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Health Disparities Among Immigrants: Bridging Past Challenges, Present Barriers, and Future Solutions

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Abstract

Introduction and Definition: Immigrant health disparities arise from the complex intersection of cultural transitions and healthcare systems that fail to fully address immigrants' unique needs. Addressing these disparities help promote health equity as the United States (U.S.) admits 1.1 million immigrants annually, and Canada at 38 million. This requires acknowledging the immigrants' barriers to accessing healthcare by implementing tailored interventions.

History: Studies offer varied insights into healthcare access and utilization among Canadian and U.S. immigrants. Wu et al. noted fewer unmet healthcare needs among immigrants than native populations. Wen et al. also discovered lower reported emergency service use among immigrants, especially recent Asian immigrants. In contrast, Glazier et al. highlighted those areas with high recent immigration rates, particularly among family-class immigrants, showed increased hospital use and serious morbidity. These findings emphasize the complexity of healthcare experiences within immigrant communities.

Current Research: Common barriers to healthcare access for immigrants include cultural differences, communication challenges, socio-economic factors, and limited knowledge of the healthcare system. Overcoming these disparities requires strategies such as promoting cultural sensitivity around traditional values, social stigmas and developing newcomer-focused health services. These strategies include providing professional translators, launching multilingual healthcare campaigns, and involving newcomers in partnership and planning efforts. Research shows these innovative approaches effectively engage newcomer populations and improve healthcare access.

Implications: These findings emphasize the need of tailored healthcare delivery approaches for immigrant populations, accentuating culturally sensitive interventions and targeted outreach efforts. To foster inclusivity, healthcare systems should ensure accessible primary care services through organizations that provide comprehensive, non-discriminatory care and translational resources. The proven effectiveness of these strategies suggests their potential to drive meaningful healthcare improvements for a diverse population.

Future Directions: Future research should investigate the cultural, socioeconomic, and structural factors affecting immigrant healthcare access. It is crucial to assess interventions' effectiveness and scalability while actively involving communities in healthcare planning. Additionally, leveraging technology, such as telehealth, can enhance accessibility, especially in remote areas. By prioritizing research, collaboration, and innovation, we can build more equitable healthcare systems for all.

Keywords: immigrant; health; disparities; socioeconomic; healthcare; diversity; equity; inclusivity

Introduction and Definition

Health disparities among immigrants refers to individuals with "particular health needs and concerns that may not be framed well in the context of the culture from which they left, nor in their new surroundings" [1]. With immigration in Canada and the U.S. growing steadily each year [2], these disparities are becoming increasingly significant.

The framing of immigration is critical, as it directly shapes how immigrants are perceived and received in their new countries, affecting their health outcomes [3]. Negative portrayals can exacerbate barriers such as discrimination, racism, and social exclusion, all of which hinder access to essential services, including healthcare [3]. For example, Goldman et al. highlight a recurring narrative in U.S. media portraying undocumented immigrants as overburdening the safety net and depriving "deserving" families of resources. However, research shows immigrants, including undocumented individuals, make minimal use of healthcare services [4]. Such misrepresentations discourage targeted minority groups from seeking care, fostering frustration and mistrust. Similarly, Canadian media perpetuates the stereotype of immigrants as carriers of diseases like Acquired Immunodeficiency Syndrome (AIDS) and Severe Acute Respiratory Syndrome (SARS), framing them as public health threats and dehumanizing them [5, 6].

Addressing structural factors – the cost of healthcare, limited access to transportation, and systemic inequalities is imperative. For instance, high healthcare costs often prevent immigrants from seeking necessary medical attention, leading to untreated health conditions that can worsen over time. In addition, limited transportation options create significant barriers, particularly for those in rural or underserved urban areas, resulting in delayed or missed appointments. Systemic inequalities rooted in discrimination and socio-economic disadvantages further hinder equitable access to healthcare. Similarly, immigration status, much like sex or race, represents a persistent form of inequality which further marginalizes individuals in healthcare. By tackling these issues, we improve individual health outcomes but also strengthen community well-being and reduce long-term healthcare costs. Thus, focusing on these issues is essential to ensure equitable healthcare access.

