



Tracking DACA Recipients' Access to Health Care

Background

The U.S. health care system is failing immigrants, including recipients of Deferred Action for Childhood Arrivals (DACA). These communities face disparities that [stem](#) from longstanding racism, housing discrimination, employment discrimination, and poverty, among other social determinants of health. DACA recipients in particular stand at a crossroads of having uncertain access to status, exclusion from much of the health care safety net and family members at risk of deportation. These inequities were exacerbated during the COVID-19 pandemic, when immigrants were ineligible for some programs providing relief and were overrepresented among essential workers.

Survey results found that DACA recipients... face systemic barriers in health care access that have led to the high uninsured rates, unmet medical costs, and delaying medical care.

This fact sheet reports on findings from a [survey](#) of 1,021 DACA recipients administered by Tom K. Wong of the University of California, San Diego, United We Dream, the National Immigration Law Center, and the Center for American Progress, in 2021. In this survey, the authors asked a comprehensive set of questions about DACA recipients' access to health care and services. The research finds that respondents face significant health disparities.

[DACA](#) has been in existence for nearly a decade, after it was first announced in June 2012. Under the program, people who came to the U.S. as children and meet other requirements may receive renewable grants of relief from deportation and work authorization. However, when DACA was established, the Department of Health and Human Services [made a determination](#) that recipients would not be considered lawfully present for purposes of eligibility for Affordable Care Act, Medicaid and Children's Health Insurance Program (CHIP) coverage. As a result, hundreds of thousands of people have been denied eligibility for health insurance tax credits, as well as Medicaid and CHIP coverage in states that have [opted](#) to cover lawfully residing children and pregnant people.

DACA Recipients' Barriers to Health Coverage

While the DACA program has been a lifeline for hundreds of thousands of immigrant youth, receipt of DACA has not ended their barriers to health services or improved health outcomes. Our survey results found that the responding DACA recipients are disproportionately uninsured. Nearly two-thirds of the respondents believe

that their status is a barrier to health coverage. Like many in the U.S., nearly a fifth of respondents lost their employer sponsored health insurance during the pandemic, but unlike [many of their peers](#), they did not have a public health insurance system to fall back on. Beyond eligibility barriers, respondents reported fear that using services could hurt their immigration status, that applications were too complicated, and that they distrusted government programs, among the top reasons they could not pay their health care bills.



- ▶ **34 percent** of respondents are not covered by any kind of health insurance. Of those who do have insurance, 80 percent received it in connection with their employment. [In contrast](#), 50 percent of the total population has employer insurance while less than 10 percent are uninsured.



- ▶ Almost **18 percent** of respondents lost their employer provided health coverage during the COVID-19 pandemic.

- ▶ When respondents were asked about the significant barriers that prevent them from obtaining health insurance or health care coverage
 - **61 percent** identified their immigration status as a significant barrier
 - **50 percent** said they are not aware of any affordable care or coverage available to them
 - **20 percent** said they are concerned that using services may affect their or their family's immigration status
 - **14 percent** said that applications and paperwork are too complicated
 - **12 percent** said that they experience fear or distrust in interactions with government agencies

The Health Care System is Failing DACA Recipients

Even for those who have coverage, and especially for those who do not, accessing health care services is not simple for DACA recipients. Their access to health care is complicated by concerns including eligibility restrictions, fears about seeking public services, a lack of familiarity with U.S. institutions, and language barriers. More than two thirds report that they or family members couldn't pay medical bills. Nearly half of respondent report delaying medical care, which particularly has been [associated](#) with worse pandemic health outcomes.



- ▶ **47 percent** of respondents said there was a time they delayed medical care because of their immigration status.



- ▶ **67 percent** of respondents said they or a family member were unable to pay medical bills or expenses.



- ▶ **82 percent** reported that they would be worried about the quality of care if they had to go back to their country of origin.

Conclusions

DACA recipients will continue to have unmet health care needs unless the country prioritizes expanding access to health coverage and improving health care outcomes. As these data show, this important community faced gaps in coverage, high medical bills and fear of seeking services. Policymakers and health care institutions should use these data in efforts to address the systemic barriers that have led to the high uninsured rates and unmet medical costs.

We recommend the following actions to address the gaps illustrated by this new research:

- ▶ Pass legislation, such as the [LIFT the BAR](#) and [HEAL for Immigrant Families Acts](#), repealing restrictions on immigrants' eligibility for federal health insurance programs, and build on state [successes](#) in filling some of the coverage gaps.
- ▶ [Amend](#) federal regulations to clarify that DACA recipients are considered lawfully present for the purposes of Affordable Care Act coverage, and issue guidance clarifying that DACA recipients similarly are considered lawfully present for the purpose of Medicaid and CHIP coverage.
- ▶ Expand grants and partnerships with community-based organizations in relationship with DACA recipients and other immigrant communities to help improve access to coverage and care, including education on the intersection of immigration status and health care access.
- ▶ Implement cultural competency [training](#) and workforce improvements for health care providers and insurers to meet the unique needs of DACA recipients and their families, and foster the development of medical professionals of color.

Methodology

The questionnaire was administered to an online panel of DACA recipients recruited by the partner organizations. Several steps were taken to account for the known sources of bias that result from such online panels. To prevent ballot stuffing—one person submitting multiple responses—the authors did not offer an incentive to respondents for taking the questionnaire and used a state-of-the-art online survey platform that does not allow one IP address to submit multiple responses. To prevent spoiled ballots—meaning people responding who are not undocumented—the authors used a unique validation test for undocumented status. Multiple questions were asked about each respondent's migratory and DACA application history. These questions were asked at different parts of the questionnaire. When repeated, the questions were posed using different wording. If there was agreement in the answers such that there was consistency regarding the respondent's migratory history, the respondent was kept in the resulting pool of respondents. If not, the respondent was excluded. In order to recruit respondents outside the networks of the partner organizations, Facebook ads were also used. Because there is no phone book of undocumented immigrants, and given the nature of online opt-in surveys, it is not possible to construct a valid margin of error.

This fact sheet was authored by Kat Lundie, Ben D'Avanzo, Isobel Mohyeddin, Ignacia Rodriguez Kmec, Tanya Broder, Gabrielle Lessard and Tom K. Wong. The primary survey and report, available [here](#), was authored by Tom K. Wong, Claudia Flores, Ignacia Rodriguez Kmec, Karen Fierro Ruiz, and Nicole Prchal Svajlenka.