referendum need no longer be of concern to immigrants.[3] However, passage of the 1996 Personal Responsibility and Work Opportunity Reconciliation Act (PRWORA) and related amendments affect eligibility of noncitizen immigrants for public programs and states' ability to provide care to undocumented immigrants. Thus, PRWORA may have caused apprehension about immigrant status and use of public health care benefits to resurface so that the possible effects of fear about immigrant status on access to care continue to be of interest.

The purpose of this paper is to examine the extent to which undocumented immigrants are fearful about seeking care. We also examine whether such fear is associated with inability to obtain necessary care. Data are from the 1996/1997 Project HOPE Undocumented Immigrant Health Care Access Survey, funded jointly by the Robert Wood Johnson Foundation and the Henry J. Kaiser Family Foundation. The study was intended to increase the empirical information available to address policy issues concerning the undocumented by collecting data from a scientifically designed sample.

DATA AND METHODS

The Project HOPE Undocumented Immigrant Health Care Access Survey was conducted in four major communities in two states with high population concentrations of undocumented persons: Houston and El Paso (in Texas) and Fresno and Los Angeles (in California). Other work on the undocumented population has relied either on convenience samples (where the study population is made up of persons who came forward and volunteered to participate) or on "snowball" methodologies (where one starts with a limited sample and augments it by asking respondents to identify others who meet the study criteria) (10, 11). The study was limited to undocumented Latinos because of the size and importance of this population. Sites were selected to cover the largest concentrations of undocumented immigrants in each state (Houston and Los Angeles) as well as to introduce diversity: El Paso was chosen for its border location and Fresno for its large agricultural sector.

Data from the 1990 Census were used to identify neighborhoods likely to have concentrations of undocumented Latinos. Two proxy measures were used to identify such neighborhoods: the proportion of persons from Spanish linguistically isolated households and the proportion of foreign-born persons. For a household to be counted as Spanish linguistically isolated, Spanish must be spoken in the household and

[3] Implementation of Proposition 187 was precluded by a temporary restraining order and later a preliminary injunction. In late 1999, all appeals related to Proposition 187 were dropped in a stipulated settlement before the Ninth Circuit Court of Appeals. See Reference 9.

there can be no one living, of age 14 years or older, in the household who speaks only English or who speaks English very well. This methodology makes the survey representative of neighborhoods in the four sites that have significant populations of linguistically isolated Latinos. However, the survey is not designed to represent neighborhoods that are primarily Anglo and it is recognized that undocumented immigrants living in communities with high Anglo populations may behave differently.

NuStats International implemented the in-person interviews using carefully trained Latino interviewers fluent in Spanish. The household screener was used to enumerate all household members and guide the interviewer through an eligibility determination and respondent selection process using strict probability sampling criteria. Overall, 7,352 households were screened, yielding 1,171 eligible respondents of which 973 participated in the study that was implemented between October 1996 and July 1997. The overall response rate was 73% additional details about the sampling design and field procedures are described in Good *et al.* (12). The response rate varied across sites, with 69% in Fresno, 87% in Los Angeles, 83% in El Paso, and 55% in Houston. The response rate is calculated at the household level as the number of completed interviews divided by the sum of eligible households plus a proportion of nonscreened households for whom eligibility status is unknown. The proportion of nonscreened households included in the denominator is based on the proportion of eligible households found among all screened households; we assume that the proportion of *screened* households that are eligible is the same as the proportion of *nonscreened* households that would be eligible.

Although response rates were higher than expected, this survey, like all surveys, is subject to nonresponse bias. We speculated that cities with higher nonresponse might have lower estimates of fear since those who declined to participate might be more worried about their status. There was, however, no such pattern and we cannot conclude anything about the direction of bias due to nonresponse.

Estimates are presented for the four sites combined as well as for the individual sites. Weights are used to correct for differential nonresponse and selection probabilities; however, no population weights are used because of the disproportionate size of the weights that would be required to represent Los Angeles' share of the total undocumented population. Standard *t*-tests of statistical significance are used for comparisons between subgroups of the undocumented population; only differences that are statistically significant at a 95% confidence level are discussed in the text.

Data are presented here on fear about getting medical care, inability to obtain care, and selected demographic characteristics. Fear refers to the percent responding "yes" to the following question, "At some time were you afraid you would not receive medical service because you did not have 'papers'?" The percent reporting inability to obtain care is based on the question, "In the last 12 months, was there a time that you wanted medical attention or an operation but you could not get it at that time?" Similar questions were asked about inability to obtain prescription medicines, dental care, and eyeglasses. In addition, we created a variable indicating whether a person was unable to obtain *at least one* of the four services asked about. Analysis is limited to adults, 18 years of age or older; the sample size is 756, after omitting 50 observations with missing responses for the primary variable of interest. With respect to data presented on the number of years persons reported living in the United States, it should be noted that those who had been here for less than 6 months were excluded from the study.

RESULTS

Across all four sites, 39% of undocumented Latino adults reported that they had been afraid of not receiving medical services because of their undocumented status (see Table I). Neither age, sex, nor years in the United States were significant predictors of being afraid about immigration status. The number of persons expressing fear about obtaining care did vary by site, ranging from 34% in Los Angeles and 35% in Houston to 44% in Fresno and 45% in El Paso, with persons in the larger cities expressing less concern.