Immigrants are diverse in their characteristics, place and culture of origin, immigration experiences, length of residence, and predispositions to disease [7]. Their experiences with socioeconomic and community-level determinants of post-migration health also vary widely. Socioeconomic factors refer to the combination of social and economic conditions that influence individuals' lives, such as their income, education level, occupation, housing quality, and access to resources like healthcare and social services. This diversity hides significant health disparities among subgroups. Those who have been in the country for many years, groups with lower socioeconomic status, and specific demographic and ethnic groups, such as South Asians who are at increased risk for developing insulin resistance and diabetes, often present higher health service needs and poorer health outcomes [7]. Immigrant women, for instance, have a higher prevalence of mental illness than male immigrants, and the risk of heart disease among South Asian women increases with the length of stay in Canada [7].

Analysis of data from the 2007–2008 Canadian Community Health Survey (CCHS) indicates that immigrants are at a 20% higher risk of diabetes compared to the Canadian-born population [5]. However, these rates vary by sex and the condition for which treatment is sought. Data from 2000/01 of the CCHS reveal that while immigrants report lower levels of unmet needs than non-immigrants in Canada, they face barriers specific to their immigrant status. These include perceptions of inadequate care, lack of knowledge about where to access healthcare, transportation difficulties, and language barriers [8].

Interestingly, immigrants often have a higher health status upon arrival in Canada than the general Canadian population, a phenomenon known as the "healthy immigrant effect" [7]. This tends to diminish over time, with health status converging towards that of the native-born population within five to ten years. This stems from the immigration process favoring healthy individuals. Studies show immigrants are less likely to smoke or report chronic health issues [9]. For example, Canada's mandatory medical screening and selection mechanisms reduce public health risks and costs [10], resulting in a healthier baseline. However, this advantage fades within ten years as immigrants' health converges with the native-born population, likely due to acculturation and the adoption of unhealthy behaviors and diets, leading to rising chronic conditions like diabetes and heart disease [7].

Children arriving in Canada as refugees or immigrants are vulnerable to health disparities due to their families' social and economic conditions related to poverty and social marginalization, combined with poor access to interconnected financial, and social resources [8]. These conditions lead to living patterns focused more on meeting survival needs than maximizing health status. Health disparities among ethnic groups have been linked to psychosocial stresses, such as having a tenacious and active coping style without adequate resources, institutional racism related to job security, demanding job conditions, and a lack of social support to moderate the stress associated with failing to achieve a desired middle-class lifestyle [8].

Similarly, the COVID-19 pandemic exposed and worsened health disparities among immigrants, particularly those from marginalized groups. Immigration-related barriers, such as limited access to healthcare, delayed treatments, and service disruptions, intensified these challenges [8]. The pandemic highlighted the urgent need to address structural inequalities, ensuring that immigrant populations receive equitable healthcare and support to improve both individual health outcomes and community well-being.

Studying disparities in immigrant populations is crucial because it provides insights into how structural and socioeconomic factors contribute to these disparities and helps identify potential solutions to improve health outcomes. Understanding these dynamics can inform policy decisions, enhance healthcare services, and reduce health inequalities in diverse populations. This research aims to explore these health disparities among immigrants in the Canada and US, examining how structural and socioeconomic factors contribute to these disparities and recognizing potential solutions to improve health outcomes for immigrant populations.

Body

History

In the early 1900s, an ethnic-racial hierarchy was prevalent, with certain ethnic groups (Asian, South Asian, and Latin) facing significant discrimination. These immigrants had low socioeconomic status and were segregated based on their profession or the areas where they resided [11]. Immigrants usually were declined specific opportunities and were restricted to low-wage jobs only. They were frequently isolated in urban areas with poor sanitation and limited resources 11. Access to political

offices and other civic institutions was blocked, and immigrants were prevented from utilizing facilities that could provide healthcare [11, 12].

Despite facing discrimination and racialization in the early 20th century, European immigrants gradually integrated into the mainstream population of the United States. Early research considered assimilation a linear process where new immigrants with low socioeconomic status settled in urban enclaves. Gradually, they moved to more ethnically diverse suburbs over subsequent generations as they achieved higher socioeconomic status and integrated into the mainstream middle class [13]. This process of assimilation unfolded over generations and was supported by policies such as post-war welfare state expenditures, which offered avenues for upward mobility while explicitly excluding the Black population [11].

The interplay of social, political, economic, and psychological factors among immigrants critically influences their health risks, outcomes, and future generations after migration. Immigrants have limited access to institutions that may help them, leaving families to prioritize survival over health. Psychosocial stressors in ethnic immigrants such as adapting to a new lifestyle exacerbates health disparities. Institutional racism contributes to unstable job security which leaves immigrants in physically demanding and low-paying jobs [8]. Additionally, immigration status is often uncertain for many immigrants who seek refuge in Canada after escaping from a state of distress. Navigating through Canadian immigration systems can be extremely challenging as it is quite complex [14]. A confirmed immigration status is often dependent on employers, study permits, work visas, and spouses. The constant stress of avoiding deportation forces immigrants to prioritize work over their health [16]. Immigrants who do not have status are denied legal services and most healthcare. After successfully securing legal status, families can still experience significant economic and emotional hardship if that status is lost [14]. Even where undocumented immigrants have access to emergency care, many avoid seeking help due to fears of deportation and threats to their safety exacerbated by policies like immigration raids and police checkpoints [15]. These systemic barriers criminalize undocumented immigrants and isolate them from essential health services. Health disparities are intensified by the instability that threatens immigrants' financial security and mental well-being [14]. Additionally, administrative hurdles—such as complex applications and documentation requirements—further restrict access to broader healthcare services like primary and secondary care, worsening immigrants' ability to maintain consistent healthcare.

Immigrants often carry pre-migration stressors such as political unjust or the loss of family which are intensified by accumulating post-migration stressors. A meta-analysis by Lindert et al. revealed the prevalence of Post Traumatic Stress Disorder (PTSD) among immigrant populations was 47% [16]. In addition to their existing health concerns, refugees constantly grapple with the pressure to manage finances, secure adequate housing, and establish a stable socioeconomic status to attempt to prioritize health [16].

The assimilation of the immigrants into the new community should provide greater access to resources for disease prevention and health maintenance over time. However, this is not observed in most immigrants. Differences in social environments, ethno-racial boundaries, and institutional limitations within the environment present substantial obstacles to integration in the community [17]. A review conducted by Ahmed et al. highlights cultural barriers in healthcare, such as gender preferences, with immigrant women, especially those from Asian, South Asian, and Muslim backgrounds, often preferring female physicians for maternity and gynecological care [18]. These barriers complicate healthcare access and hinder immigrants' integration into the broader community [18].

Many immigrants do not share the same cultural practices of their new home, and thus have a difficult time being accepted in the community. Immigrants may choose to integrate in the community publicly and privately practice their traditional customs [19]. This method of separation benefits immigrants as conforming may grant them economic opportunities like jobs. However, leveraging personal values for opportunities can have adverse effects on family structure influencing generations over time [19]. Suicide ideation, much like depression was disproportionately higher in Latinx immigrants in Boston. This was strongly associated with experiences of discrimination, increased family conflict, reduced ethnic identification, and a weakened sense of belonging [19]. With ethno-racial boundaries from the community, immigrants face additional institutional obstacles. There is a lack of recognition for foreign credentials, which poses another barrier for skilled immigrants [17]. A 1997 University of Saskatchewan study found that while 88% of Indo- and Chinese-Canadian immigrants had worked as professionals abroad, only 18.8% found similar roles in Canada, with 54.4% experiencing downward mobility into lower-status jobs [20]. Additionally, 79% of respondents attributed these struggles to the lack of recognition of their credentials. Between 2016 and 2021, 59% of employment growth for recent immigrants with a bachelor's degree or higher occurred in high-skilled jobs, an increase from 32% between 2001 and 2016 [21].