Of particular interest to policymakers, persons who reported fear that they would not receive medical services were substantially more likely than those not expressing fear to report being unable to get the care they needed. As shown in Table II, over 14% of persons who had expressed fear said they were unable to get medical care or surgical care at some time during the last year, compared to only about 3% of persons who had not expressed fear. Fear was associated with a more than fourfold increase in the probability of reporting unmet need for prescription drugs among

Table I. Percentage of Undocumented Adult Latinos Expressing Fear About Obtaining Care

	N^a (756)	% Expressing fear[b] (39.3)
Age		
18–34	572	38.7
35+	184	40.9
Sex		
Male	336	38.6
Female	420	39.9
Years in United States		
<1 year	46	38.3
1–5 years	274	42.5
>5 years	433	37.6
Place of residence		
Houston	187	35.5
El Paso	162	45.3
Fresno	202	43.8
Los Angeles	205	34.0

Source: Project HOPE Undocumented Immigrant Health Care Access Survey, 1996/1997.

[a]The total adult sample size was 806. Approximately 6% of observations had a missing response to the "fear" question.

[b]% Expressing fear refers to affirmative responses to the following question: "At some time were you afraid that you would not receive medical service because you did not have 'papers'?"

undocumented Latinos, with 9.6% of those expressing fear reporting an inability to get a prescription filled compared with only 2.2% of those who had not expressed concern. Over 20% of those who said they were afraid were unable to get dental care and more than 13% could not get eyeglasses (compared to 8 and 3.5%, respectively, of those without fear). And, overall, one-third of undocumented Latinos who expressed fear were unable to obtain at least one of the four services, compared to 11% who had not reported being afraid.

Estimates on the association between fear and ability to obtain medical/surgical care are presented for each site in Table III. We find that persons expressing fear are about three times as likely to have trouble getting care in Fresno as persons who were not fearful. This ratio increases to five times as likely in El Paso and six times as likely in Houston. In Los Angeles there is no statistically significant relationship; it appears that very few persons were unable to get care regardless of documentation status. Differences between the undocumented and documented populations are also large in Fresno, Houston, and El Paso when prescription drugs, dental care, and eyeglasses are examined (data not shown).

DISCUSSION

Findings from this multisite study of undocumented Latinos indicate that the overall proportion of persons who were concerned about their ability to get health care as a result of their immigration status was high. Differences across the study sites suggest less fear in the larger cities—perhaps with better-developed networks of clinics serving Latinos, it may feel safer or be easier to seek care in Houston and Los Angeles than in Fresno and El Paso, although we cannot explain these differences with any certainty. Differences remain large across sites, except in Los Angeles where barriers to care appear relatively low for persons expressing fear and those not expressing such feelings. It is possible that some of the intersite variation could be accounted for by differences in INS enforcement practices or priorities of which we are unaware.

Interestingly, there were no differences in the proportion of undocumented Latinos expressing fear between the two states. This is true despite the passage of Proposition 187 in California without comparable legislation passed in Texas. One possible explanation

Table II. Fear About Undocumented Status[a] and Ability to Obtain Care

		Percent unable to obtain care[b]				
	N	Medical/surgical	Prescription medicine care	Dental care	Eyeglasses	At least one service[c]
Persons expressing fear[d]	304	14.5	9.6	20.5	13.1	33.7
Persons not expressing fear	452	3.2	2.2	7.8	3.5	11.2

Source: Project HOPE Undocumented Immigrant Health Care Access Survey, 1996/1997.

[a]Undocumented adult Latinos in El Paso, Houston, Fresno, and Los Angeles.

[b]Categories are not mutually exclusive.

[c]Person unable to obtain one or more of the following services: medical/surgical care, prescriptions, dental care, eyeglasses.

[d]Expressing fear refers to affirmative responses to the question "At some time were you afraid that you would not receive medical service because you did not have 'papers'?" Differences between persons expressing fear and persons not expressing fear are significant at .01 for all services.

Table III. Fear About Undocumented Status[a] and Ability to Obtain Care

	Percent unable to obtain medical/surgical care			
	Houston	El Paso	Fresno	Los Angeles
Persons expressing fear[b]	15.8[c]	23.3[c]	15.9[c]	2.0
Persons not expressing fear	2.6	4.5	5.2	1.2

Source: Project HOPE Undocumented Immigrant Health Care Access Survey, 1996/1997.
[a]Undocumented adult Latinos in El Paso, Houston, Fresno, and Los Angeles.
[b]Expressing fear refers to affirmative responses to the question "At some time were you afraid that you would not receive medical service because you did not have 'papers'?"
[c]Differences between persons expressing fear and persons not expressing fear significant at .05.

for the similarity in findings in California and Texas is that the publicity and debate surrounding Proposition 187 may have spread beyond California and thus had an effect in Texas as well. The earlier studies we noted, however, found only temporary reductions in the use of services related to Proposition 187. Thus, while this initiative appears to have had some effect in increasing the level of fear, it is probably not the driving force behind the level of fear reported in our survey. The 1996 Personal Responsibility and Work Opportunity Reconciliation Act also imposed restrictions on legal immigrants' access to health care; these restrictions may also affect the undocumented and may have an even greater deterrent effect than Proposition 187, since the latter is still mired in the courts. Undocumented persons have always had reason to fear that use of publicly funded services might lead to discovery of their undocumented status; recent initiatives may only serve to exacerbate longstanding concerns within the undocumented population.

CONCLUSION

Whatever the connection between legislation, policy, and the level of fear reported, the data from this study show that lack of documentation—and the fear associated with it—is a powerful deterrent to people obtaining care they believe they need. These findings raise serious public health as well as moral concerns. Two of the studies noted earlier on the effects of Proposition 187 found potential deleterious public health and financial impacts from delayed care, one with respect to the potential spread of tuberculosis and the other with increases in the level of crisis use of mental health services. Whether or not measures limiting access are ultimately enacted as law, it is possible that the very debate about the rights of immigrants to receive publicly funded care fosters creation of even a more hostile environment in which inadequate care is received. Policymakers should be forewarned of the potentially far-reaching effects of restricting the use of health care services based on immigration status.

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