Newcomers who struggle with a language barrier may be excluded socially and economically as well. These collective factors prohibit smooth relocation, negatively impacting health in the long run. In contrast, early 20th-century European immigrants eventually assimilated into the U.S. white population. Immigrants arriving after the 1960s from Central/South America and Asia have not experienced a similar transition, evident in the health

disparities that are still prevalent in recent immigrant populations [11].

Current Research

The COVID-19 pandemic has posed significant challenges to global health systems, particularly affecting countries hosting large refugee populations such as the U.S. and Canada. COVID-19 has underscored the vulnerability of immigrants to adverse health outcomes, both directly and indirectly [22, 23]. Factors such as poor living and working conditions, limited access to healthcare, unfamiliarity with local environments, lack of community networks, and inadequate cultural and linguistic consideration by service providers have significantly restricted their ability to cope with the pandemic's socio-psychological impacts [22]. Barriers such as financial constraints and systemic inequities delayed testing, vaccinations, and treatments, worsening health vulnerabilities. Those unfamiliar with local services, accessing essential resources became overwhelming. Lack of community support further isolated individuals, leaving basic needs unmet, while cultural and language gaps hindered understanding of public health measures [22]. These challenges collectively heightened illness risks and intensified the pandemic's psychological toll.

Due to the economic downturn, many people lost their jobs, and immigrants, without sufficient funds, struggled to access healthcare [22].

The Institute of Medicine (IOM) has identified key findings regarding health disparities in the United States [25]. These disparities are rooted in historical and current social and economic inequalities, worsened by ongoing racial discrimination. Biases, stereotypes, prejudices, and clinical uncertainties among healthcare providers potentially contribute to these disparities [24].

These biases are often reinforced by gaps in medical education and research. For example, a lack of cross-cultural communication training leads to misdiagnoses and suboptimal care for immigrant or racialized patients, as providers may fail to understand their cultural needs [25]. Additionally, the underrepresentation of ethnic minorities in clinical trials means treatments may not be validated for these populations. As a result, medications that work for white patients may be less effective or cause different side effects in minority groups [26]. These systemic issues exacerbate disparities and hinder access to culturally competent, equitable healthcare.

Despite some studies indicating slightly higher treatment refusal rates among racial and ethnic minority patients compared to their white counterparts, the differences are minimal [24].

There are 1 billion global immigrants, constituting about 1 in 8 worldwide population. This includes 281 million international immigrants, 82.4 million forcibly displaced individuals, 48 million internally displaced persons, 26.4 million refugees, and 4.1 million asylum seekers [27]. Notably, refugees and immigrants face discrimination, inadequate living conditions, financial strains and limited access to essential healthcare services. Thus, securing their health is crucial not only for their welfare but also for protecting host populations. In 2020, the World Health Organization (WHO) launched the Health and Migration Programme to address these issues under its Global Action Plan: Promoting the Health of Refugees and Migrants 2019–2023 [27]. The plan aimed to improve immigrant health by integrating health systems, training healthcare providers in cultural competence, improving data collection, and expanding access to essential health services, including vaccinations [27]. After implementing the WHO Global Action Plan, a significant impact was observed in efforts to improve health outcomes for immigrants [28]. However, challenges such as resource constraints, political resistance, and legal barriers remain, which hinder full implementation. The extension of the plan provides an opportunity to continue strengthening international cooperation, funding, and policy reforms to address these gaps and ensure all immigrants have access to necessary health services [28].

The extension of the global action plan until 2030 reflects a commitment to eliminate healthcare disparities and ensure equitable access to high-quality health services for all, including refugees and immigrants residing in Canada and US, regardless of their migratory status [28].

Implications

The persistence of health disparities among immigrant populations highlights the urgency of tailored healthcare delivery approaches. Interventions such as Ontario's Bridge Training Programs, which help address credential recognition, and the Housing First model in the US, which improves mental health by providing stable housing, have proven effective and scalable [29, 30]. Additionally, culturally tailored programs like the Seattle King County Somali Health Board have successfully bridged healthcare gaps in immigrant communities [31].

Spain's approach to inclusive healthcare policies, exemplified by the Royal Decree-Law 16/2012, which grants healthcare access to undocumented immigrants, and community health worker (CHW) initiatives like Promotores de Salud, offers a powerful model for the United States and Canada. These policies demonstrate how prioritizing inclusivity and leveraging community-based support systems can break down barriers to healthcare access for marginalized groups [32, 33].

Mixed-methods research, including Community-Based Participatory Research (CBPR) and interviews, has provided valuable insights into the barriers immigrants face in accessing healthcare. Studies have highlighted the importance of culturally tailored interventions improving health outcomes for immigrant populations [33, 30, 34].

Culturally Competent Care

Healthcare providers must be trained in cultural competence to serve diverse immigrant populations

effectively. This involves understanding traditional health practices, respecting cultural values, and mitigating language barriers through professional interpretation services and multilingual healthcare materials [22]. Training should also include continuous education on immigrant populations' evolving cultural contexts and health beliefs, with assessments to ensure understanding and implementation.

Proactive Outreach

Effective outreach is essential for ensuring immigrant populations can access healthcare services. Community-based health promotion, partnerships with immigrant organizations, and utilizing trusted community figures for health information dissemination are vital strategies [24, 34]. Programs should be designed with community input and consider using culturally relevant communication channels, such as ethnic media, social networks, and community centres, to maximize engagement. The Feedback Loop (FBL) process is a participatory approach that involves residents in shaping community decisions [35]. It starts by co-creating surveys to gather input on local issues, followed by analyzing the feedback to identify common concerns. This data then sparks open discussions, allowing residents to voice their priorities and collaboratively find solutions [35]. Throughout the process, ongoing feedback is used to refine the plans, ensuring that residents' needs and ideas are continuously integrated [35].

Addressing Socioeconomic Determinants

Socioeconomic factors impact health. Addressing health disparities involves tackling these challenges through initiatives that improve access to employment, education, and affordable housing for immigrant communities [36]. Collaborative efforts with social services, educational institutions, and employment agencies are essential to create comprehensive support systems that address these determinants.

Policy Advocacy

Policy reforms at local, state, and national levels are needed to dismantle systemic barriers to healthcare access. Advocacy should focus on securing health insurance, social services, and legal protections for immigrants to promote health equity, ensuring fair access to care and addressing systemic barriers that lead to health disparities. [37]. Efforts should include pushing for policies that provide a pathway to citizenship for undocumented immigrants, ensure fair labor practices, and protect against discrimination in healthcare and other social services.

Future Directions

To further mitigate health disparities among immigrant populations, future research and policy efforts should be prioritized.

Comprehensive Research on Cultural and Socioeconomic Factors

Delving deeper into the cultural, socioeconomic, and structural determinants of health disparities is essential. Future studies should explore these aspects across diverse immigrant groups to tailor interventions effectively [38, 34]. This research should employ mixed methods approaches, combining quantitative data with qualitative insights to capture the nuanced experiences of different immigrant communities.

Rigorous Evaluation of Interventions

Systematic evaluation of existing and new interventions is necessary to gauge their effectiveness and scalability. This includes assessing the impact of culturally tailored health programs, language services, and community-based initiatives [39, 34]. Longitudinal studies should be conducted to understand the long-term effects of these interventions and identify best practices for broader implementation.

Community-Engaged Health Planning

Involving immigrant communities in healthcare planning and decision-making processes is crucial. Participatory approaches that engage community members in identifying health priorities and developing solutions lead to more effective and sustainable interventions [13, 34]. This approach should include establishing advisory boards comprising of community representatives and ongoing feedback mechanisms to ensure that health services remain responsive to community needs.

Sustained Policy Reform and Advocacy

Continued advocacy for policy reforms that advance health equity for immigrants is essential. Efforts should focus on ensuring healthcare coverage, protecting immigrant rights, and addressing social determinants of health through integrated policy approaches [39, 34]. Advocacy should be informed by robust data and driven by coalitions that include healthcare providers, immigrant advocacy groups, and policymakers.

Leveraging Technology for Accessibility

Telehealth and mobile health applications can enhance healthcare access for immigrant populations, particularly in remote or underserved areas. Future research should identify best practices for implementing and scaling these technological solutions [40]. Innovations should consider language accessibility, cultural appropriateness, and technological literacy within immigrant communities.

Inclusive Healthcare Systems

Developing inclusive healthcare systems that provide accessible and non-discriminatory primary care is crucial. This includes fostering a diverse healthcare workforce that mirrors the communities they serve and addresses the specific health needs of immigrant populations [40, 34].

Policies should encourage recruiting and retaining healthcare providers from diverse backgrounds, and healthcare settings should implement practices that reduce bias and discrimination. The Foreign Credential Recognition Program facilitates skilled newcomers' integration into the Canadian labor market by streamlining credential recognition, providing financial support, and offering opportunities for gaining Canadian work experience in their field [41]. In the United States, The Health Professions Education Partnerships Act of 1998 supports underrepresented minority groups and individuals from disadvantaged backgrounds by providing grants, scholarships, and loan repayment programs aimed at increasing diversity in the healthcare workforce [42]. These initiatives reflect the commitments to enhancing access and equity in professional fields, particularly for immigrants.

By prioritizing in-depth research, fostering collaboration, and driving innovation, we can develop equitable healthcare systems that meet the diverse needs of immigrant communities and enhance overall public health.

Conclusion

In conclusion, addressing health disparities among immigrants requires a comprehensive approach that considers the complexities of their immigration experiences and social environments. Providing culturally responsive healthcare is key to reducing these disparities, while proactive community engagement ensures health solutions remain relevant and accessible. Tackling socioeconomic barriers and advancing policy reforms that remove institutional obstacles are essential for lasting change. By promoting research, encouraging inclusion, and empowering immigrant voices in healthcare planning, we can build a more equitable system that improves health outcomes and strengthens public well-being.

List of Abbreviations

AIDS: acquired immunodeficiency syndrome
CBPR: community-based participatory research
CCHS: Canadian community health survey
CHW: community health workers
FBL: feedback loop
IOM: the institute of medicine
PTSD: post-traumatic stress disorder
SARS: severe acute respiratory syndrome
U.S: United States
WHO: World Health Organization

Conflicts of Interest

The authors, Jasmina Sharma, Rohita Dutt, and Samira Ahmed declare that they have no conflict of interests.

Authors' Contributions

JS: Contributed to the abstract, introduction of the study, drafted the manuscript, edited the body, gave final approval of the version to be published, and accepts full responsibility for all aspects of the work, ensuring that any questions regarding its accuracy or integrity are thoroughly investigated and resolved.
RD: Contributed to the abstract, the body of the study, drafted the manuscript, edited the introduction, gave final approval of the version to be published, and accepts full responsibility for all aspects of the work, ensuring that any questions regarding its accuracy or integrity are thoroughly investigated and resolved.
SKA: Contributed to the abstract, the body of the study, drafted the manuscript, edited the introduction, gave final approval of the version to be published, and accepts full responsibility for all aspects of the work, ensuring that any questions regarding its accuracy or integrity are thoroughly investigated and resolved.

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